# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST  COK	SUFFIX	Dale Received Dale Received Dinn 14 PR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	301 W. 2nd St. 2nd floor Austin, TX 7870	CITY; STATE; ZIP CODE	L J m
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 974.2266	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST REV. JOSUPH NICKNAME LAST PAVKEY	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (ND PO BOX PLEASE); APT/SUI 5918 LOOK OUT MOUNTAIN AUSTIN, TX 78731	ITE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 323.6605	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only)  Final report (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	Month Day	Year 2010
11 ELECTION	Month Day Year  O4 30 2009 Primary		General Special
12 OFFICE	OFFICE HELD (If any) City Council, Place 6	13 OFFICE SOUGHT (if known	1)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign of Candidates are required to disclose this information.		
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PD Box; Apt. / Suite #; City; State;	Zip Code	
	GO TO	PAGE 2	

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

	_		
15 C/OH NAME	SHERYL		16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	. SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$ &
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 234.40
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1726.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 16,168.20		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	<sup>+E</sup> \$ ∕S
19 AFFIDAVIT		<del></del> -	
			perjury, that the accompanying report information required to be reported by
PREY MOTATO	NA RUIZ MUCSTATE OF TEXA BIESHON EXPIRED:	me under Title 15, Election Code.	Pola
10-	12-2011	Signature of Cand	lidate or Officeholder
155W 11874 BY 6741		7	
AFFIX NOTARY STAME Sworn to and subscrit		the said SNerul Cole	, this the )4 day
o UKUZW, 2	) (C)	tify which, witness my hand and seal of office.	_, uns une uay
l_K_		Peyna Ruiz Ad	min specialist
Signature of officer ad	ninistering oath	Printed name of officer administering oath Ti	tle of officer administering oath

The Instruc	Schedule F: OULF \$1/3 REPORT 366			
2 FILER NAME	E COUR CHONNI	:	3 ACCOUNT	# (Ethics Commission filers)
	COLE, SHERYL		00060	069
4 Date	5 Payee name			7 Amount (\$)
7/05/050	TOXAS Freedom Notwork			. ,
7/08/2009	6 Payee address; City; State; Zip Code P 0 B 0 x 162+			\$150.00
	Austin, TX 78767			
8 Purpose of pay required.)	rment (See instructions regarding type of information	9 Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
Event Sp	ronsorship			•
1	e of Texas, complete Schedule T)			
Date	Payee name			Amount
<b>-</b> , ,	Sephanie Momald Payee address; City; State; Zip Code			(\$)
+/07/2007	Payee address; City; State; Zip Code			\$63.76
	POBOX 4101 Austin, 7X =	78765		
	,			
	ment (See instructions regarding type of information		•	to benefit C/OH ••
required.) Rejumba	Arsoment for Constant Confact	Candidate / Officeholder na	me	Office sought Office held
	e of Texas, complete Schedule T)			
Date	Payee name			Amount
55.6	lan Davis			(\$)
7/090/2009				\$250.00
600 Bouldin Austin, TX 78704				
		10101	l	
Purpose of payi	ment (See instructions regarding type of information	Complete if directions     Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
Innaugu	ration Party Expenses	0.000,000,000		
•	de of Texas, complete Schedule T)			
Date	. Payee name			Amount
	Annie's List			(\$)
7/271	Payee address; City; State; Zip Code			\$250.00
2007	PO Box 699			
	Austin, TX 78767			
	ment (See instructions regarding type of information	•• Complete if direct		
required.) P. vent	Sponsor Ship	Candidate / Officeholder nar	π <del>ė</del>	Office sought Office held
	e of Texas, complete Schedule T)			
	ATTACH ADDITIONAL CODIE	S OF THIS FORM AS NO	EDED	

			· · · · · · · · · · · · · · · · · · ·	
The Instruct	lon Guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME	COLE, SHERYL		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name CAD W			7 Amount (\$)
8/23/09	8/23/09 6 Payee address; City; State; Zip Code PO BOX 12962 AUSTIN, TA 78711			\$ 100.00
8 Purpose of pay required.)  Event	ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n	•	to benefit C/OH •• Office sought Office held
(If travel outside	e of Texas, complete Schedule T)			
Date	South Austin Democrats		<u></u>	Amount (\$)
9/4/09	Payee address: City; State; Zip Code POBOX 152592 Austin	TX 78715-7	2592	\$ (88.88)
		,		
Purpose of payment (See instructions regarding type of information required.)  FONSOY SUP  (If travel outside of Texas, complete Schedule T)		•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH ** Office sought Office held
Date	Payee name  NAKCP  Payee address: City; State; Zip Code			Amount (\$)
11/10/09	1107 E. 11th St			
	Austin, TX 78702			
required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholdar n		to benefit C/OH •• Office sought Office held
	SptMSovShiP de of Texas, complete Schedule T)			
Date	Payee name		<del></del> _	Amount (\$)
11/23/09	Mandy Dealey Payor address; City; State; Zip Code 5401 Ridge Oak Drive,	Austin TX 78	731	\$ 200.00
Pursons of a	opent (See instructions reporting to a stiff for this			
required.)	ment (See instructions regarding type of information	<ul> <li>Complete if disconnection</li> <li>Candidate / Officeholder r</li> </ul>	-	office sought Office held
	bley Reception  of Texas, complete Schedule Ti			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME Date Amount Travis County Democratic Party 6 Payee address; City: State: Zip Code PO BOX 684 243, AUSTIN, TX 78768-4263 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Filing Dinner (If travel outside of Texas, complete Schedule T) **Amount** Black Austin Demozrats Payee address: City; State; Zip Code 01/07/2010 \$ 90.00 POBOX 6276 AUSTIN, TX 78762-6276 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required ) Candidate / Officeholder name Office sought Office held Sponsor Ship (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) City; State; Zip Code Payee address; Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officaholder name Office held (if travel outside of Texas, complete Schedule T) Date Amount Payee name (\$) City; State; Zip Code Payee address: Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### FORM COR-C/OH

# **CORRECTION AFFIDAVIT** FOR CANDIDATE/OFFICEHOLDER

		•
1 ACCOUNT#	Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / MS / MRS / MR FIRST OFFICEHOLDER NAME	Sheryl	AU POS
4 ORIGINAL REPORT TYPE July 15  30th day before election 8th day before election  Bin day before election  ORIGINAL PERIOD Month Day Year O7 01 2009	Runoff Other (specify)  Exceeded \$500 limit  15th day efter treesurer appointment (officeholder only)  Final report  Month Day Year  THROUGH 12 31 2009	Date Hand-delivered or Date Postmerked T
corrected the repor covered was 12/31/0 corrected the exper McDonald with described expenditure payee n corrected expenditure	t contains the following correction ting period on page 1 to show las 19, not 1/15/10. Inditure payee name previously re ription "reimbursement for Consta ame Constant Contact. Ure name of Capitol Area Democ as CADW, their known acronym.	et day of period eported as Stephanie ant Contact" to
SUSAN C. HARRY Notary Public, State of Texas My Commission Expires May 11, 2011	I swear, or affirm, under penalty report is true and correct.  Check ONLY if applicable:  I swear, or affirm, that I am fili later than the 14th business of that the report as originally filed I swear, or affirm, that any error originally filed was made in good	ng this corrected report not day after the date I learned is inaccurate or incomplete.
Sworn to and subscribed before me by  20 0, to certify which, witness my hand  Signature of officer administering orth  Printed	d and seal of office.  USAN C. Harry	ate or Officeholder  Title of officer administering oath
Remember To Attach Any P	art Of The Campaign Finance	Report Form

#### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

The C/OH Instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST STERYL	MI	OFFICE USE ONLY
NAME	NICKNAME LAST COLIS	SUFFIX	, Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY:  30   W. 2 hol street  Austin, D. 7070 ]	STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512 ) 974.2266	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR JOSEPH	МІ	Date Imaged
1 <b></b>	NICKNAME PARKEN	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:  5918 LOOK OUT MOUNTAIN  ASTIN, TX 7873)	CITY: STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (\$12) 323. 4605	EXTENSION	
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final raport (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Your THROUGH	Month Day	Year / 2009
11 ELECTION	ELECTION DATE  Month  Day  Year  04/30/2009  Primary	Runoff A	General Special
12 OFFICE	OFFICE HELD (IT ANY)  OTY COUNCIL PURCE G	13 OFFICE SOUGHT (if known	1)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
BY OTHER INDIVIDUALS	Name	_	
additional pages	Address / PO Box: Apt. / Suite #; City; State; Zip Cod	a	
GO TO PAGE 2			

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

15 C/OH NAME COLE, SITE	15 C/OH NAME  COLG SHEPYL  16 ACCOUNT # (Ethics Commission Filers  00000089				
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(\$)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS), UNLESS ITEMI			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 234. 40				
	4. TOTAL POLITICAL EXPENDITURES \$ 1728.16				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 16, 168.20				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
19 AFFIDAVIT					
SUSAN C. HARRY Notary Public, State of Texas My Commission Expires Moy 11, 2011  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Susan C. HARRY Notary Public, State of Texas My Commission Expires May 11, 2011  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
Signature of officer administering oath  Sugan C Harry  Notary  Title of officer administering oath					

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. SCHEDULE 1/3 REPORT 3. FIS 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME COLE, SHERYL 00000009 Amount ToxAS Freedom Notwork 6 Payee address: City: State: Zip Code POBOX 1624 (\$) Austin, TX 78767 Purpose of payment (See instructions regarding type of information · Complete If direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Event Sponsorship (If travel outside of Texas, complete Schedule T) Payee name Amount CONSTANT CONTACT 7/01/2001 City; State; Zip Code \$63.76 Payee address; POBOX 4101 Austin, 7x 78765 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... Candidate / Officeholder name Office held Office sought Reimbursoment for Constant Contact (If travel outside of Texas, complete Schedule T) Date Pavee name Amount lan Davis Payee address: City; State; Zip Code 7/060/2009 \$250.00 600 Bouldin Austin, TX 78704 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Innauguration Party Expenses (If travel outside of Texas, complete Schedule T)

7/27/ 2001	Payee name Annie's List  Payee address: City: State: Zip Code  PO Box 699  Austin TX 78767	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount (\$) \$250:00
Durnana of nav	ment (See instructions regarding type of information	Complete if direct expenditure	

Event Sponsorship (If travel outside of Texas, complete Schedule T) Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Office held

P.O. Box 12070

(512) 463-5800

#### POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The instruction Guide explains how to complete this form. 2/3 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME COLE, SHERYL 00000009 Amount CAPITAL AREA DEMOCRATIC WOMEN 6 Payee oddress; City: State: Zip Code PO BOX 12962 AUSTIN, TA 76711 \$ 100.00 8 Purpose of payment (See instructions regarding type of information ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office held Office sought Event Hickets (If travel outside of Texas, complete Schedule T) South Austin Democratis (\$) Payee address: City: State; Zip Code 9/4/09 POBOX 152592 Austin, TX 78715-2592 Purpose of payment (Soe instructions regarding type of information .. Complete it direct expenditure to benefit C/OH ... Candidate / Officeholder name Office sought Office held Event Sponsorship (If travel outside of Texas, complete Schedule T) Date Payee name National Association Auranement of Guraf Idrass: City: State: Zip Code Bople 11/10/09 1107 E.1145 St AUSTIN, TX 78702 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... required.) Candidata / Officeholder name Office nelta tvent Spmsorship (If travel outside of Texas, complete Schoolle T) Amount Manay Dealey Payoo addross: City: State: Zip Code 5401 Ridge Oak Brive, Auctin TX 78731 11/23/09 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sough Office held Vane Sibley Reception (If traval outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIC	CAL EXPENDITURES	SCHEDULE F	
The instruction Guide explains how to complete this form.			1 Total pages Schedule F:
2 FILER NAME	=	;	3 ACCOUNT # (Etrics Commission Wers)
4 Date 0//07/2010	Travis County Demozratic 6 Peyce eddress: City: State: Zip Code PO BOY 694243, AUSTIN		7 Amount (\$) 4 190.00
required.)	ting Dinner  of Texas, complete Schedule Ti	9 ·· Complate if dire Candidate / Officoholder ne	ict expenditure to benefit C/OH •• Ime Office sought Office held
01/07/2010	Payee name Black Austin Demozino Payee address: City; State; Zip Code PO BOX 6276 AUST76		\$ 90.00 6276
required.)	ment (See instructions regarding type of information YISIY おがら to Taxas, complete Schedule T)	•• Complete il dire Candidate / Officeholder nai	ct expenditure to benefit C/OH •• me Office sought Office held
Date	Payee address; City; State; Zip Code		Amount (\$)
r <del>a</del> quired.)	ment (See instructions regarding type of information  de of Texas, complete Schedule T)	↔ Complete if dire Candidate / Officatiolder na	ct expenditure to benefit C/OH ·· me Office sought Office netd
Date	Payee address; City; State; Zip Code		Amount (\$)
required.)	ment (See instructions regarding type of information  of Texas, complete Schedule T)	Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/OH ·· me Office sought Office held
( 114161 011910	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

1-800-325-8506

The C/OH Instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Elhics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST SHEPYL NICKNAME LAST COLE	SUFFIX	OFFICE USE ONLY  AUSTIN POSTING: OHD JUL 2
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE #; CITY:  30( W. 2nd St.  AVStin , TX 7870    AREA CODE PHONE NUMBER  (512 ) 974-2266	STATE: ZIP CODE	Date Hand-delivered or Date Posting Receipt # Amount R
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST PEV JOSEPH NICKNAME LAST PAYKEY	MI SUFFIX	Date imaged :
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE): APT/SUITE #; 5918 Look out Mountain Nostin TX 78731	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 323, 6605	EXTENSION	
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 07/15	Year / 2010
11 ELECTION	ELECTION DATE Day Yeer OH /35 / 2009 Primary	Runoff	General Special
12 OFFICE	GTY COUNCIL, PLACE 6	13 OFFICE SOUGHT (if known	ı)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIO Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Cod	le	
GO TO PAGE 2			

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICEHOLOER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE  CAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION DNLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
addinonal pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$		SIZED \$	
	4. TOTAL POLITICAL EXPENDITURES \$ 2,785.92			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0F REPORTING PERIOD \$ 13,382.28			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under title 15, Election Code.    Contact Fig.   Contact   Con				
Sworn to and subs	of	, 20, to certify which, witness	this the my hand and seal of office.  Title of officer administering oath	

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F Gift/Awards/Memoriels Expense Legal Sarvices Food/Beverage Expense Polling Expense Printing Expense Travel Out of District Polling Expense Travel Out of District Polling Expense Travel Out of District Printing Expense The Instruction Guide explains how to contain the containing to the contain	tract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ontal Expense OTHER (enter a category not listed above)
	The Instruction Gulde explains how to c	omplete this form.
Total pages Schedule F:	2 FILER NAME COLE, SHERYL	3 ACCOUNT # (Ethics Commission Filers)
5/20 /2010	5 Payee name UT TEXAS EXES	,
Amount (\$)	7 Payee address; City; State; Zip Code	
<del>\$</del> 750	2110 San Jalainto Blud Austin, TX 78712	
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (II travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
6/25/2010	Payee name    Payee address; City; State; Zip Code	
Amount (S)	Payee address; City; State; Zip Code	
\$ 100.00	7104 Berkman Pr Austin TX 79752	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		. ,
EXPENDITURE	AWARD	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
16/29/20D	Payee name  2 ADISSON	
Amount (\$)	Payee address; City; State; Zip Code	
\$357.00	3200 É Surfside Blud Corpus Christi, TX 784	.02
	<u> </u>	
PURPOSE OF	Category (See cetegories listed at the lop of this achedule)	Description (Il travel outside of Texas, complete Schedule T)
EXPENDITURE	TRAVEL OUT OF DISTRICT	7,112
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
0/29/2018	Payee name SERRAND'S	
Amount (\$)	Payee address; City; State: Zip Code  (111 Red Pivw  AVSTIN TX 7870 /	
<u> </u>	Austin, TX 78101	
PURPOSE OF EXPENDITURE	Category (See categoriee listed at the top of this schodule)	Description (If traval outside of Texas, complete Schedule T)  HMY YOU/WAWA
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
- Oxpenditure to benealt Of	——————————————————————————————————————	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

#### SCHEDULE F

(512) 463-5800

	EXPENDITURE CA	ATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overheed/Ri		ing Expense Tr Co ct	oan Repayment/Reimb Ansportation Equipme ontributions/Donations Candidate/Officehold THER (enter a catego	nt & Related Expense Made By ler/Political Committee
	The Instruction Guide ex	kplains how to co	omplete this form	i	
1 Total pages Schedule F:	2 FILER NAME COUE, SHERY	L		3 ACCOUNT # (E	thics Commission Filers)
4 Date 2/27/2010	5 Payee name Stephanie	e Mus	mard		
6 Amount (\$)	7 Payee address; City; State	; Zip Code			
\$250	PO BUX 4101 AUSTIG. TX	7876S			
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description (II	ravel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	SALARIES				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date 5/3/2010	Payee name Stephanie lee	Modon	ald		
Amount (\$)	Payee address; City; State	e; Zip Code			-
\$190.52	Po Box 4101 Austin, TX 7	8765_			_
PURPOSE	Category (See categories listed at the top of	this schedulo)		travel outside of Texas, cor	
OF EXPENDITURE	Advertising Expense	-	Constant	Contact	Reimbursand
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date 4/15/2010	Payee name UACK & OILL				
Amount (\$)	Payee address; City; State	: Zip Code			
\$100	704 E St. John Austin, D. 78	3 752			
PURPOSE	Category (See cetegories listed at the top of	this schedule)	Description (If	travel outside of Texas, cor	nplete Schedulo T)
OF EXPENDITURE	DONATION				
Complete ONLY if direct expenditure to benefit C/()	Candidate / Officeholder name		Office sought	-	Office held
Date //9/2017	Payee name CAPD				
Amount (5) \$ 250	po BOX 684263	_			
<u> </u>	Austin, Th 781	168			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (II	travel outside of Texas, cor	npleta Schedulo T)
OF EXPENDITURE	EVENT EXPENSE				
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COL	PIES OF THIS S	CHEDULE AS N	EEDED	

