

# 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 #<br>(Ethics Commission Filers)  | 2 Total pages filed:<br><b>6</b>   |           |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST<br><b>SHERYL</b>   | MI<br><b>N</b>   |           |
|  | NICKNAME  | LAST<br><b>COLE</b>  | SUFFIX   |           |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address                       | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  | <b>OFFICE USE ONLY</b><br>Date Received<br><b>2011 JAN 10</b><br><b>AUSTIN CITY CLERK RECEIVED</b><br>Receipt # <b>1248</b><br>Date Hand-delivered or P.O. marked<br>Date Processed<br>Date Imaged |           |
|  | <b>301 W. 2ND ST<br/>AUSTIN, TX 78701</b>   |  |  |           |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br><b>(512)</b>   | PHONE NUMBER<br><b>974-2266</b>  |  | EXTENSION |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST<br><b>JOSEPH</b>   |  | MI        |
|  | NICKNAME<br><b>REV</b>  | LAST<br><b>PARKER</b>  | SUFFIX   |           |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |  |           |
|  | <b>5918 LOOKOUT MOUNTAIN<br/>AUSTIN, TX 78731</b>   |  |  |           |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br><b>(512)</b>   | PHONE NUMBER<br><b>323-6605</b>  | EXTENSION  |           |
| 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)<br><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<br><b>07 / 16 / 2010</b>   |  | THROUGH    Month    Day    Year<br><b>01 / 15 / 2011</b>   |           |
| 11 ELECTION  | ELECTION DATE<br>Month    Day    Year<br><b>04 / 30 / 2009</b>  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |           |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>CITY COUNCIL, PLACE 6</b>  | 13 OFFICE SOUGHT (if known)  |  |           |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><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

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 212.95

4. TOTAL POLITICAL EXPENDITURES

\$ 2,990.60

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 10,391.68

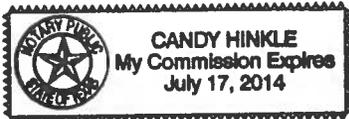
OUTSTANDING LOAN TOTALS

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 19<sup>th</sup> day of January, 20 11, to certify which, witness my hand and seal of office.

*Candy Hinkle*  
Signature of officer administering oath

Candy Hinkle  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**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         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | 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<br><b>COLE, SHERYL N</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---------------------------------------|--|

|                            |  |
|----------------------------|--|
| 4 Date<br><b>7/26/2010</b> | 5 Payee name<br><b>Capital Area Democratic Women</b> |
|----------------------------|--|

|                                  |  |
|----------------------------------|--|
| 6 Amount (\$)<br><b>\$100.00</b> | 7 Payee address; City; State; Zip Code<br><b>P.O. BOX 2211 AUSTIN, TX 78768-2211</b> |
|----------------------------------|--|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>EVENT</b> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                          |                                   |
|--------------------------|-----------------------------------|
| Date<br><b>8/11/2010</b> | Payee name<br><b>RANCHO GARZA</b> |
|--------------------------|-----------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>\$ 350</b> | Payee address; City; State; Zip Code<br><b>430 S. CAPITOL ST. E WASHINGTON, DC 20005</b> |
|------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>CONTRACT LABOR / OBAMA EVENT</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                          |   |
|--------------------------|---|
| Date<br><b>8/11/2010</b> | Payee name<br><b>FIFTH / LAMAR RETAIL</b> |
|--------------------------|---|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>\$350</b> | Payee address; City; State; Zip Code<br><b>707 W. 5TH ST AUSTIN, TX 78703-5426</b> |
|-----------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>FOOD EXPENSE</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                          |   |
|--------------------------|---|
| Date<br><b>9/12/2010</b> | Payee name<br><b>LEAGUE OF WOMEN VOTERS</b> |
|--------------------------|---|

|                            |  |
|----------------------------|--|
| Amount (\$)<br><b>\$60</b> | Payee address; City; State; Zip Code<br><b>1011 W. 81ST AUSTIN, TX 78705</b> |
|----------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>FEES</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**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         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | 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<br><b>COLE, SHERYL N</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)                            |  |
| 4 Date<br><b>10/12/2010</b>                                |  | 5 Payee name<br><b>ANNIE'S LIST</b>   |  |   |  |
| 6 Amount (\$)<br><b>\$100.00</b>                           |  | 7 Payee address; City; State; Zip Code<br><b>506 W. 7TH ST AUSTIN, TX 78701</b>     |  |   |  |
| 8 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See categories listed at the top of this schedule)<br><b>EVENT</b>    |  | (b) Description (If travel outside of Texas, complete Schedule T) |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br><b>10/19/2010</b>                                  |  | Payee name<br><b>TEXAS FREEDOM NETWORK</b>  |  |   |  |
| Amount (\$)<br><b>\$100</b>                                |  | Payee address; City; State; Zip Code<br><b>608 W. 22ND ST AUSTIN, TX 78705</b>      |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See categories listed at the top of this schedule)<br><b>EVENT</b>        |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete ONLY if direct expenditure to benefit C/OH        |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br><b>10/21/2010</b>                                  |  | Payee name<br><b>SAM BISCOE CAMPAIGN</b>  |  |   |  |
| Amount (\$)<br><b>\$250</b>                                |  | Payee address; City; State; Zip Code<br><b>6411 BRIDGEWATER AUSTIN, TX 78723</b>    |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See categories listed at the top of this schedule)<br><b>CONTRIBUTION</b> |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete ONLY if direct expenditure to benefit C/OH        |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br><b>10/29/2010</b>                                  |  | Payee name<br><b>CGA / COMBINED CHARITIES</b>                                       |  |   |  |
| Amount (\$)<br><b>\$100</b>                                |  | Payee address; City; State; Zip Code<br><b>707 WEST AVE #203 AUSTIN, TX 78701</b>   |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See categories listed at the top of this schedule)<br><b>DONATION</b>     |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete ONLY if direct expenditure to benefit C/OH        |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> |  |   |  |   |  |

**POLITICAL EXPENDITURES**

**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         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | 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<br><b>COLE, SHERYL N</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---------------------------------------|--|

|                             |                              |
|-----------------------------|------------------------------|
| 4 Date<br><b>11/29/2010</b> | 5 Payee name<br><b>NAACP</b> |
|-----------------------------|------------------------------|

|                                  |  |
|----------------------------------|--|
| 6 Amount (\$)<br><b>\$475.00</b> | 7 Payee address; City; State; Zip Code<br><b>1107 E. 11th St 78702</b> |
|----------------------------------|--|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>EVENT</b> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                          |  |
|--------------------------|--|
| Date<br><b>2/15/2010</b> | Payee name<br><b>LEADERSHIP AUSTIN</b> |
|--------------------------|--|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>\$125</b> | Payee address; City; State; Zip Code<br><b>1609 SHOAL CREEK BLVD # 202<br/>AUSTIN TX 78701</b> |
|-----------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>FEES</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                           |   |
|---------------------------|---|
| Date<br><b>11/29/2010</b> | Payee name<br><b>TRAVIS COUNTY DEMOCRATIC PARTY</b> |
|---------------------------|---|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$204.70</b> | Payee address; City; State; Zip Code<br><b>1311 E. 6th St AUSTIN, TX 78702</b> |
|--------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>HOLIDAY PARTY FOOD</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                           |   |
|---------------------------|---|
| Date<br><b>12/16/2010</b> | Payee name<br><b>STEPHANIE LEE McDONALD</b> |
|---------------------------|---|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><b>\$500</b> | Payee address; City; State; Zip Code<br><b>PO BOX 4101 AUSTIN, TX 78765</b> |
|-----------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>CONSULTING EXPENSE</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# 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         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | 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<br><b>COVE, SHERYL N</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---------------------------------------|--|

|                              |   |
|------------------------------|---|
| 4 Date<br><b>30 DEC 2010</b> | 5 Payee name<br><b>CONSTANT CONTACT</b> |
|------------------------------|---|

|                                  |  |
|----------------------------------|--|
| 6 Amount (\$)<br><b>\$ 62.89</b> | 7 Payee address; City; State; Zip Code<br><b>3883 SOUTH CONGRESS AVE, SUITE # 404<br/>DELRAY BEACH, FL 33445</b> |
|----------------------------------|--|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**VERIFICATION FOR ELECTRONIC FILING**

**AFFIDAVIT**

I, \_\_\_\_\_, swear or affirm, that the accompanying report filed on electronic disk is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Candidate or Officeholder

Sworn to and subscribed before me, by the said \_\_\_\_\_,  
This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness  
my hand and seal.

SEAL

\_\_\_\_\_  
Signature – officer administering oath