

# 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 #<br>(Ethics Commission Filers)  | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>FIRST<br>SHERYL<br>NICKNAME<br>LAST<br>COLE<br>MI<br>N<br>SUFFIX   | OFFICE USE ONLY<br>Date Received<br>JUL 6 PM 3 13<br>Austin City Clerk RECEIVED<br>Date Hand-delivered or Postmarked<br>Receipt #<br>Amount<br>Date Processed<br>Date Imaged |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address                       | ADDRESS / PO BOX;<br>301 W. 2ND ST<br>AUSTIN, TX 78701<br>APT / SUITE #;<br>CITY;<br>STATE;<br>ZIP CODE   |  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br>(512)<br>PHONE NUMBER<br>974. 2266<br>EXTENSION  |  |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>REV<br>FIRST<br>JOSEPH<br>NICKNAME<br>LAST<br>PARKER<br>MI<br>SUFFIX   |  |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(residence or business)  | STREET ADDRESS (NO PO BOX PLEASE);<br>5918 LOOKOUT MOUNTAIN<br>AUSTIN, TX 78731<br>APT / SUITE #;<br>CITY;<br>STATE;<br>ZIP CODE  |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br>(512)<br>PHONE NUMBER<br>323 - 6605<br>EXTENSION   |  |                      |
| 9 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)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |                      |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br>01 / 16 / 2011    06 / 30 / 2011   |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>04 / 30 / 2009   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special               |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>CITY COUNCIL, PLACE 6   | 13 OFFICE SOUGHT (if known)<br>CITY COUNCIL, PLACE 6   |                      |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> additional pages | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.<br>Name<br>Address / PO Box; Apt. / Suite #; City; State; Zip Code  |  |                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

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

\$

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

\$

EXPENDITURE  
TOTALS

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

\$ 75.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3,441.53

CONTRIBUTION  
BALANCE

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

\$ 6,875.15

OUTSTANDING  
LOAN TOTALS

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

\$

## 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 A. Cole*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 16 day of July, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Reyna Ruiz

Admin Specialist

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials 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 Total pages Schedule F:<br><b>1/2</b>                      |  | 2 FILER NAME<br><b>COLG, SHERYL N</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)                            |  |
| 4 Date<br><b>17 APRIL 2011</b>                               |  | 5 Payee name<br><b>BLACK AUSTIN DEMOCRATS</b>   |  |   |  |
| 6 Amount (\$)<br><b>\$250.00</b>                             |  | 7 Payee address; City; State; Zip Code<br><b>PO BOX 6276<br/>AUSTIN, TX 78762-6276</b>                          |  |   |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See categories listed at the top of this schedule)<br><b>CONTRIBUTIONS</b>                        |  | (b) Description (If travel outside of Texas, complete Schedule T) |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br><b>17 APRIL 2011</b>                                 |  | Payee name<br><b>CAPITAL AREA DEMOCRATS</b>   |  |   |  |
| Amount (\$)<br><b>\$250</b>                                  |  | Payee address; City; State; Zip Code<br><b>POST OFFICE BOX 684263<br/>AUSTIN, TEXAS 78768</b>                   |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>CONTRIBUTIONS</b>                            |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br><b>4 MAY 2011</b>                                    |  | Payee name<br><b>TEXAS ETHICS COMMISSION</b>  |  |   |  |
| Amount (\$)<br><b>\$500</b>                                  |  | Payee address; City; State; Zip Code<br><b>POST OFFICE BOX 12070<br/>AUSTIN, TEXAS 78711-2070</b>               |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>FEES</b>                                     |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br><b>30 JUNE 2011</b>                                  |  | Payee name<br><b>JOIA JITAIDI</b>   |  |   |  |
| Amount (\$)<br><b>\$1500</b>                                 |  | Payee address; City; State; Zip Code<br><b>5114 BALCONES WOODS DRIVE, SUITE 307-111<br/>AUSTIN, TEXAS 78759</b> |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>CONSULTING EXPENSE</b>                       |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED          |  |   |  |   |  |

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1 Total pages Schedule F:<br><b>2/2</b>                      |  | 2 FILER NAME<br><b>COLE, SHERYL N</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)                            |  |
| 4 Date<br><b>20 JAN 2011</b>                                 |  | 5 Payee name<br><b>MARK MCCULLOUGH / CHECK MARK</b>  |  |   |  |
| 6 Amount (\$)<br><b>\$188.73</b>                             |  | 7 Payee address; City; State; Zip Code<br><b>3217 NORTH 35<br/>AUSTIN, TX 78722</b>                              |  |   |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See categories listed at the top of this schedule)<br><b>PRINTING</b>                              |  | (b) Description (If travel outside of Texas, complete Schedule T) |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br><b>5 JULY 2011</b>                                   |  | Payee name<br><b>CONSTANT CONTACT</b>  |  |   |  |
| Amount (\$)<br><b>\$270.73</b>                               |  | Payee address; City; State; Zip Code<br><b>3333 SOUTH CONGRESS AVENUE, SUITE #404<br/>DELRAY BEACH, FL 33445</b> |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                       |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br><b>14 MAR 2011</b>                                   |  | Payee name<br><b>AT&amp;T</b>  |  |   |  |
| Amount (\$)<br><b>\$417.07</b>                               |  | Payee address; City; State; Zip Code<br><b>907 WEST FIFTH STREET, SUITE 103<br/>AUSTIN, TX 78703</b>             |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>OFFICE OVERHEAD</b>                           |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br><b>17 MAR 2011</b>                                   |  | Payee name<br><b>ARC OF TEXAS</b>  |  |   |  |
| Amount (\$)<br><b>\$65.00</b>                                |  | Payee address; City; State; Zip Code<br><b>8001 CENTRE PARK DRIVE, SUITE 100<br/>AUSTIN, TX 78754</b>            |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>EVENT CONTRIBUTION</b>                        |  | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED          |  |  |  |   |  |