#### (512) 463-5800

#### **POLITICAL EXPENDITURES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services So Food/Beverage Expense Tra Polling Expense Tra	ATEGORIES F Alaries/Wages/Cor Dicitation/Fundrais avel In District avel Out Of Distri fice Overhead/Re	itract Labor sing Expense ct	Loan Repayment, Transportation Ed Contributions/Dor Candidate/Oft	quipment & Related Expense
	The Instruction Guide exp	plains how to c	omplete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	IT # (Ethics Cemmission Filers)
3/4	COLE, SHERYL			CODE	00009
4 Date 1/15/2010	5 Payee name ABLA			•	
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
\$200	POBUX 13321	LII - 827	o i		
	MUSTIN, TX 787				
8 PURPOSE OF	(a) Callegory (See categories listed at the top of the	iis schedule)	(b) Description	i (II travel outside of Te	xas, complete Schedule T)
EXPENDITURE	\$66S				
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht	Office held
expenditure to benefit C/O	" Government	4-		<u> </u>	WHILL AND MEDIBOR
Pate 20/2010	Payee name LEADERSHIP A	UST7N			
Amount (\$)	Payee address; City; State;	Zip Code			
1100	1609 Shoal Cr	DOK RIUD	1		
\$125	Λ <u>'</u> ~ ~	8701	1		
PURPOSE	Category (See cetegories listed at the top of the	nis schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	EVENT				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	hi	Office held
Date,,	Payee name				
1/3/2010	NATIONAL WOM		ACHIEVA	MENT	
Amount (\$)	Payee address; City; State;	Zip Code			
¥35,00	60 BOX 41124	11			
7 27.00	Houston, Da 7	7241			
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description	(If trave) outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Printing				
Complete <u>ONLY</u> if direct expenditure to benefit C/()	Candidate / Officeholder name		Office sough	ħt	Office held
	_				
2/1/20D	Peyee name ASIM DOM GINN	17			
Amount (\$)	Payee address; City; State;	Zip Code			
1 1000	POBOX 684263				
4 700.00	Austin, TX 78768	<b>&gt;</b>			
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description	) (If travel outside of Ta	exas, complete Schedule T)
OF EXPENDITURE	Fees				
Complete <u>ONLY</u> if direct expenditure to benefit C <sub>P</sub>	Candidate / Officeholder name OH		Office soug	ht	Office held
	ATTACH ADDITIONAL COP	TES OF THIS S	CHEDULE AS	S NEEDED	_

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ontract Labor L	oan Repayment/Reimbursement
Accounting/Banking Consulting Expense				Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist	trict	Cendidate/Officeholder/Pelitical Committee
Fees	Printing Expense The Instruction Guide	Office Overhead/F e explains how to	•	OTHER (enter e category not listed above) n.
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/14/2010	5 Payee name LINKS AUSTIN	]		3333337
6 Amount (\$)	7 Payee address; City; St 1200 Mass achus	ate; Zip Code etk Ave, N	W	
4160	Washington D	0 20005		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this achedule)	(b) Description (I	f travel outside of Texaa, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	3	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; St	tate; Zip Code		
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description (	travel outside of Texas, complete Schedule T)
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (II	f travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	,	Office sought	Office held
Date	Payee name			=======================================
Amount (\$)	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the lo	p of this schedule)	Description (II	ftravel outside of Texas, completo Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	,	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST SHERY NICKNAME LAST	MI N SUFFIX	OFFICE USE ONLY  Date Raceived	
	COLE		AUST II JAN	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY;  301 W. 2 NP ST	STATE: ZIP CODE	Date Hand-delivered or P@parked C	
change of address	AUSTINITY 78701		Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 97 4 · 2266	EXTENSION	Date Processed 12 M	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST JOSEPH NICKNAME LAST	MI	Date Imaged	
	PARKER	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #:  59 18 LOKOUT MOUN AUSTIN, TX 7873		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 323- 6605	EXTENSION		
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 01/15/	Year	
11 ELECTION	ELECTION DATE Month Day Year  O4/30 2009 Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)  OTY COUNCIL, PLACE 6	13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIO Name			
INDIVIDUALS				
additional pages	Addrass / PO Box; Apt. / Suite #; City; State; Zip Cod	de		
GO TO PAGE 2				

