

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) 00000009		2 PAGE # 1 of 12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sheryl			OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Cole				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #, CITY; STATE; ZIP CODE 301 W. 2nd St. 2nd Floor Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Rev. Joseph				
	NICKNAME LAST SUFFIX Parker				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 5918 Lookout Mountain Austin, TX 78731				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 323-6605				
8 REPORT TYPE	<input 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 checked="" 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)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/30/2009 06/30/2009				
10 ELECTION	ELECTION DATE Month Day Year 05/10/2009		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council, Place 6		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address/PO Box, Apt. / Suite #, City, State, Zip Code				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Cole, Sheryl**15 ACCOUNT #** (Ethics Commission filers)
00000009**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures 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**17 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

457.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

8,357.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

111.76

4. TOTAL POLITICAL EXPENDITURES

\$

21,289.39

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

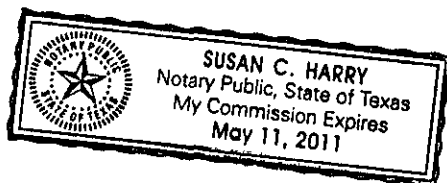
\$

17,896.36

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

\$

0.00

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 Sheryl Cole, this the 8th day of July, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Susan C. Harry

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/6 Report: 3/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
00000009

4 Date

05/06/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Arndt, Timothy

6 Contributor address; City; State; Zip Code
3915 Becker
Austin, TX 78751

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/30/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barnes, Ben

Contributor address; City; State; Zip Code
98 San Jacinto Blvd., Suite 250
Austin, TX 78701

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Ben Barnes Group

Date

04/30/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barnes, Melanie

Contributor address; City; State; Zip Code
98 San Jacinto Blvd., Suite 250
Austin, TX 78701

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Community Volunteer

Date

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Blatt, Jeff & Liz

Contributor address; City; State; Zip Code
3801 Agape Lane
Austin, TX 78735

Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

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

Employer (See Instructions)
Lakequest Enterprises / Sublime Interiors

Date

05/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cain, Van

Contributor address; City; State; Zip Code
10515 Ponder Lane
Austin, TX 78719

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/6 Report: 4/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
00000009

4 Date

05/08/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Curry, Mark

6 Contributor address; City; State; Zip Code
4000 Table Rock
Austin, TX 78731

7 Amount of
contribution (\$)

\$300.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Community Bank President

10 Employer (See Instructions)
Wells Fargo Bank

Date

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Escutia, Charles

Contributor address; City; State; Zip Code
4204 Wildwood Rd.
Austin, TX 78722

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Realtor

Employer (See Instructions)
HindsiteAustin Inc.

Date

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Escutia, Christina

Contributor address; City; State; Zip Code
4204 Wildwood Rd.
Austin, TX 78722

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Operations Manager

Employer (See Instructions)
Hindsite 20/20

Date

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fitzpatrick, John

Contributor address; City; State; Zip Code
1706 Nickerson Street
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Galow, Jerry

Contributor address; City; State; Zip Code
2211 Trail of the Madrones
Austin, TX 78746

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/6 Report: 5/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
00000009

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Harris, Nancy

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

05/03/2009

6 Contributor address; City; State; Zip Code
2203 Village Way
Austin, TX 78745

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
HDR PAC

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/01/2009

Contributor address; City; State; Zip Code
8404 Indian Hills Dr
Omaha, NE 68114

\$300.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hightower, Jack

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
5909 Doone Vallet Ct.
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hornaday, Walter & Raina

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/09/2009

Contributor address; City; State; Zip Code
908 West 18th St.
Austin, TX 78701

\$700.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Generation Operator / Generation Operator

Employer (See Instructions)
Cielo Wind Services Inc. / Cielo Wind Power LLC

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kuykendall, William

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/09/2009

Contributor address; City; State; Zip Code
106 East 6th St.
Ste. 900
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/6 Report: 6/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
00000009

4 Date

05/08/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Laine, Samuel

6 Contributor address; City; State; Zip Code
5421 Hitcher Bnd.
Austin, TX 78749

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$350.00 |

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions) requested

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lee, Jesse & Barbara

05/01/2009

Contributor address; City; State; Zip Code
54 Rainey St.
No. 1001
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$700.00 |

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CFO / Director of Accounting

Employer (See Instructions)
Origin Homes / Roscoe Properties

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leon, Sara

04/30/2009

Contributor address; City; State; Zip Code
4109 McBride Place
Austin, TX 78746

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$200.00 |

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Powell & Leon

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Link, Tom

05/04/2009

Contributor address; City; State; Zip Code
211 E. 7th St.
Ste. 510
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00 |

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reese, Andrew

05/06/2009

Contributor address; City; State; Zip Code
2914 Regents Park
Austin, TX 78746

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$250.00 |

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Associate

Employer (See Instructions)
Riverside Resources

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6 Report: 7/12	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 05/09/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rieck, Peter 6 Contributor address; City; State; Zip Code P.O. Box 202768 Austin, TX 78720	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sherman, Max Contributor address; City; State; Zip Code 3505 Greenway Austin, TX 78705	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sibley, Jane Contributor address; City; State; Zip Code 2210 Windsor Rd. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Karen Delaney Contributor address; City; State; Zip Code 1304 Nueces Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Ben Contributor address; City; State; Zip Code 315 Bowie Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Consort, Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/6 Report: 8/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
00000009

4 Date

05/08/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Vita, Brian

6 Contributor address; City; State; Zip Code
1007 S. Congress Ave. Apt. 432
Austin, TX 78704

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Associate

10 Employer (See Instructions)
Riverside Resources

Date

05/09/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Watkins, Sharon

Contributor address; City; State; Zip Code
5406 Balcones Dr.
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Williams, C.W. & Modesta

Contributor address; City; State; Zip Code
6 Desta Drive
Ste. 6500
Midland, TX 79705

Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner / investments

Employer (See Instructions)
CWEI / self

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 9/12
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009
4 Date 05/26/2009	5 Payee name AT&T 6 Payee address; City; State; Zip Code 555 Main Street Beaumont, TX 77701	7 Amount (\$) \$93.64
8 Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/20/2009	Payee name Austin History Center Payee address; City; State; Zip Code P.O. Box 1088 Austin, TX 78767	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Charitable donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/28/2009	Payee name Butts, David Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/20/2009	Payee name Communities in Schools Payee address; City; State; Zip Code 3000 S. IH 35 #200 Austin, TX 78704	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Charitable donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/4 Report: 10/12**2** FILER NAME Cole, Sheryl**3** ACCOUNT # (Ethics Commission filers)
00000009**4** Date

05/01/2009**5** Payee name
KAZI

6 Payee address; City; State; Zip Code
8906 Wall St. #203
Austin, TX 78754**7** Amount
(\$)

\$2,000.00**8** Purpose of payment (See instructions regarding type of information required.)
Advertising**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

05/01/2009Payee name
McDonald, Stephanie

Payee address; City; State; Zip Code
PO Box 4101
Austin, TX 78765Amount
(\$)

\$3,000.00Purpose of payment (See instructions regarding type of information required.)
Consulting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

05/20/2009Payee name
NAACP

Payee address; City; State; Zip Code
1107 E. 11th St.
Austin, TX 78702Amount
(\$)

\$2,000.00Purpose of payment (See instructions regarding type of information required.)
Charitable donation** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

05/20/2009Payee name
Parks Foundation

Payee address; City; State; Zip Code
816 Congress Ave Ste. 1680
Austin, TX 78701Amount
(\$)

\$3,000.00Purpose of payment (See instructions regarding type of information required.)
Charitable donation** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/4 Report: 11/12**2** FILER NAME Cole, Sheryl**3** ACCOUNT # (Ethics Commission filers)
00000009**4** Date**5** Payee name
Parkside**7** Amount
(\$)

05/08/2009

6 Payee address; City; State; Zip Code
301 E. 6th St,
Austin, TX 78701

\$2,500.00

8 Purpose of payment (See instructions regarding type of information required.)

Election night party

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
ParksideAmount
(\$)

05/09/2009

Payee address; City; State; Zip Code
301 E. 6th St,
Austin, TX 78701

\$447.54

Purpose of payment (See instructions regarding type of information required.)

Election night party

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
PaypalAmount
(\$)

05/10/2009

Payee address; City; State; Zip Code
P.O. Box 7027
Mountain View, CA 94039

\$66.50

Purpose of payment (See instructions regarding type of information required.)

credit card processing fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Ranes, JimAmount
(\$)

05/08/2009

Payee address; City; State; Zip Code
1501 Barton Springs #233
Austin, TX 78704

\$124.95

Purpose of payment (See instructions regarding type of information required.)

Graphic Design

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 12/12

2 FILER NAME Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)
00000009

4 Date

05/20/2009

5 Payee name

Safe Place

7 Amount
(\$)

\$1,813.00

6 Payee address; City; State; Zip Code

P.O. Box 19454
Austin, TX 78760

8 Purpose of payment (See instructions regarding type of information required.)

Charitable donation

(If travel outside of Texas, complete Schedule T) ☐9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

05/20/2009

Payee name

United Way

Amount
(\$)

\$2,000.00

Payee address; City; State; Zip Code

2000 E. Martin Luther King, Jr
Austin, TX 78722

Purpose of payment (See instructions regarding type of information required.)

Charitable donation

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

05/20/2009

Payee name

USPS

Amount
(\$)

\$132.00

Payee address; City; State; Zip Code

Downtown Station
Austin, TX 78701

Purpose of payment (See instructions regarding type of information required.)

Postage

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held: