

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 35		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	2010 AUG 13 PM 2:00 POSTING DATE/TIME AUSTIN CITY CLERK	
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Legal	Totals	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	03	31	2009	THROUGH	04	29
Date Imaged						

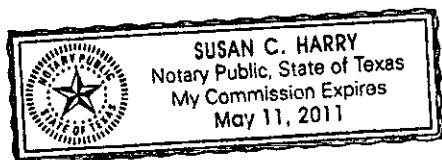
6 EXPLANATION OF CORRECTION

This amended report corrects the name of A/TCEMS to include its PAC status (previously inadvertently omitted). The corrected name is A/TCEMS Employee Association PAC.

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.

Sheryl D Cole

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by 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

**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) 00000009		2 PAGE # 1 of 34	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sheryl			OFFICE USE ONLY	
	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			Date Received	
				Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Rev. Joseph			Date Processed	
	NICKNAME LAST SUFFIX Parker			Date Imaged	
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 type="checkbox"/> July 15 <input checked="" 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 03/31/2009 04/29/2009				
10 ELECTION	ELECTION DATE Month Day Year 05/09/2009		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) City Council, Place 6		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>... 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. ...</p>				
	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)
0000000916 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

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2,355.00

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

\$

28,097.68

EXPENDITURE
TOTALS

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

\$

83.88

4. TOTAL POLITICAL EXPENDITURES

\$

98,656.94

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

31,178.75

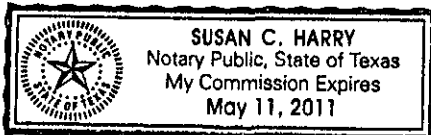
OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

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.



Sheryl N. 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
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: 1/26 Report: 3/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/14/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ATCEMS Employee Association PAC 6 Contributor address; City; State; Zip Code 400 W. 14th St. Ste. 230 Austin, TX 78701	7 Amount of contribution (\$) \$350.00	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 04/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Acuna, Gerry Contributor address; City; State; Zip Code P.O. Box 26499 Austin, TX 78755	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) Owner		Employer (See Instructions) Tri Recycling, Inc.	
Date 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, James Contributor address; City; State; Zip Code 70 Corte Oriental Greenbrae, CA 94904	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 04/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Agnew, Virginia Contributor address; City; State; Zip Code 1204 Castle Hill St. 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 04/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ahart, Wayne Contributor address; City; State; Zip Code 8017 Cobblestone Austin, TX 78735	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/26 Report: 4/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Jr., Hoover 6 Contributor address; City; State; Zip Code 1303 Comal St. Austin, TX 78702	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 04/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andre, Sarah Contributor address; City; State; Zip Code 2318 Canterbury St Austin, TX 78702	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 04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Apt Assoc Political Action Committee Contributor address; City; State; Zip Code 4107 Medical Pkwy. Austin, TX 78756	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)	
Date 04/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Board of Realtors PAC Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756	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)	
Date 04/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Joseph Contributor address; City; State; Zip Code P.O. Box 6097 Austin, TX 78762	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/26 Report: 5/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnwell, Carolyn Alison 6 Contributor address; City; State; Zip Code 900 Ethel Street Austin, TX 78704	7 Amount of contribution (\$) \$300.00	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) Broker		10 Employer (See Instructions) CBRE	
Date 04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bauer, Meade Contributor address; City; State; Zip Code 3924 Balcones Dr. Austin, TX 78731	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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Best, Delta Contributor address; City; State; Zip Code 1312 Hunter Ace Way Cedar Park, TX 78613	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 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biggar, John Contributor address; City; State; Zip Code 3007 Westlake Dr. Austin, TX 78746	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) investor		Employer (See Instructions) self	
Date 04/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blacklock, Dan Contributor address; City; State; Zip Code 13005 Shawnee Manchaca, TX 78652	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	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/26 Report: 6/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/16/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blaine, Edward 6 Contributor address; City; State; Zip Code 1507 West Lynn St. Austin, TX 78703	7 Amount of contribution (\$) \$350.00	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) General Partner		10 Employer (See Instructions) Rainier Management	
Date 04/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bojorquez, Alan Contributor address; City; State; Zip Code 12604 Velarde Cove Austin, TX 78729	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) attorney		Employer (See Instructions) Bovey & Bojorquez, L.L.P.	
Date 04/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boothe, Terry Contributor address; City; State; Zip Code 12525 West Highway 71 Austin, TX 78738	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 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braker Pointe Joint Venture Contributor address; City; State; Zip Code 601 N. Lamar Ste. 301 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)	
Date 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brewer, Kathrin Contributor address; City; State; Zip Code 714 Wayside Rd. Austin, TX 78703-4342	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Austin Partners in Education	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/26 Report: 7/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brooks, Richard 6 Contributor address; City; State; Zip Code 23415 Pedernales Canyon Trail Spicewood, TX 78669	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 04/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Tom Contributor address; City; State; Zip Code 502 Glenwick Ct. Trophy Club, TX 76262	Amount of contribution (\$) \$125.00	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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Callaway, William Contributor address; City; State; Zip Code 4400 Island Ave. Austin, TX 78731	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 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey, Daniel Contributor address; City; State; Zip Code 2006 Rogge Lane Austin, TX 78723	Amount of contribution (\$) \$150.00	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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey, Robin Contributor address; City; State; Zip Code 3805-A Petes Path Austin, TX 78731	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/26 Report: 8/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, George 6 Contributor address; City; State; Zip Code 13401 Wyoming Valley Dr. Austin, TX 78727	7 Amount of contribution (\$) \$150.00	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 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chanon, Greg Contributor address; City; State; Zip Code 4100 Hyridge Drive Austin, TX 78759	Amount of contribution (\$) \$150.00	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 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Thomas & Winters, P.C. Contributor address; City; State; Zip Code P.O. Box 1148 Austin, TX 78767	Amount of contribution (\$) \$185.00	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 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Compton, Sean Contributor address; City; State; Zip Code 2601 Great Oaks Pkwy. Austin, TX 78756	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 04/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conway, Jerry Contributor address; City; State; Zip Code 2605 Westlake Dr. Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Sonic Drive Ins	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/26 Report: 9/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/17/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coopwood, Thomas 6 Contributor address; City; State; Zip Code 6717 Valburn Dr Austin, TX 78731-1803	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 04/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covington, Sid C. Contributor address; City; State; Zip Code 4810 Placid Place Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Covington Exploration	
Date 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De La Garza, Jr., John Contributor address; City; State; Zip Code 715 Patterson Ave. No. B 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 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dealey, Mandy Contributor address; City; State; Zip Code 5401 Ridge Oak Drive Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	
Date 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diebell, Larry Contributor address; City; State; Zip Code 301 Congress Ave., Ste. 200 Austin, TX 78701	Amount of contribution (\$) \$190.00	In-kind contribution description (if applicable) event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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: 8/26 Report: 10/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donelson, Lewie 6 Contributor address; City; State; Zip Code 600 Bellevue Austin, TX 78705	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) Event Expense
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) Austin Presbyterian Theological Seminary	
Date 04/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ducloux, Claude Contributor address; City; State; Zip Code 3512 Native Dancer Cove Austin, TX 78746	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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duggins, David Contributor address; City; State; Zip Code 9200 MC Means Trail Austin, TX 78737	Amount of contribution (\$) \$75.00	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 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ERO International LLP Contributor address; City; State; Zip Code 300 S. 8th St. McAllen, TX 78501	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)	
Date 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fifth Lamar Retail I, Ltd. Contributor address; City; State; Zip Code 601 N. Lamar Blvd. Ste. 301 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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/26 Report: 11/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/06/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flood, Charles 6 Contributor address; City; State; Zip Code 6325 Mesa Ridge Dr. Fort Worth, TX 76137	7 Amount of contribution (\$) \$125.00	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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) French, Susan Contributor address; City; State; Zip Code 4104 River Place Blvd. Austin, TX 78730	Amount of contribution (\$) \$150.00	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 04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friday, Philip Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin, TX 78701	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 04/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Malcomb Contributor address; City; State; Zip Code 6800 W. Courtyard Dr. Austin, TX 78730	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 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzales, Elizabeth Contributor address; City; State; Zip Code 6200 Bridgepoint Pkwy., Ste. 300 Austin, TX 78730	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/26 Report: 12/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Lawrence 6 Contributor address; City; State; Zip Code 5909 Bull Creek Rd. Austin, TX 78757	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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Granger & Mueller, P.C. Contributor address; City; State; Zip Code 605 W. 10th St. Austin, TX 78701	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 04/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory, Russell Contributor address; City; State; Zip Code 3 Hillside Ct. Austin, TX 78746	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 04/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guess, Larry Contributor address; City; State; Zip Code 202 East Barton Temple, TX 76501	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) real estate		Employer (See Instructions) Self	
Date 04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gustafson, Jr., John Contributor address; City; State; Zip Code 905 Hills Creek McKinney, TX 75070	Amount of contribution (\$) \$125.00	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/26 Report: 13/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/09/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hafer, Betty 6 Contributor address; City; State; Zip Code 4100 Ave. H. Austin, TX 78751	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 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hagemann, Jody Contributor address; City; State; Zip Code 1808 Barton Pky. Austin, TX 78704	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 04/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haney, James Contributor address; City; State; Zip Code 1220 Rustic Lane Spicewood, TX 78669	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 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanson, Tina Contributor address; City; State; Zip Code 7415 Ledbetter Rd. Arlington, TX 76001	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) Principal Engineer		Employer (See Instructions) MWH	
Date 04/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, Greg Contributor address; City; State; Zip Code 3307 Winding Creek Drive. Austin, TX 78735	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/26 Report: 14/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/21/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Helmcamp, Carrie 6 Contributor address; City; State; Zip Code 1604 Ben Crenshaw Way Austin, TX 78746	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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilgers, Nancy Contributor address; City; State; Zip Code 2804 W. Fresco Dr. Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Development Office		Employer (See Instructions) Seton Hospital	
Date 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Home Builders Association of Greater Austin Home-PAC Contributor address; City; State; Zip Code 7952 Anderson Square Austin, TX 78757	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)	
Date 04/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howell, Pix Contributor address; City; State; Zip Code P.O. Box 663 Wimberley, TX 78676	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 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Tom Contributor address; City; State; Zip Code 800 Christopher St. Austin, TX 78704	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) architect		Employer (See Instructions) Hurt Partners	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/26 Report: 15/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/21/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ikard, William 6 Contributor address; City; State; Zip Code 515 Congress Ave., Ste. 1320 Austin, TX 78701	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 04/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Islam, Rashed Contributor address; City; State; Zip Code 14808 Staked Plains Loop Austin, TX 78717	Amount of contribution (\$) \$150.00	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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Robena & John Whitfield Contributor address; City; State; Zip Code 5900 Rain Creek Parkway Austin, TX 78759	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Public Advocacy / Public Advocacy		Employer (See Instructions) RJW Operations / RJW Operations	
Date 04/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jammer, Brian Contributor address; City; State; Zip Code P.O. Box 19528 Austin, TX 78760	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) University of Texas System	
Date 04/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Michael Contributor address; City; State; Zip Code 2045 Zach Scott St. Austin, TX 78723	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)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/26 Report: 16/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/21/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juen-Waltz, Elisabeth 6 Contributor address; City; State; Zip Code 4603 Laurel Canyon Drive Austin, TX 78731	7 Amount of contribution (\$) \$350.00	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) President		10 Employer (See Instructions) Montford Consulting Group	
Date 04/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keys, Margaret Contributor address; City; State; Zip Code 1714 W. 10th Austin, TX 78703	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	
Date 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krouse, Jo Contributor address; City; State; Zip Code 505 Bellevue Place #8 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 04/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kuhl, Walter Contributor address; City; State; Zip Code 4015 Avenue H Austin, TX 78751	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 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lander, Robert Contributor address; City; State; Zip Code 11000 Onion Creek Ct. Austin, TX 78747	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) Director		Employer (See Instructions) Austin Convention Bureau	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/26 Report: 17/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langmore, John 6 Contributor address; City; State; Zip Code 1408 Preston Avenue Austin, TX 78703	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 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Little, Janice Contributor address; City; State; Zip Code 1518 Pinehurst Ln. Round Rock, TX 78664	Amount of contribution (\$) \$150.00	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 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Logue, Laurie Contributor address; City; State; Zip Code 6530 Tasajillo Trail Austin, TX 78739	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) Senior Vice President		Employer (See Instructions) Comerica Bank	
Date 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) London, Alice Contributor address; City; State; Zip Code 101 Ridgemont Ct. Austin, TX 78746	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) attorney		Employer (See Instructions) Bishop, London & Dodds	
Date 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LSA/WF Project, LTD Contributor address; City; State; Zip Code 601 N. Lamar Blvd., Ste. 301 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)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/26 Report: 18/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lumpkin, Kathryn 6 Contributor address; City; State; Zip Code 4204 Venado Dr. Austin, TX 78731	7 Amount of contribution (\$) \$150.00	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 04/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Macias, Carmelo Contributor address; City; State; Zip Code 2409 Royal Lytham Dr. Austin, TX 78747	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) land surveyors		Employer (See Instructions) Macias & Associates, Inc.	
Date 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maclay- Beyer, Caroline Contributor address; City; State; Zip Code 4205 Lullwood Dr. Austin, TX 78722	Amount of contribution (\$) \$75.00	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 04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mann, James Contributor address; City; State; Zip Code P.O. Box 1148 Austin, TX 78767	Amount of contribution (\$) \$150.00	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 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathews, Adam Contributor address; City; State; Zip Code 7529 Harlow Dr. Austin, TX 78739	Amount of contribution (\$) \$125.00	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)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/26 Report: 19/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCann, Jana 6 Contributor address; City; State; Zip Code 4000 Pinckney Street Austin, TX 78723	7 Amount of contribution (\$) \$200.00	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) Principal		10 Employer (See Instructions) Roma Austin Collaborative Design Studio	
Date 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McColloch, Craig Contributor address; City; State; Zip Code 3965 Sendero Drive Austin, TX 78735	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 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCullough, John Contributor address; City; State; Zip Code P.O Box 303307 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 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDaniel, Demetrius Contributor address; City; State; Zip Code 7601 Sandia Loop Austin, TX 78735	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) Attorney		Employer (See Instructions) Greenberg Traurig LLP	
Date 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGinnis, Michael Contributor address; City; State; Zip Code 3407 Toro Canyon Austin, TX 78746	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) attorney		Employer (See Instructions) self	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/26 Report: 20/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/21/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGinnis, Lochridge & Kilgore, LLP 6 Contributor address; City; State; Zip Code 600 Congress Avenue, Suite 2100 Austin, TX 78701	7 Amount of contribution (\$) \$350.00	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 04/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merjanian, Ara Contributor address; City; State; Zip Code 3211 Hampton Rd. 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 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mok Wong, Amy Contributor address; City; State; Zip Code 6301 Cat Mountain Cove Austin, TX 78731	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Asain American Cultural Center	
Date 04/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelda Wells Spears Campaign Contributor address; City; State; Zip Code P.O. Box 142382 Austin, TX 78714	Amount of contribution (\$) \$200.00	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 04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noble, Shannon Contributor address; City; State; Zip Code 2808 Rock Terrace Dr Austin, TX 78704	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) Attorney		Employer (See Instructions) Law Office of Shannon Noble	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/26 Report: 21/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogden, Katherine 6 Contributor address; City; State; Zip Code 4805 Shoalwood Ave. Austin, TX 78756	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 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogunmuyiwa, Alex Contributor address; City; State; Zip Code 1921 Elysian Fields Austin, TX 78727	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) real estate broker		Employer (See Instructions) Alexaco Group, Inc.	
Date 04/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples, Wesley Contributor address; City; State; Zip Code 7511 Fireoak Dr. Austin, TX 78759	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) WJT Consulting	
Date 04/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Gregory Contributor address; City; State; Zip Code 4100 Michael Neill Dr. Austin, TX 78730	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Regional Vice President		Employer (See Instructions) Texas Gas Service	
Date 04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsey, Jennifer Contributor address; City; State; Zip Code 4611 Edgemont Dr. Austin, TX 78731-5225	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) J. Ramsey & Associates, PC	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/26 Report: 22/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/19/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsey, MariBen 6 Contributor address; City; State; Zip Code 1707 Elton Lane Austin, TX 78703	7 Amount of contribution (\$) \$350.00	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) Attorney		10 Employer (See Instructions) Austin Community Foundation	
Date 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Read, Julian Contributor address; City; State; Zip Code 327 Congress Ave., Ste. 500 Austin, TX 78701	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 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Allan Contributor address; City; State; Zip Code 525 Round Rock West Dr. Ste. 250 Round Rock, TX 78681	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 04/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renbarger, Robert Contributor address; City; State; Zip Code 4605 Charles Ave. Austin, TX 78746	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 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Robert Contributor address; City; State; Zip Code 3409 Trickling Springs Way Pflugerville, TX 78660	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)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/26 Report: 23/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Rose 6 Contributor address; City; State; Zip Code 6007 Eureka Dr. Austin, TX 78745	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 04/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richards, Dan Contributor address; City; State; Zip Code 816 Congress #1200 Austin, TX 78701	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) Attorney		Employer (See Instructions) Richards, Rodriguez & Skeith	
Date 04/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rod Arend Rental Contributor address; City; State; Zip Code P.O. Box 4598 Austin, TX 78765	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)	
Date 04/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruiz, Paul Contributor address; City; State; Zip Code 309 Cumberland Rd. Austin, TX 78704	Amount of contribution (\$) \$150.00	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 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sahyoun, Anthony Contributor address; City; State; Zip Code 1312 Glenda Dr. Round Rock, TX 78681-4921	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/26 Report: 24/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanders, Judith 6 Contributor address; City; State; Zip Code 3811 Ridgelea Dr. Austin, TX 78731	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 04/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlosser, Bradley Contributor address; City; State; Zip Code 601 N Lamar Suite 301 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) President		Employer (See Instructions) Schlosser Development Corp.	
Date 04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlosser, Kimberly Contributor address; City; State; Zip Code 1309 Elton Lane 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) none		Employer (See Instructions) none	
Date 04/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shepperd, Eric Contributor address; City; State; Zip Code 12409 Gun Metal Dr. Austin, TX 78739	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) Judge		Employer (See Instructions) Travis County	
Date 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Gregory Contributor address; City; State; Zip Code 2709 Dagama Ct. Cedar Park, TX 78613	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/26 Report: 25/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/14/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Henry 6 Contributor address; City; State; Zip Code 12409 Cascade Caverns Tr. Austin, TX 78739	7 Amount of contribution (\$) \$200.00	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) Principal / Owner		10 Employer (See Instructions) C Faulkner Engineering	
Date 04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spomer, John Contributor address; City; State; Zip Code 8296 Ponderosa Dr. Parker, CO 80138	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 04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stumpf, Lance Contributor address; City; State; Zip Code 208 Barton Springs Austin, TX 78704	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 04/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sultan IV, Frederick Contributor address; City; State; Zip Code 5007 Lodge View Lane Austin, TX 78731	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 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Team, Linda Contributor address; City; State; Zip Code 600 Bellevue Place Austin, TX 78705	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/26 Report: 26/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/23/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thornhill, Jr., William 6 Contributor address; City; State; Zip Code 300 W. 6th St. 15th Floor Austin, TX 78701	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 04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tovo, Kathryne Contributor address; City; State; Zip Code 800 Christopher St. Austin, TX 78704	Amount of contribution (\$) \$250.00	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) self	
Date 04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tyler, Nicki Contributor address; City; State; Zip Code 1705 Bay Hill Dr. Austin, TX 78746	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) Chairman of the Board		Employer (See Instructions) Stewart Title of Austin	
Date 04/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Gary Contributor address; City; State; Zip Code 7126 Valburn Drive Austin, TX 78731	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 04/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valliant, Allen Contributor address; City; State; Zip Code 9701 Anchusa Trail Austin, TX 78736	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) owner		Employer (See Instructions) Allen Valliant Inc	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/26 Report: 27/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vitanza, David 6 Contributor address; City; State; Zip Code 413 Hazeltine Dr. Lakeway, TX 78734-4644	7 Amount of contribution (\$) \$350.00	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) Vice President		10 Employer (See Instructions) Schlosser Development	
Date 04/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walsh, James Contributor address; City; State; Zip Code 7124 Quimper Lane Austin, TX 78749	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 04/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Werkenthin, Conrad Contributor address; City; State; Zip Code P.O. Box 1148 Austin, TX 78767	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 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wheeler, Richard Contributor address; City; State; Zip Code 1903A Crested Butte Dr. Austin, TX 78746	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) Retired		Employer (See Instructions) US Navy	
Date 03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yeo, Fred Contributor address; City; State; Zip Code 10505 Yarrow St. Austin, TX 78733	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) requested	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/26 Report: 28/34	
2 FILER NAME Cole, Sheryl		3 ACCOUNT # (Ethics Commission filers) 00000009	
4 Date 04/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zapata, Luis 6 Contributor address; City; State; Zip Code 503 E. 6th St. Ste. C. Austin, TX 78701	7 Amount of contribution (\$) \$200.00	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) Producer		10 Employer (See Instructions) Old Pecan Street Festival	
Date 04/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zuniga, Diana Contributor address; City; State; Zip Code 4705 Timberline Dr. Austin, TX 78746	Amount of contribution (\$) \$317.68	In-kind contribution description (if applicable) Event Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) Investors Alliance, Inc.	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/5 Report: 29/34		2 FILER NAME Cole, Sheryl		3 ACCOUNT # (TEC filers) 00000009	
4 Date 04/15/2009		5 Payee name AT&T			
6 Amount (\$) \$191.35		7 Payee address City; State; Zip Code 555 Main Street Beaumont, TX 77701			
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) <input type="checkbox"/> telephone	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 04/21/2009		Payee name Austin Chronicle			
Amount (\$) \$749.00		Payee address City; State; Zip Code 4000 North I H 35 Austin, TX 78751			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 04/24/2009		Payee name Austin Chronicle			
Amount (\$) \$1,498.00		Payee address City; State; Zip Code 4000 North I H 35 Austin, TX 78751			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 04/14/2009		Payee name Austin Women's Political Caucus			
Amount (\$) \$90.00		Payee address City; State; Zip Code P.O. Box 12383 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 2/5 Report: 30/34		2 FILER NAME Cole, Sheryl		3 ACCOUNT # (TEC filers) 00000009	
4 Date 04/11/2009	5 Payee name Bomar, Judith				
6 Amount (\$) \$350.00	7 Payee address City; State; Zip Code 5705 Burnet Rd. Austin, TX 78756				
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) <input type="checkbox"/> refund of contribution		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/21/2009	Payee name Butts, David				
Amount (\$) \$3,000.00	Payee address City; State; Zip Code 1914 Patton Lane Austin, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General campaign consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/21/2009	Payee name Central Market				
Amount (\$) \$233.71	Payee address City; State; Zip Code 4001 N. Lamar Austin, TX 78756				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event expenses		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/03/2009	Payee name Cole, Sheryl				
Amount (\$) \$40,000.00	Payee address City; State; Zip Code 4101 Wildwood Austin Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Loan Repayment		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 3/5 Report: 31/34		2 FILER NAME Cole, Sheryl		3 ACCOUNT # (TEC filers) 00000009	
4 Date 04/02/2009	5 Payee name Harry, Susan				
6 Amount (\$) \$3,000.00	7 Payee address City; State; Zip Code 2520 Longview St., Ste. 211 Austin, TX 78705				
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) <input type="checkbox"/> fundraising consulting		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/24/2009	Payee name Harry, Susan				
Amount (\$) \$3,000.00	Payee address City; State; Zip Code 2520 Longview St., Ste. 211 Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fundraising consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/28/2009	Payee name Kinko's				
Amount (\$) \$214.32	Payee address City; State; Zip Code 2901-C Medical Arts Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/15/2009	Payee name McDonald, Stephanie				
Amount (\$) \$1,500.00	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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General campaign consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 4/5 Report: 32/34		2 FILER NAME Cole, Sheryl		3 ACCOUNT # (TEC filers) 00000009	
4 Date 04/29/2009	5 Payee name NOKOA				
6 Amount (\$) \$1,890.00	7 Payee address City; State; Zip Code 1154 Angelina St Austin, TX 78702				
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) <input type="checkbox"/> advertising		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/29/2009	Payee name Paypal				
Amount (\$) \$99.83	Payee address City; State; Zip Code P.O. Box 7022 Mountain View, CA 94039				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/27/2009	Payee name Ranes, Jim				
Amount (\$) \$494.85	Payee address City; State; Zip Code 1501 Barton Springs #233 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> graphic design		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/28/2009	Payee name Rindy Miller Media				
Amount (\$) \$40,000.00	Payee address City; State; Zip Code 2401 East 8th Street Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> television advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 5/5 Report: 33/34		2 FILER NAME Cole, Sheryl		3 ACCOUNT # (TEC filers) 00000009	
4 Date 04/21/2009	5 Payee name The Villager				
6 Amount (\$) \$1,512.00	7 Payee address City; State; Zip Code 1223 Rosewood Ave Austin, TX 78702				
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) <input type="checkbox"/> advertising		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/04/2009	Payee name Thompson, Eleanor				
Amount (\$) \$750.00	Payee address City; State; Zip Code 1409 Clifford Ave. Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Information entered by filer as a memo

Schedule A contribution from Fifth Lamar Retail I, Ltd. was returned on 8/11/2010.

Sheryl Cole

SCHEDULE V – attach to form C/OH
PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF
Reference 2-2-14, Austin City Code

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting
contributions: Brad Schlosser
Address: 601 N. Lamar, Ste. 301, Austin, TX 78703