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense S	Saleries/Wages/Co	ntract Labor L	.oan Repeyment/Reimb	ursement
Accounting/Banking	·	Solicitation/Fundral		rensportetion Equipme	
Consulting Expense		ravel in District	•		•
_ ·	· · · · · · · · · · · · · · · · · · ·		Contributions/Donations	Made by ler/Political Committee	
Event Expense	• .	ravel Out Of Distr			
Fees	Printing Expense C	Office Overhead/Re	entel Expense (	OTHER (enter a catego	ry not listed abova)
	The Instruction Guide e	xplains how to d	omplete this form	n. <sub>.</sub>	
1 Total pages Schedule F:	2 FILER NAME	_		3 ACCOUNT # (E	thics Commission Filers)
	COLE SHERY	'L N			
4 Date	5 Payee name			·	
7/26/2010	Capital Area Den	MACMANE	Women		
6 Amount (\$)	7 Payee address; City; State		0.010.0		
h.o. a	9	·		_	
\$100.00	P.O. BOX 2211 A	תי מעצטו	< 70760	- 2211	
8 PURPOSE OF	(a) Category (See categories listed at the top of	this schedule)	(b) Description (I	ftravel outside of Texas, con	nplete Schedule T)
EXPENDITURE	event				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
0/11/2010	PANCHO GARZ	*			
Amount (\$)		e; Zip Code			
\$ 350	430 S. CAPITO	ol st. E	<del>-</del> ,		
4 350	WASHINGTON,				
PURPOSE	Category (See cetegories listed at the top of			travel outside of Texes, con	npiete Schedule T)
OF	l ".≟a' 'a a	·			•
EXPENDITURE	GARAGE OFFICE / OF	sama even	τ_		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	,	Office sought		Office held
Date	Payee name				<del>-</del> · · · · · · · · · · · · · · · · · · ·
8/11/2010	PIFTH I LAMAR I	LETAIL			
Amount (\$)		; Zip Code			
•	907 W. 5th ST				
\$350	AUSTNITA 787	m3 - 54	26		
_			<u> </u>		
PURPOSE	Category (See categories listed at the top of	this echedule)	Description (ii	ftravel outside of Texas, con	npiete Schedule 1)
OF EXPENDITURE	FOOD EXPENSE				
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder neme		Office sought		Office held
Date	Pavee name				
9/12/2010	LEAGUE OF WOM	IEN VOTER	g ·		
Amount (\$)		; Zip Code			
h/ ,	1011 Wiglet Au				
\$60	Ania serial seri	StINITK	78 705		
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (II	trevel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	FEES				
Complete <u>QNLY</u> if direct exponditure to benefit C/0	Candidate / Officeholder name DH	<del></del>	Office sought	-	Office held
	ATTAOLIABBITIONAL		OUEDII: CAC::	CEDED.	
	ATTACH ADDITIONAL COI	PIES OF THIS S	CHEDULE AS N	EEDED	
	· "- · · · · ·				

#### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Event Expense Poliing Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter e category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schadule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) COLE, SHEPYL 4 Date 5 Payee neme ANNIE'S USC 10/12/2010 6 Amount (\$) City; State; Zip Code 7 Payoo address; AUSTIN, TR \$ 100.00 PURPOSE (a) Cetegory (See categories listed at the top of this schedule) (b) Description (If travel outside of Texes, complete Schedule T) EVENT **EXPENDITURE** Candidate / Officeholder neme Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10/19/2010 FREEDOM NOTWORK TIBYNS Amount (\$) Payoe address: City; State; Zip Code \$ 100 608 W. 22MD CT AUSTIN, T Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE EVENT EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 10/21/2010 BISCOT CAMPAIGN SAM Payee address: NSTIN, IX 78723 6411 BRIDGEWATER Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** CONTRIBUTION EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10/29/200 COA / COMBINED CHARITIES Amount (\$) City; State; Zip Code Payee address; AUSTIN, TX 78901 707 WEST NUE #203 \$100 Category (See catagories listed at the top of this schedule) Description (If travel outside of Texes, complete Schedule T) **PURPOSE** DONKTION **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

	EVDENDITIBE CATECOD	IES FOR BOY 9(a)		
Advertising Expense	EXPENDITURE CATEGOR Gift/Awards/Memorlals Expense Selaries/Wag	es/Contract Lebor	Loan Repayment/Rei	mbursement
Accounting/Banking	Legal Services Solicitation/Fu	ındraising Expense	Transportation Equipr	nent & Related Expense
Consulting Expense	Food/Beverege Expense Travel In Dist		Contributions/Donatio	
Event Expense	Polling Expense Travel Out O			older/Political Committee
Fees	Printing Expense Office Overhe The Instruction Guide explains how	ead/Rental Expense	•	gory not listed above)
Total pages Schedule F:	2 FILER NAME	+ to complete this to		(Ethics Commission Filers)
	COUP, SHERYL N			(
11/29/2010	5 Payee name NAACP			
Amount (\$)	7 Payee address; City; State; Zip Code	•		
9475.00	1107 E. 11th ST	79702		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If trevel outside of Texas,	complete Scheduls T)
OF EXPENDITURE	EVENT			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t	Office held
415/2010	Payee name UBAUELSITIP AUST	7 17		
Amount (\$)	Payee address; City; State; Zip Code	9	_	
\$125	1609 SHOAL CREEK (	RLUP # 20 78701	02	
PURPOSE	Category (See categories listed at the top of this schedule)		(If trevel outside of Texes, o	complete Schedule T)
OF EXPENDITURE	PEES			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	<u> </u>	Office held
Date	Payee name			
11/29/2010	TRAUS COUNTY PEN	10 CRATIC	BARTY	
Amount (\$)	Payee address; City; State; Zip Code	•		
204.70	1311 5.6+HST AU	>TN, TX	78702	
PURPOSE OF EXPENDITURE	Category (See categories flated at the lop of this schedule) HOUDRY PARTY FOOD	Description	(If travel outside of Texas, o	ompiele Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officoholder name	Office sough		Office held
Date 12/16/2016	Payee nama STEPHANIE LEE M	COONALD		
Amount (\$)	Payae address; City; State: Zip Code	•		,
500	POBOX 4101 AU	= KI, N(T2)	76765	
PURPOSE	Category (See categories listed et the top of this schedule)	Description	(If travel outside of Texes, o	complete Schedule T)
OF EXPENDITURE	CONSUMINO EXPENSE			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	<u> </u>	- Office held
	ATTACH ADDITIONAL COPIES OF THE	HIS SCHEDULE AS I	VEEDED	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES**

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/F e explains how to	aising Expense trict Rental Expense	Contributions/Dor Candidate/Offi OTHER (enter a c	quipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME COVE SHERY	ILN		3 ACCOUN	IT # (Ethics Commission Filers)
4 Date 30 PEC 2010	5 Payee name CONSTANT CON		_		
\$ 62.89	7 Payee address; City; St 3883 SOUTH CO DELPHY BEAC	tate; Zip Code ONORES CH, FL 3.	AUE, SUI 3445	75 # 40°	4
B PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)		(If travel outside of Tex	xas, complete Schedule T)
EXPENDITURE	ADVERTISING (	expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	,	Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; St	tate; Zip Code			
PURPOSE	Category (See cetegories listed at the top	p of this schedule)	Description	(If travel outside of Tex	xas, complete Schodule T)
OF EXPENDITURE					
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	1	Office sough	nt	Office held
Date	Payee name	_			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categoriea listed at the top	p of this schedule)	Description	(If trevel outside of Tex	xes, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H		Office sough	nt	Office held
Dale	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Tex	kes, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office sough	it	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED	

# **VERIFICATION FOR ELECTRONIC FILING**

#### **AFFIDAVIT**

I,	, swear or affirm, that the accompanying
report filed on electronic disk is true and c	correct and includes all information required to
be reported by me under Title 15, Election	i Code.
Date	Signature – Candidate or Officeholder
	·
Sworn to and subscribed before me, by the This the day of	e said, 20, to certify which, witness
my hand and seal.	, to confiny which, whiteos
SEAL	C'
	Signature – officer administering oath

### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

#### FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS/MRS/MR FIRST	МІ	OFFIE USE ONLY	
OFFICEHOLDER NAME	SHERYL	N		
,,,,,,,,	NICKNAME LAST	SUFFIX	Date Received JUL REC	
	COLE		<b>T O O</b>	
4 CANDIDATE/	AODRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP COOE	OITY (	
OFFICEHOLDER MAILING	301 W. 2ND ST		Oale Hand-delivered or Postmarked	
ADDRESS	AUSTIN, TX 78701		ω <u>m</u>	
change of address	AUSTIN, IN 7870)		Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
OFFICEHOLDER PHONE	(512) 974.2266		Date Frocessed	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	М	Date Imaged	
NAME	REV JOSEPH			
	NICKNAME LAST	SUFFIX		
	PARKER			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
ADDRESS	5918 LOCKOUT MOUNTA	110		
(residence or business)	AUSTIN, TX 78731			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER .	(512) 323 - 6605			
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 Bth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD '	Month Day Year	Month Day	Year	
COVERED	01 / 16 / 2011 THROUGH	06/30/	2011	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year			
	04/30/2009 Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	The state of the san was say, and the same	
	CITY COUNCIL, PLACES	Sids	REYNA	
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE: CANOIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION (	S MADE BY OTHERS WITHOUT THE		
EXPENDITURE BY OTHER INDIVIDUALS	Namo	-		
	Address / PO Box; Apt. / Suite #, City; State; Zip Code			
additional pages				
GO TO PAGE 2				

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

15 C/OH NAME		16	ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	-		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			
		POLITICAL CONTRIBUTIONS THAN PLEDGES. LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 75.00				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,441.53		
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 75.00  4. TOTAL POLITICAL EXPENDITURES \$ 3,441.53  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,675.15				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	J		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.    MOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRED:   10-12-2011					
Sworn to and subs	of	ne, by the said <u>Shewl</u> Cou , 20, to certify which, witness my Printed name or officer administering oath	hand and seal of office.  Will Deual S  Title of officer administering oath		

# SCHEDULE F

#### **POLITICAL EXPENDITURES**

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expenso Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Accounting/Banking Legal Sorvices Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) COLG, SHERYL N BLACK AUSTIN DEMOCRATS 17 APRIL 2011 7 Payee address; City: State: Zip Code 6 Amount (\$) PO BOX 6276 \$250.00 AUSTIN, TA 78762-62% (a) Category (See categories listed at the top of this echodule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE **EXPENDITURE** CONTRIBUTIONS Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date CAPITAL AREA DEMOCRATS 17 APRIL 2011 Amount (\$) Payee address; City; State; Zip Code POST OPPICE BOX 684263 \$250 AUSTIN, TEXAS 78768 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE CONTRIBUTIONS EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 4 MAY 2011 ETHICA COMMISSION TEXAS City; State; Zip Code POST OFFICE BOX 12070 \$500 AUSTIN, TEXAS 78711-2070 Category (See categories listed at the top of this schedule) Description (If trevel outside of Toxas, complete Schedule T) PURPOSE FEES EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 30 JUNE 2011 JITAHIDI JOIR Amount (\$) Payee address; City: State; Zip Code 5114 BALCONES WOODS DRIVE, SUITE 307-111 \$ 1500 AUSTIN, TEXAS Category (See categories listed at the top of this schedule) Description (If travel outside of Taxas, complete Schedule T) PURPOSE CONSULTING EXPENSE EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### (TDD 1-800-735-2989)

#### **POLITICAL EXPENDITURES**

# SCHEDULE $\mathbf{F}$

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salarles/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Experood/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Comm Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME COLE, SHERYL N		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		_	
20 JAN 2011	MARK MCCULLOCH /		2	
6 Amount (\$) \$188.73	7 Payee address: AM City; State; Zip Coo	de		
	AUST/N, TX 78722			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schodulo) Pドルカルら	(b) Description	(If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office'sough	t Office held	
Date 5 JULY 2011	Payee name  CONSTANT CONTACT			
Amount (\$) \$ '270.73	Payee address; City; State; Zip Coo 3333 SOUTH CONGRESS DELRAY BEACH, FL	AVENUE, SU		
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texes, complete Schedule T)	
OF EXPENDITURE	ADVERTISING EXPENSE		,	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	o Office held	
Date 14 MA2 2011	Payee name			
Amount (\$)  \$\pmathrm{\p	Payee address; City; State: Zip Cod 907 WEST FIFTH STE AUSTIN, TX 78703		o <b>s</b>	
PURPOSE OF EXPENDITURE	Category (See cotegories listed at the top of this schedule)  OFFICE OVER-HEAD	Description	(If trave) outside of Taxas, complete Schedula T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name IH	Office sough	t Office held	
Date 17 MAR 2011	Payee name  ARC OF TEXAS			
Amount (\$)	Payee address; City; State; Zip Cod	le		
\$65.00	8001 CENTRE PARK DI AUSTIN, TX 78754	21VE, SUITE	100	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If trevel outside of Texas, complete Schedule T)	
OF EXPENDITURE	EVENT CONTRIBUTION			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS I	NEEDED	
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