

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: <i>28 29 5nc</i> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>Ms Sheryl Cole</i> | FIRST <i>Sheryl</i> | MI <i>Cole</i> |
| | NICKNAME | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX: | APT / SUITE #: | CITY: STATE: ZIP CODE |
| | <i>4101 Wildwood</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | <i>(512)</i> | <i>419-1539</i> | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Joseph</i> | FIRST <i>Joseph</i> | MI |
| | NICKNAME | LAST <i>Parker</i> | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: STATE: ZIP CODE |
| | <i>5918 Lookout Mountain Austin TX 78731</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | <i>(512)</i> | <i>323-6605</i> | |
| 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 |
| | <i>7 / 15 / 2013</i> | | THROUGH <i>12 / 31 / 2013</i> |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) |
| | <i>City Council 6</i> | | <i>City Council 6</i> |

OFFICE USE ONLY
 Date Received
 Date Hand-delivered or Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

JAN 15 PM 1:16
 RECEIVED
 AUSTIN CITY CLERK

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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 \$100 OR LESS, UNLESS ITEMIZED

\$ 1,532

4. TOTAL POLITICAL EXPENDITURES

\$ 4,715

CONTRIBUTION BALANCE

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

\$ 4,919

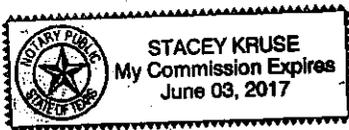
OUTSTANDING LOAN TOTALS

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

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sheryl N Cole
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheryl N Cole, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Stacey Kruse
Signature of officer administering oath

Stacey Kruse
Printed name of officer administering oath

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 <i>Sheryl Cole</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>0000 1564</i> |
| 4 Date <i>2/15</i> | 5 Payee name <i>Wendy Davis</i> | |
| 6 Amount (\$) <i>150</i> | 7 Payee address; City; State; Zip Code <i>70. BOX 1039 Fort Worth, TX 76101</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Campaign Contribution</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Contribution</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought _____ Office held _____ |
| Date <i>1/18</i> | Payee name <i>ATT</i> | |
| Amount (\$) <i>137</i> | Payee address; City; State; Zip Code <i>ATT Mob. Lty 70. Box 537104 Atlanta, GA 30353-7104</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Fees</i> | Description (If travel outside of Texas, complete Schedule T) <i>Fees / Office Equipment</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought _____ Office held _____ |
| Date <i>8/2013</i> | Payee name <i>Pay Pal - Constant Contacts</i> | |
| Amount (\$) <i>90 61</i> | Payee address; City; State; Zip Code <i>7700 W. Farmer Austin, TX 78729</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Advertising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Newsletter</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought _____ Office held _____ |
| Date <i>8/2013</i> | Payee name <i>Hoovers</i> | |
| Amount (\$) <i>108</i> | Payee address; City; State; Zip Code <i>Austin, TX</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Food / Beverage</i> | Description (If travel outside of Texas, complete Schedule T) <i>Food / Beverage</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought _____ Office held _____ |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

~~PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH~~

Schedule G
SCHEDULE H

Political Expenditure

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|--------------------------------------|---|
| 1 Total pages Schedule H: | 2 FILER NAME <i>Sheryl N Cole</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> |
|---------------------------|--------------------------------------|---|

| | |
|-----------------------|---------------------------------------|
| 4 Date <i>7/18</i> | 5 Business name <i>Wendy Davis</i> |
|-----------------------|---------------------------------------|

| | |
|-----------------------------|--|
| 6 Amount (\$) <i>150</i> | 7 Business address; City; State; Zip Code <i>P.O. Box 1039 Fort Worth, TX 76101</i> |
|-----------------------------|--|

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

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

| | |
|---------------------|-----------------------------|
| Date <i>7/18</i> | Business name <i>ATT</i> |
|---------------------|-----------------------------|

| | |
|---------------------------|---|
| Amount (\$) <i>137</i> | Business address; City; State; Zip Code <i>ATT Mobil. by P.O. Box 537104 Atlanta GA 30353-7104</i> |
|---------------------------|---|

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

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

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|-----------------------|---|
| Date <i>8/10/4</i> | Business name <i>Ray Pal Constant Contacts</i> |
|-----------------------|---|

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|-------------------------------------|--|
| Amount (\$) <i>90.01 139</i> | Business address; City; State; Zip Code <i>122 Hudson Street NY, NY 10013</i> |
|-------------------------------------|--|

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

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

| | |
|---------------------|--|
| Date <i>8/12</i> | Business name <i>South Austin Democrats</i> |
|---------------------|--|

| | |
|--------------------------|---|
| Amount (\$) <i>25</i> | Business address; City; State; Zip Code <i>P.O. Box 152592 Austin TX 78715</i> |
|--------------------------|---|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: | | 2 FILER NAME <i>Sheryl Cole</i> | | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> | |
| 4 Date <i>7/15</i> | | 5 Payee name <i>Apple Store, Barton Creek</i> | | | |
| 6 Amount (\$) <i>199</i> <input type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code <i>2901 S. Capital of TX Hwy Austin, TX 73746</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>Office Equipment</i> | | (b) Description (If travel outside of Texas, complete Schedule T) <i>Office Expense</i> | |
| Date <i>7/14</i> | | Payee name <i>Jay Pal Constant Contacts</i> | | | |
| Amount (\$) <i>61.90</i> <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code <i>7700 W Farmer Austin, TX 78729</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Advertising</i> | |
| Date <i>7/17</i> | | Payee name <i>shops</i> | | | |
| Amount (\$) <i>17.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code <i>1201 Barbara Jordan Blvd Suite 700 Austin, TX</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Office Supplies</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Office Supplies</i> | |
| Date <i>7/2013</i> | | Payee name <i>Hyde Park Bar + Grill</i> | | | |
| Amount (\$) <i>16.16</i> <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code <i>4206 Dura Sq 1 Austin, TX 78751</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Food/Beverage</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Food/Beverage</i> | |

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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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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 <i>Shury / Cole</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>0000 1564</i> |
|---------------------------|-------------------------------------|--|

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|-------------------------|---|
| 4 Date <i>8/2013</i> | 5 Payee name <i>Youth Austin Democrats</i> |
|-------------------------|---|

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| 6 Amount (\$) <i>25⁰⁰ //</i> | 7 Payee address; City; State; Zip Code <i>P.O. Box 152592 Austin, TX 78715</i> |
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|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Contribution</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i> |
|--------------------------|---|--|

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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 <i>8/2013</i> | Payee name <i>Travis County Democratic Party - Trio of Women</i> |
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|--------------------------|---|
| Amount (\$) <i>50</i> | Payee address; City; State; Zip Code <i>P.O. Box 684263 Austin, TX 78768</i> |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Contribution</i> | Description (If travel outside of Texas, complete Schedule T) <i>Contribution - Awards</i> |
|------------------------|---|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Shury / N. Cole</i> | Office sought | Office held |
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|-----------------------|--------------------------|
| Date <i>8/2013</i> | Payee name <i>ATT</i> |
|-----------------------|--------------------------|

| | |
|---------------------------|--|
| Amount (\$) <i>137</i> | Payee address; City; State; Zip Code <i>ATT Mob. 1:14 P.O. Box 537104 Atlanta GA 30353 - 7104</i> |
|---------------------------|--|

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

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|---|--|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Shury Cole</i> | Office sought | Office held |
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|-----------------------|------------------------------------|
| Date <i>8/2013</i> | Payee name <i>Eastside Cafe</i> |
|-----------------------|------------------------------------|

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|-----------------------------|---|
| Amount (\$) <i>37.20</i> | Payee address; City; State; Zip Code <i>2113 Manor Rd Austin, TX 78722</i> |
|-----------------------------|---|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| 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 <i>Sheryl Cole</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>0000 1564</i> |
| 4 Date <i>9/04/2013</i> | 5 Payee name <i>METHE</i> | |
| 6 Amount (\$) <i>57.54</i> | 7 Payee address; City; State; Zip Code <i>507 East Colles Austin, TX 78702</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Food/Beverage</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought Office held |
| Date <i>9/1/8</i> | Payee name <i>Eastside Cafe</i> | |
| Amount (\$) <i>103⁴⁴</i> | Payee address; City; State; Zip Code <i>2113 Manor Rd Austin, TX 78722</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Food/Beverage</i> | Description (If travel outside of Texas, complete Schedule T) <i>Food/Beverage</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought Office held |
| Date <i>9/2013</i> | Payee name <i>Valva Pritz Campaign for District Clerk</i> | |
| Amount (\$) <i>350</i> | Payee address; City; State; Zip Code <i>P.O. Box 685008 Austin, TX 78768</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Contribution</i> | Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought Office held |
| Date <i>9/2013</i> | Payee name <i>Craig Watkins Campaign</i> | |
| Amount (\$) <i>50⁰⁰</i> | Payee address; City; State; Zip Code <i>2531 Martin Luther King Jr. Blvd Dallas, TX 75215</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Contribution</i> | Description (If travel outside of Texas, complete Schedule T) <i>Campaign Contribution</i> |
| 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 <i>Sheryl N. Cole</i> | | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> | |
| 4 Date <i>9/30</i> | | 5 Payee name <i>League of Women Voters</i> | | | |
| 6 Amount (\$) <i>100</i> | | 7 Payee address; City; State; Zip Code <i>1011 W. 31st Austin, TX 78705</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>Charitable Contribution</i> | | (b) Description (If travel outside of Texas, complete Schedule T) <i>Charitable Contribution</i> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Sheryl N. Cole</i> | | Office sought Office held | |
| Date <i>10/2</i> | | Payee name <i>Keep Austin Affordable</i> | | | |
| Amount (\$) <i>250</i> | | Payee address; City; State; Zip Code <i>(Dissolved)</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Contribution</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>10/2013</i> | | Payee name <i>Constant Contacts - PayPal</i> | | | |
| Amount (\$) <i>90.61</i> | | Payee address; City; State; Zip Code <i>7700 W. Palmer Austin TX 78729</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>PayPal/Newsletter</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Newsletter</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Sheryl Cole</i> | | Office sought Office held | |
| Date <i>10/2013</i> | | Payee name <i>Eastside Cafe</i> | | | |
| Amount (\$) <i>63.03</i> | | Payee address; City; State; Zip Code <i>2113 Manor Rd Austin, TX 78722</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Food Beverage</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Food / Beverage</i> | |
| 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 <i>Sheryl Cole</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>0000 1564</i> |
| 4 Date <i>10/2013</i> | 5 Payee name <i>Friends of the MACC</i> | |
| 6 Amount (\$) <i>25⁰⁰</i> | 7 Payee address; City; State; Zip Code <i>4900 E. Oltorf #216 Austin, TX 78741</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Charitable Contribution</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Charitable Contribution</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl N Cole</i> | Office sought Office held |
| Date <i>10/2013</i> | Payee name <i>TEXAS Democratic Party Victory Committee</i> | |
| Amount (\$) <i>500⁰⁰</i> | Payee address; City; State; Zip Code <i>P.O. Box 684263 Austin, TX 78768</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Contribution</i> | Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl N Cole</i> | Office sought Office held |
| Date <i>10/2013</i> | Payee name <i>US Postal Office</i> | |
| Amount (\$) <i>63.05</i> | Payee address; City; State; Zip Code <i>4300 Speedway Austin, TX 78705</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Advertising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Advertising</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought Office held |
| Date <i>10/2013</i> | Payee name <i>National Council of Negro Women - Austin Div. 2</i> | |
| Amount (\$) <i>50⁰⁰</i> | Payee address; City; State; Zip Code <i>P.O. Box 143602 Austin, TX 78714</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Contribution</i> | Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i> |
| 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 <i>Sheryl N Cole</i> | | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> | |
| 4 Date <i>10/2013</i> | | 5 Payee name <i>Foundation Communities</i> | | | |
| 6 Amount (\$) <i>100</i> | | 7 Payee address; City; State; Zip Code <i>3036 S 1st St #200 Austin, TX 78704</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>Charitable Contributions</i> | | (b) Description (If travel outside of Texas, complete Schedule T) <i>Charitable Contributions</i> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Sheryl Cole</i> | | Office sought Office held | |
| Date <i>11/2013</i> | | Payee name <i>Pay Pal - Constant Contacts</i> | | | |
| Amount (\$) <i>90.61</i> | | Payee address; City; State; Zip Code <i>7700 W. Parmer Austin TX 78729</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Advertising/Newsletter</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Sheryl Cole</i> | | Office sought Office held | |
| Date <i>11/2013</i> | | Payee name <i>Cartho Laredo</i> | | | |
| Amount (\$) <i>92.34</i> | | Payee address; City; State; Zip Code <i>201 W. 3rd Street Austin, TX 78701</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Food Beverage</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Food Beverage</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Sheryl Cole</i> | | Office sought Office held | |
| Date <i>11/2013</i> | | Payee name <i>Mount Sinai</i> | | | |
| Amount (\$) <i>100.00</i> | | Payee address; City; State; Zip Code <i>5900 Cameron Rd Austin, TX 78723</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Charitable Donation</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Charitable Donation</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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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 <i>Sherry N. Cole</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> |
|---------------------------|------------------------------------|--|

| | |
|-----------------------|----------------------------|
| 4 Date <i>11/2013</i> | 5 Payee name <i>NAAACP</i> |
|-----------------------|----------------------------|

| | |
|-------------------------|--|
| 6 Amount (\$) <i>15</i> | 7 Payee address; City; State; Zip Code <i>1717 E. 13th Street Austin TX 78702</i> |
|-------------------------|--|

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

| | | | |
|---|---|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sherry N. Cole</i> | Office sought | Office held |
|---|---|---------------|-------------|

| | |
|---------------------|--------------------------------------|
| Date <i>11/2013</i> | Payee name <i>Planned Parenthood</i> |
|---------------------|--------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) <i>250.00</i> | Payee address; City; State; Zip Code <i>201 E Ben White Blvd Austin, TX 78704</i> |
|---------------------------|--|

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

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

| | |
|---------------------|--|
| Date <i>12/2013</i> | Payee name <i>Pay Pal - Constant Contracts</i> |
|---------------------|--|

| | |
|--------------------------|--|
| Amount (\$) <i>90.61</i> | Payee address; City; State; Zip Code <i>7700 W. Farmer Austin, TX 78727</i> |
|--------------------------|--|

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

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

| | |
|---------------------|-------------------------------|
| Date <i>12/2013</i> | Payee name <i>Earth share</i> |
|---------------------|-------------------------------|

| | |
|------------------------|--|
| Amount (\$) <i>100</i> | Payee address; City; State; Zip Code <i>1361 S IH35 Austin TX 78741</i> |
|------------------------|--|

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

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

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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 <i>Sheryl Cole</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>80001564</i> |
| 4 Date <i>12/2013</i> | 5 Payee name <i>Z-TeIAS</i> | |
| 6 Amount (\$) <i>32</i> ^{<i>78</i>} | 7 Payee address; City; State; Zip Code <i>110 W. 6th Street Austin TX 78703</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Food Beverage</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Food Bever 922</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought Office held |
| Date <i>12/2013</i> | Payee name <i>Black Austin Democrats</i> | |
| Amount (\$) <i>500</i> | Payee address; City; State; Zip Code <i>P.O. Box 6276 Austin, TX 78762</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Political Contribution</i> | Description (If travel outside of Texas, complete Schedule T) <i>Political Contribution</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | Office sought Office held |
| Date | Payee name <i>Carino Laredo</i> | |
| Amount (\$) <i>211</i> ^{<i>42</i>} | Payee address; City; State; Zip Code <i>201 W. 3rd St Austin TX 78701</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Food Beverage</i> | Description (If travel outside of Texas, complete Schedule T) <i>Food Beverage</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sheryl Cole</i> | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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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 | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (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

LOANS

SCHEDULE E

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ | |
| 5 Date | 6 Full name of pledgor: <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Sheryl Cole</i> | | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> | |
| 4 Date <i>7/15</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Best Buy</i> | 7 Amount of contribution (\$) <i>199</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

| | |
|---------------------|--|
| 14 C/OH NAME | 15 ACCOUNT # (Ethics Commission Filers) |
|---------------------|--|

| | | |
|---|---|--|
| 16 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 _____ |

| | | |
|--------------------------------|---|----|
| 17 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 \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

| | | | |
|---|---|-------------------------|---------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

| | | | |
|---|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|---|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|---|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|---|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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 | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (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 |
| 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

| | |
|---------------|---------------------|
| 4 Date | 5 Payee name |
|---------------|---------------------|

| | |
|--|---|
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | |

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

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

| | |
|--|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | |

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

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

| | |
|--|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | |

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

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

| | |
|--|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Business name | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (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 | Business name | |
| Amount (\$) | Business 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 | Business name | |
| Amount (\$) | Business 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 | Business name | |
| Amount (\$) | Business 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 | Business name | |
| Amount (\$) | Business 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|--|---|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

| | | |
|--|---|---------------|
| 4 Date | 5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code | 8 Amount (\$) |
| 7 Purpose for which amount is received | | |

| | | |
|--------------------------------------|---|-------------|
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received | | |

| | | |
|--------------------------------------|---|-------------|
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received | | |

| | | |
|--------------------------------------|---|-------------|
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: _____ |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

EXEMPTION STATEMENT
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

Cole Sheryl
(Last) (First) (Middle)

ADDRESS: 4101 Wildwood

DATE OF FILING: January 15, 2014

STATEMENT

I/we, Sheryl Cole (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of 1/1, 2013 through 12/31, 2013. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

[Signature]
Signed by Candidate or Campaign Committee

1-15-14
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.