

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Cole, Sheryl

15 ACCOUNT # (Ethics Commission filers)
00000009

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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 TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 457.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 8,357.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 111.76**

4. TOTAL POLITICAL EXPENDITURES **\$ 21,289.39**

CONTRIBUTION BALANCE

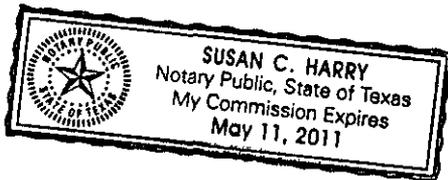
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 17,896.36**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

18 AFFIDAVIT

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.



Sheryl N Cole

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 8th day of July, 2009, to certify which, witness my hand and seal of office.

Susan C. Harry
Signature of officer administering oath

Susan C. Harry
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6 Report: 3/12	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 05/06/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arndt, Timothy 6 Contributor address; City; State; Zip Code 3915 Becker Austin, TX 78751	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Ben Contributor address; City; State; Zip Code 98 San Jacinto Blvd., Suite 250 Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ben Barnes Group	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Melanie Contributor address; City; State; Zip Code 98 San Jacinto Blvd., Suite 250 Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Community Volunteer	
Date 05/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blatt, Jeff & Liz Contributor address; City; State; Zip Code 3801 Agape Lane Austin, TX 78735	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President / President		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President / President		Employer (See Instructions) Lakequest Enterprises / Sublime Interiors	
Date 05/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Van Contributor address; City; State; Zip Code 10515 Ponder Lane Austin, TX 78719	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 4/12	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 05/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Mark 6 Contributor address; City; State; Zip Code 4000 Table Rock Austin, TX 78731	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Community Bank President		10 Employer (See Instructions) Wells Fargo Bank	
Date 05/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Escutia, Charles Contributor address; City; State; Zip Code 4204 Wildwood Rd. Austin, TX 78722	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) HindsiteAustin Inc.	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Escutia, Christina Contributor address; City; State; Zip Code 4204 Wildwood Rd. Austin, TX 78722	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Hindsite 20/20	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fitzpatrick, John Contributor address; City; State; Zip Code 1706 Nickerson Street Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Galow, Jerry Contributor address; City; State; Zip Code 2211 Trail of the Madrones Austin, TX 78746	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/6 Report: 5/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
00000009

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
05/03/2009 Harris, Nancy

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2203 Village Way
Austin, TX 78745

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/01/2009 HDR PAC

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
8404 Indian Hills Dr
Omaha, NE 68114

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/07/2009 Hightower, Jack

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5909 Doone Vallet Ct.
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/09/2009 Hornaday, Walter & Raina

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
908 West 18th St.
Austin, TX 78701

\$700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Generation Operator / Generation Operator

Employer (See Instructions)
Cielo Wind Services Inc. / Cielo Wind Power LLC

Date Full name of contributor out-of-state PAC (ID# _____)
05/09/2009 Kuykendall, William

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
106 East 6th St.
Ste. 900
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 9/12
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009
4 Date 05/26/2009	5 Payee name AT&T 6 Payee address; City; State; Zip Code 555 Main Street Beaumont, TX 77701	7 Amount (\$) \$93.64
8 Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/20/2009	Payee name Austin History Center Payee address; City; State; Zip Code P.O. Box 1088 Austin, TX 78767	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Charitable donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/28/2009	Payee name Butts, David Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/20/2009	Payee name Communities in Schools Payee address; City; State; Zip Code 3000 S. IH 35 #200 Austin, TX 78704	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Charitable donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/4 Report: 10/12**2** FILER NAME Cole, Sheryl**3** ACCOUNT # (Ethics Commission filers)
00000009

4 Date 05/01/2009	5 Payee name KAZI	7 Amount (\$) \$2,000.00
6 Payee address; City; State; Zip Code 8906 Wall St. #203 Austin, TX 78754		

8 Purpose of payment (See instructions regarding type of information required.)
Advertising**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 05/01/2009	Payee name McDonald, Stephanie	Amount (\$) \$3,000.00
Payee address; City; State; Zip Code PO Box 4101 Austin, TX 78765		

Purpose of payment (See instructions regarding type of information required.)
Consulting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 05/20/2009	Payee name NAACP	Amount (\$) \$2,000.00
Payee address; City; State; Zip Code 1107 E. 11th St. Austin, TX 78702		

Purpose of payment (See instructions regarding type of information required.)
Charitable donation**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 05/20/2009	Payee name Parks Foundation	Amount (\$) \$3,000.00
Payee address; City; State; Zip Code 816 Congress Ave Ste. 1680 Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.)
Charitable donation**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/4 Report: 11/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
00000009

4 Date	5 Payee name	7 Amount (\$)
05/08/2009	Parkside <hr/> 6 Payee address; City; State; Zip Code 301 E. 6th St, Austin, TX 78701	\$2,500.00

8 Purpose of payment (See instructions regarding type of information required.) Election night party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
05/09/2009	Parkside <hr/> Payee address; City; State; Zip Code 301 E. 6th St, Austin, TX 78701	\$447.54

Purpose of payment (See instructions regarding type of information required.) Election night party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
05/10/2009	Paypal <hr/> Payee address; City; State; Zip Code P.O. Box 7027 Mountain View, CA 94039	\$66.50

Purpose of payment (See instructions regarding type of information required.) credit card processing fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
05/08/2009	Raney, Jim <hr/> Payee address; City; State; Zip Code 1501 Barton Springs #233 Austin, TX 78704	\$124.95

Purpose of payment (See instructions regarding type of information required.) Graphic Design (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 12/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
000000094 Date

05/20/20095 Payee name
Safe Place

6 Payee address; City; State; Zip Code
P.O. Box 19454
Austin, TX 787607 Amount
(\$)

\$1,813.008 Purpose of payment (See instructions regarding type of information required.)
Charitable donation9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:Date

05/20/2009Payee name
United Way

Payee address; City; State; Zip Code
2000 E. Martin Luther King, Jr
Austin, TX 78722Amount
(\$)

\$2,000.00Purpose of payment (See instructions regarding type of information required.)
Charitable donation** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:Date

05/20/2009Payee name
USPS

Payee address; City; State; Zip Code
Downtown Station
Austin, TX 78701Amount
(\$)

\$132.00Purpose of payment (See instructions regarding type of information required.)
Postage** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held: