



# 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

COMMITTEE ADDRESS

SPECIFIC

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER 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

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

\$ 6,875.15

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 A. Cole*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 16 day of July, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Reyna Ruiz Admin Specialist

**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: <b>1/2</b>	2 FILER NAME <b>COLG, SHERYL N</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>17 APRIL 2011</b>	5 Payee name <b>BLACK AUSTIN DEMOCRATS</b>
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6 Amount (\$) <b>\$250.00</b>	7 Payee address; City; State; Zip Code <b>PO BOX 6276 AUSTIN, TX 78762-6276</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>CONTRIBUTIONS</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>17 APRIL 2011</b>	Payee name <b>CAPITAL AREA DEMOCRATS</b>
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Amount (\$) <b>\$250</b>	Payee address; City; State; Zip Code <b>POST OFFICE BOX 684263 AUSTIN, TEXAS 78768</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRIBUTIONS</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4 MAY 2011</b>	Payee name <b>TEXAS ETHICS COMMISSION</b>
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Amount (\$) <b>\$500</b>	Payee address; City; State; Zip Code <b>POST OFFICE BOX 12070 AUSTIN, TEXAS 78711-2070</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FEES</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>30 JUNE 2011</b>	Payee name <b>JOIA JITAHIDI</b>
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Amount (\$) <b>\$1500</b>	Payee address; City; State; Zip Code <b>5114 BALCONES WOODS DRIVE, SUITE 307-111 AUSTIN, TEXAS 78759</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <b>2/2</b>	2 FILER NAME <b>COLE, SHERYL N</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>20 JAN 2011</b>	5 Payee name <b>MARK MCCULLOUGH / CHECK MARK</b>
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6 Amount (\$) <b>\$108.73</b>	7 Payee address: City: State: Zip Code <b>3217 NORTH 35 AUSTIN, TX 78722</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5 JULY 2011</b>	Payee name <b>CONSTANT CONTACT</b>
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Amount (\$) <b>\$270.73</b>	Payee address: City: State: Zip Code <b>3333 SOUTH CONGRESS AVENUE, SUITE #404 DELRAY BEACH, FL 33445</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>14 MAR 2011</b>	Payee name <b>AT&amp;T</b>
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Amount (\$) <b>\$417.07</b>	Payee address: City: State: Zip Code <b>907 WEST FIFTH STREET, SUITE 103 AUSTIN, TX 78703</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>17 MAR 2011</b>	Payee name <b>ARC OF TEXAS</b>
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Amount (\$) <b>\$65.00</b>	Payee address: City: State: Zip Code <b>8001 CENTRE PARK DRIVE, SUITE 100 AUSTIN, TX 78754</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT CONTRIBUTION</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED