

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


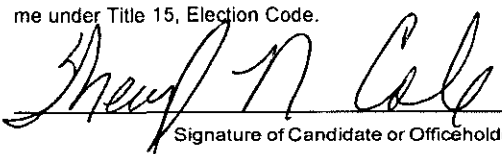
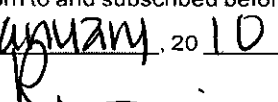
FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000009	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; margin-top: 10px;"> <i>Sheryl</i> LAST <i>Cole</i> </div> NICKNAME SUFFIX		OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> AUSTIN CITY CLERK POSTING: DATE / TIME 2010 JUN 14 PM 4 10 </div> Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>301 W. 2nd St. 2nd floor</i> <i>Austin, TX 78701</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 974.2266</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; margin-top: 10px;"> <i>Rev.</i> LAST <i>Parker</i> </div> NICKNAME SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5918 Lookout Mountain</i> <i>Austin, TX 78731</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 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 THROUGH Month Day Year <i>07 01 2009</i> <i>61 15 2010</i>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>04 30 2009</i>		
12 OFFICE	OFFICE HELD (if any) <i>City Council, Place 6</i>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME COLE, SHERYL		16 ACCOUNT # (Ethics Commission Filers) 00000009	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<small>** 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. **</small>		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 234.40
	4. TOTAL POLITICAL EXPENDITURES		\$ 1728.16
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 16,168.20
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0
19 AFFIDAVIT			
		I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.	
AFFIX NOTARY STAMP / SEAL ABOVE		 Signature of Candidate or Officeholder	
Sworn to and subscribed before me, by the said Sheryl Cole , this the 14 day of JANUARY , 20 10 , to certify which, witness my hand and seal of office.			
 Signature of officer administering oath		Reyna Ruiz Printed name of officer administering oath	
		Admin Specialist Title of officer administering oath	

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

SCHEDULE 1/3 REPORT 3095

2 FILER NAME

COLE, SHERYL

3 ACCOUNT # (Ethics Commission filers)

00060069

4 Date

7/08/2009

5 Payee name

Texas Freedom Network

7 Amount (\$)

\$150.00

6 Payee address; City; State; Zip Code

PO BOX 1624

Austin, TX 78767

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

Event Sponsorship

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

7/09/2009

Payee name

Stephanie McDonald

Amount (\$)

\$63.76

Payee address; City; State; Zip Code

PO BOX 4101 Austin, TX 78765

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

Reimbursement for Constant Contact

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

7/09/2009

Payee name

Ian Davis

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

600 Bouldin Austin, TX 78704

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

Inauguration Party Expenses

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

7/27/2009

Payee name

Annie's List

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

PO Box 699

Austin, TX 78767

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

Event Sponsorship

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: center;">2/3</div>	
2 FILER NAME <div style="text-align: center;">COLE, SHERYL</div>		3 ACCOUNT # (Ethics Commission filers) <div style="text-align: center;">00000009</div>	
4 Date <div style="text-align: center;">8/23/09</div>	5 Payee name <div style="text-align: center;">CADW</div>		7 Amount (\$) <div style="text-align: center;">\$ 100.00</div>
6 Payee address; City; State; Zip Code <div style="text-align: center;">PO BOX 12962 AUSTIN, TX 78711</div>			
8 Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Event tickets</div> (If travel outside of Texas, complete Schedule T)		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date <div style="text-align: center;">9/4/09</div>	Payee name <div style="text-align: center;">South Austin Democrats</div>		Amount (\$) <div style="text-align: center;">\$ 100.00</div>
Payee address; City; State; Zip Code <div style="text-align: center;">PO BOX 152592 Austin, TX 78715-2592</div>			
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Event Sponsorship</div> (If travel outside of Texas, complete Schedule T)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date <div style="text-align: center;">11/10/09</div>	Payee name <div style="text-align: center;">NAACP</div>		Amount (\$) <div style="text-align: center;">\$ 100.00</div>
Payee address; City; State; Zip Code <div style="text-align: center;">1107 E. 11th St Austin, TX 78702</div>			
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Event Sponsorship</div> (If travel outside of Texas, complete Schedule T)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date <div style="text-align: center;">11/23/09</div>	Payee name <div style="text-align: center;">Mandy Dealey</div>		Amount (\$) <div style="text-align: center;">\$ 200.00</div>
Payee address; City; State; Zip Code <div style="text-align: center;">5401 Ridge Oak Drive, Austin TX 78731</div>			
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Jane Sibley Reception</div> (If travel outside of Texas, complete Schedule T)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: center; font-size: 1.2em;">3/3</div>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
01/07/2010	Travis County Democratic Party <hr style="border: 0; border-top: 1px dotted black;"/> 6 Payee address: City: State: Zip Code PO BOX 684243, AUSTIN, TX 78768-4263	\$ 190.00

8 Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">Filing Dinner</div> (If travel outside of Texas, complete Schedule T)	9 <div style="text-align: center;">.. Complete if direct expenditure to benefit C/OH ..</div> Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
01/07/2010	Black Austin Democrats <hr style="border: 0; border-top: 1px dotted black;"/> Payee address: City: State: Zip Code PO BOX 6276 AUSTIN, TX 78762-6276	\$ 90.00

Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">Sponsorship</div> (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
	<hr style="border: 0; border-top: 1px dotted black;"/> Payee address: City: State: Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
	<hr style="border: 0; border-top: 1px dotted black;"/> Payee address: City: State: Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED