

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 6		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received
		NICKNAME	LAST	SUFFIX	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED		Month	Day	Year	THROUGH
		07	01	2009	12 / 31 / 2009
		Date Hand-delivered or Date Postmarked		Date Processed	
		Receipt #		Amount	
		Legal		Total	
		Date Imaged		Date / TIME	

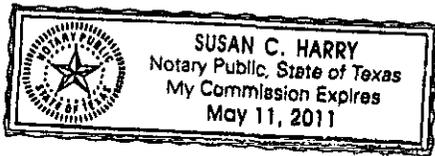
2010 AUG 13 PM 2:42
 POSTING: DATE/TIME
 AUSTIN CITY CLERK

6 EXPLANATION OF CORRECTION

This amended report contains the following corrections:
 --corrected the reporting period on page 1 to show last day of period covered was 12/31/09, not 1/15/10.
 --corrected the expenditure payee name previously reported as Stephanie McDonald with description "reimbursement for Constant Contact" to expenditure payee name Constant Contact.
 --corrected expenditure name of Capitol Area Democratic Women, previously reported as CADW, their known acronym.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Sheryl M Cole
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Sheryl Cole this the 13th day of August

20 10 to certify which, witness my hand and seal of office.

Susan C. Harry Susan C. Harry Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI STERYL NICKNAME LAST SUFFIX COLE	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 301 W. 2nd Street Austin, TX 78701	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 974.2266	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI REV JOSEPH NICKNAME LAST SUFFIX PARKER	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5918 Look out Mountain Austin, TX 78731	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 323.4605	Date Imaged	
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 12 / 31 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 04 / 30 / 2009	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL, PLACE 6	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

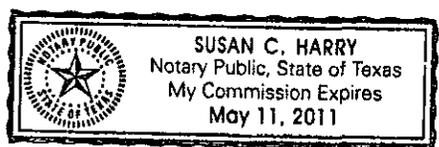
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME COLE, SHERYL	16 ACCOUNT # (Ethics Commission Filers) 00000009
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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. 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 <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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 234.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 1728.14
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	\$ 0

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.

Sheryl Cole
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 13th day of August, 20 10, to certify which, witness my hand and seal of office.

Susan C. Harry
Signature of officer administering oath

Susan C. Harry
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
SCHEDULE 1/3 REPORT 3 of 5

2 FILER NAME
COLE, SHERYL

3 ACCOUNT # (Ethics Commission filers)
00060009

4 Date 7/09/2009	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 (If travel outside of Texas, complete Schedule T)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 7/09/2009	Payee name CONSTANT CONTACT	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 Contact (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 7/10/2009	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 (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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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 (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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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 <u>8/23/09</u>	5 Payee name <u>CAPITAL AREA DEMOCRATIC WOMEN</u>	7 Amount (\$) <u>\$ 100.00</u>
6 Payee address: City: State: Zip Code <u>PO BOX 12962 AUSTIN, TX 78711</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Event tickets</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>9/4/09</u>	Payee name <u>South Austin Democrats</u>	Amount (\$) <u>\$ 100.00</u>
Payee address: City: State: Zip Code <u>PO BOX 152592 AUSTIN, TX 78715-2592</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Event Sponsorship</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>11/10/09</u>	Payee name <u>National Association Advancement of Colored People</u>	Amount (\$) <u>\$ 100.00</u>
Payee address: City: State: Zip Code <u>1107 E. 11th St Austin, TX 78702</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Event Sponsorship</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>11/23/09</u>	Payee name <u>Mandy Dealey</u>	Amount (\$) <u>\$ 200.00</u>
Payee address: City: State: Zip Code <u>5401 Ridge Oak Drive, Austin TX 78731</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Jane Sibley Reception</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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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 Users)
4 Date 01/07/2010	5 Payee name Travis County Democratic Party 6 Payee address: City: State: Zip Code PO BOX 684243, 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