

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT#** (Ethics Commission filers) **2 Total pages filed:**
 00000009 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	
	Sheryl Cole	2010 JUN 14 PM 4 10 AUSTIN CITY CLERK POSTING: DATE / TIME Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
<input type="checkbox"/> Change of Address	301 W. 2nd St. 2nd Floor Austin, TX 78701	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	
	(512) 974.2266	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	
	NICKNAME LAST SUFFIX	
	Rev. Joseph Parker	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
	5918 Lookout Mountain Austin, TX 78731	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
	(512) 323.6605	

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 01 2009 THROUGH 06 15 2010

11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 04 30 2009
--------------------	--

12 OFFICE	OFFICE HELD (if any) City Council, Place 6	13 OFFICE SOUGHT (if known)
------------------	---	------------------------------------

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
	Name
	Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>COLE, SHERYL</u>	16 ACCOUNT # (Ethics Commission Filers) <u>0000009</u>
-------------------------------------	---

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>234.40</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1728.16</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,168.20</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sheryl N Cole
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheryl Cole, this the 14 day of January, 2010, to certify which, witness my hand and seal of office.

Reyna Ruiz
Signature of officer administering oath

Reyna Ruiz
Printed name of officer administering oath

Admin Specialist
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: SCHEDULE F/3 REPORT 3 of 5
2 FILER NAME COLE, SHERYL		3 ACCOUNT # (Ethics Commission filers) 00060069
4 Date 7/08/2009	5 Payee name Texas Freedom Network	7 Amount (\$) \$150.00
6 Payee address; City; State; Zip Code PO BOX 1624 Austin, TX 78767		
8 Purpose of payment (See instructions regarding type of information required.) Event Sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/09/2009	Payee name Stephanie McDonald	Amount (\$) \$63.76
Payee address; City; State; Zip Code PO BOX 4101 Austin, TX 78765		
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Constant Contract <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/09/2009	Payee name Ian Davis	Amount (\$) \$250.00
Payee address; City; State; Zip Code 600 Bouldin Austin, TX 78704		
Purpose of payment (See instructions regarding type of information required.) Inauguration Party Expenses <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/27/2009	Payee name Annie's List	Amount (\$) \$250.00
Payee address; City; State; Zip Code PO Box 699 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required.) Event Sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2/3
2 FILER NAME COLE, SHERYL		3 ACCOUNT # (Ethics Commission filers) 00000009
4 Date 8/23/09	5 Payee name CADW	7 Amount (\$) \$100.00
6 Payee address; City; State; Zip Code PO BOX 12962 AUSTIN, TX 78711		
8 Purpose of payment (See instructions regarding type of information required.) Event tickets <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/4/09	Payee name South Austin Democrats	Amount (\$) \$100.00
Payee address; City; State; Zip Code PO BOX 152592 Austin, TX 78715-2592		
Purpose of payment (See instructions regarding type of information required.) Event Sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/10/09	Payee name NAACP	Amount (\$) \$100.00
Payee address; City; State; Zip Code 1107 E. 11th St Austin, TX 78702		
Purpose of payment (See instructions regarding type of information required.) Event Sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/23/09	Payee name Mandy Dealey	Amount (\$) \$200.00
Payee address; City; State; Zip Code 5401 Ridge Oak Drive, Austin TX 78731		
Purpose of payment (See instructions regarding type of information required.) Jane Sibley Reception <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3/3
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/07/2010	5 Payee name Travis County Democratic Party 6 Payee address: City: State: Zip Code PO BOX 684263, AUSTIN, TX 78768-4263	7 Amount (\$) \$ 190.00
8 Purpose of payment (See instructions regarding type of information required.) Filing Dinner (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/07/2010	Payee name Black Austin Democrats Payee address: City: State: Zip Code PO BOX 6276 AUSTIN, TX 78762-6276	Amount (\$) \$ 90.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED