

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 6		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked			
				Receipt #	Amount		
				Legal	Total		
				Date Processed			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07	01	2009	THROUGH	12	31	2009
Date Imaged							

6 EXPLANATION OF CORRECTION

This amended report contains the following corrections:

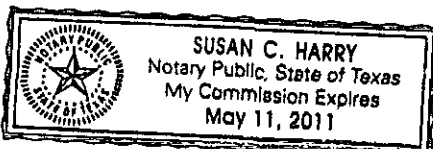
- corrected the reporting period on page 1 to show last day of period covered was 12/31/09, not 1/15/10.
- corrected the expenditure payee name previously reported as Stephanie McDonald with description "reimbursement for Constant Contact" to expenditure payee name Constant Contact.
- corrected expenditure name of Capitol Area Democratic Women, previously reported as CADW, their known acronym.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Sheryl Cole this the 13th day of August 2010 to certify which, witness my hand and seal of office.

Signature of Candidate or Officeholder: Sheryl Cole

Signature of officer administering oath: Susan C. Harry

Printed name of officer administering oath: Susan C. Harry

Title of officer administering oath: Notary

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

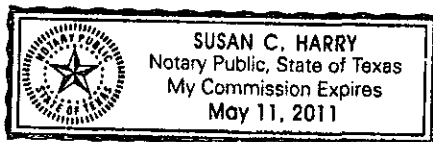
The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt # Amount		
	NICKNAME LAST SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE	Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION			
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 07 / 01 / 2009 12 / 31 / 2009			
11 ELECTION	ELECTION DATE Month Day Year 04 / 30 / 2009	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	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			
<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 <u>COLE, SHERYL</u>		16 ACCOUNT # (Ethics Commission Filers) <u>00000009</u>
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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>234.40</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1728.14</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,168.20</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sheryl Cole
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 13th day of August, 20 10, to certify which, witness my hand and seal of office.

Susan C. Harry
Signature of officer administering oath

Susan C. Harry
Printed name of officer administering oath

Notary
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)
00060009

4 Date 7/09/2009	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
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Date 7/09/2009	Payee name CONSTANT CONTACT	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)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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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)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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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)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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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:

2/3

2 FILER NAME

Cole, Sheryl

3 ACCOUNT # (Ethics Commission filers)

00000009

4 Date

8/23/09

5 Payee name

CAPITAL AREA DEMOCRATIC WOMEN

6 Payee address: City: State: Zip Code

PO BOX 12962 AUSTIN, TX 78711

7 Amount (\$)

\$100.00

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

Event tickets

(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

9/4/09

Payee name

South Austin Democrats

Payee address: City: State: Zip Code

PO BOX 152592 Austin, TX 78715-2592

Amount (\$)

\$100.00

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

Event Sponsorship

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/10/09

Payee name

National Association Advancement of Grief
People

Payee address: City: State: Zip Code

1107 E. 11th St
Austin, TX 78702

Amount (\$)

\$100.00

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

Event Sponsorship

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/23/09

Payee name

Mandy Dealey

Payee address: City: State: Zip Code

5401 Ridge Oak Drive, Austin TX 78731

Amount (\$)

\$200.00

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

Jane Sibley Reception

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3/3

2 FILER NAME

3 ACCOUNT # (Ethics Commission ID#)

4 Date

5 Payee name

7 Amount (\$)

01/07/2010

Travis County Democratic Party

\$190.00

6 Payee address: City: State: Zip Code

PO BOX 684243, AUSTIN, TX 78768-4263

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

Filing Dinner

(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

Payee name

Amount (\$)

01/07/2010

Black Austin Democrats

\$90.00

Payee address: City: State: Zip Code

PO BOX 6276 AUSTIN, TX 78762-6276

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

Sponsorship

(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 (\$)

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 (\$)

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