


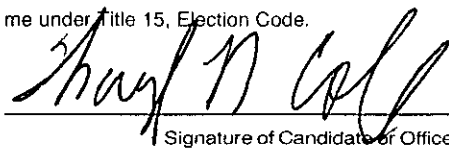
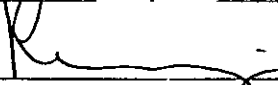
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 1.5em;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"> SHERYL COLE </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 0.8em;"> AUSTIN CITY CLERK POSTING: DATE/TIME 2010 JUL 21 PM 4 25 </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX:</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="margin-top: 10px;"> 301 W. 2nd St. Austin, TX 78701 </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-top: 10px;"> (512) 974-2266 </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"> REV Joseph Parker </div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE):</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="margin-top: 10px;"> 5118 Lookout Mountain Austin TX 78731 </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-top: 10px;"> (512) 323-6605 </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>THROUGH</div> <div>Month Day Year</div> </div> <div style="margin-top: 10px;"> 01 / 16 / 2010 07 / 15 / 2010 </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 04 / 30 / 2009 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL, PLACE 6		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 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. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Name</div> <div style="border: 1px solid black; padding: 5px;"> Address / PO Box; Apt. / Suite #; City; State; Zip Code </div>		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <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 		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 2,785.92	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,382.28	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0	
19 AFFIDAVIT <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 65%;"> <p>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.</p> <p style="text-align: center;">  Signature of Candidate or Officeholder </p> </div> </div> <p style="margin-top: 10px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Sheryl Nelson Cole</u>, this the <u>21</u> day of <u>July</u>, 20 <u>10</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">  Signature of officer administering oath </div> <div style="width: 35%;"> <u>Reyna Ruiz</u> Printed name of officer administering oath </div> <div style="width: 30%;"> <u>Admin Specialist</u> Title of officer administering oath </div> </div>			

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: 1/4		2 FILER NAME COLE, SHERYL		3 ACCOUNT # (Ethics Commission Filers) 00000009	
4 Date 5/20/2010		5 Payee name UT TEXAS EXES			
6 Amount (\$) \$750		7 Payee address; City; State; Zip Code 2110 San Jacinto Blvd Austin, TX 78712			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES		(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 6/25/2010		Payee name REAGAN HIGH SCHOOL			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 7104 Berkman Dr Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) AWARD		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 6/29/2010		Payee name RADISSON			
Amount (\$) \$357.00		Payee address; City; State; Zip Code 3200 E Surfside Blvd Corpus Christi, TX 78402			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT		Description (If travel outside of Texas, complete Schedule T) DEM. STATE CONVENTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/29/2010		Payee name SERRANO'S			
Amount (\$) \$68.40		Payee address; City; State; Zip Code 1111 Red River Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) THANK YOU/WATER	
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

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: 2/4	2 FILER NAME COLE, SHERYL	3 ACCOUNT # (Ethics Commission Filers) 00000009
4 Date 2/27/2010	5 Payee name Stephanie Lee McDonald	
6 Amount (\$) \$250	7 Payee address; City; State; Zip Code PO Box 4101 Austin, TX 78765	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES	(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 COLE		
Office sought		
Office held		
Date 5/3/2010	Payee name Stephanie Lee McDonald	
Amount (\$) \$190.52	Payee address; City; State; Zip Code PO Box 4101 Austin, TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Constant Contact Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4/15/2010	Payee name JACK & DILL	
Amount (\$) \$100	Payee address; City; State; Zip Code 704 E St. Johns Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	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 4/19/2010	Payee name CAP D	
Amount (\$) \$250	Payee address; City; State; Zip Code PO BOX 684263 Austin, TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	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		

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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: 3/4		2 FILER NAME COLE, SHERYL		3 ACCOUNT # (Ethics Commission Filers) 00000009	
4 Date 1/15/2010		5 Payee name ABLA			
6 Amount (\$) \$200		7 Payee address; City; State; Zip Code PO BOX 13321 AUSTIN, TX 78711-3321			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name GAVIN HENDERSON		Office sought Office held CANDIDATE MEMBER	
Date 1/30/2010		Payee name LEADERSHIP AUSTIN			
Amount (\$) \$125		Payee address; City; State; Zip Code 1609 Shoal Creek Blvd Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/15/2010		Payee name NATIONAL WOMEN OF ACHIEVEMENT			
Amount (\$) \$35.00		Payee address; City; State; Zip Code PO BOX 41154 Houston, TX 77241			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/1/2010		Payee name Asian Democrats			
Amount (\$) \$200.00		Payee address; City; State; Zip Code PO BOX 684263 AUSTIN, TX 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		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: <div style="text-align: center;">4/4</div>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers) <div style="text-align: center;">00000009</div>
4 Date: <div style="text-align: center;">1/14/2010</div>	5 Payee name <div style="text-align: center;">LINKS AUSTIN</div>	
6 Amount (\$) <div style="text-align: center;">\$100</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">1200 Massachusetts Ave, NW Washington DC 20005</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <div style="text-align: center;">FEES</div>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	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		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	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		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	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		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	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		

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