P.O. Box 12070

(TDD 1-800-735-2989)

FORM COR-C/OH

CORRECTION/AMENDMENT A	.FFIDAVIT
FOR CANDIDATE/OFFICEHO	OLDER

1 ACCOUNT#	100001564	2 Total pages filed:	OFF	ICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Sheryl MI	Date Received	8 15 E
4 ORIGINAL REPORT TYPE	July 15	Runoff Other (speci	1	ered or Postmarked
	30th day before election 8th day before election	15th day after treasurer appointment (officeholder only) Final report	Receipt #	Amount
5 ORIGINAL PERIOD COVERED	Month Day Y	7697 Month Day 011 THROUGH 12/31/2	Year Date Processed	d
to reflect the balance of funds existing in the campaign bank account and officeholder account on the final day of the reporting period rather than the difference between campaign expenditures and contributions. I swear, or affirm, under penalty of perjury, that this corrected				
expenditures a	and contributions.	swear, or affirm, under penalty of p	erence between car	
	and contributions.	swear, or affirm, under penalty of peport is true and correct.	erence between car	
expenditures a	and contributions.	swear, or affirm, under penalty of p	perjury, that this cor t is an amendment/ er September 1, 20 r the eighth day aff that the original rep to mislead or to mis	rected /correction to a 011. If amend- ter the original port was made
7 AFFIDAVIT ANN MY CO	IARGRETT FRANKLIN DMMISSION EXPIRES Dotober 17 2014	swear, or affirm, under penalty of peport is true and correct. Check ONLY if applicable: Semiannual reports: This report semiannual report due on or after enent/correction is filed on or affirm, in good faith and without an intent information contained in the report Other reports (excluding semials September 1, 2011): I swear, or affirm, and the report as originally filed is in affirm, that any error or ornission was made in good faith.	perjury, that this core is an amendment/er September 1, 20 or the eighth day aff that the original reports during to mislead or to mist. annual reports dufirm, that I am filing ness day after the inaccurate or incomo in the report as	correction to a 011. If amend- ter the original port was made srepresent the e on or after this corrected date I learned plete. I swear, coriginally filed
ANN MY CO	ARGRETT FRANKLIN DAMMISSION EXPIRES October 17, 2014	swear, or affirm, under penalty of peport is true and correct. Check ONLY if applicable: Check ONLY	perjury, that this core is an amendment/or September 1, 20 r the eighth day aft that the original reports dufirm, that I am filing the inaccurate or incomo in the report as of Candidate or Officence.	correction to a 011. If amend- ter the original port was made srepresent the e on or after this corrected date I learned plete. I swear, coriginally filed
AFFIX NOTARY S Sworn to and subsci	AND CONTRIBUTIONS. I TO SENTE THE S	swear, or affirm, under penalty of peport is true and correct. Check ONLY if applicable: Semiannual reports: This report semiannual report due on or after enent/correction is filed on or after eport was filed, I swear, or affirm, in good faith and without an intent information contained in the report Other reports (excluding semials september 1, 2011): I swear, or affirm the report as originally filed is in affirm, that any error or ornission was made in good faith. Signature of the contraction of t	perjury, that this core is an amendment/or September 1, 20 that the eighth day aft that the original reports duffirm, that I am filing the mess day after the inaccurate or incomport in the report as of Candidate or Officence is the	correction to a 011. If amend- ter the original port was made srepresent the e on or after this corrected date I learned plete. I swear, coriginally filed

Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- **1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- **3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

www.ethics.state.tx.us Revised 09/01/2011

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUC	TION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00001564	2 PAGE# 1 of 33
3 CANDIDATE OFFICEHOLI		MI -	OFFICE USE ONLY
NAME	NICKNAME LAST Cole	SUFFIX	Date Received AUSTIN
4 CANDIDATE OFFICEHOLI MAILING ADDRESS		CITY: STATE: ZIP CODE	Date Hand-delivered and Date Restmerked
Change of	Address		G 3
<u> </u>			Receipt# Amount
5 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Joseph	į.	Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
	Parker		
6 CAMPAIGN TREASURER ADDRESS (Residence or b	5918 Lookout Mountain	SUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 323-6605	EXTENSION	
8 REPORT TYP	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	Month Day	Year
	тн 07/01/2011	ROUGH 12/31/2011	
10 ELECTION	ELECTION DATE ELECTION Month Day Year Mo5/17/2012 5/12/2012		eneral Special
11 OFFICE	OFFICE HELD (if any) Austin City Council District 6	12 OFFICE SOUGHT (if known) Austin City Council Dis	strict 6
	GO TO	O PAGE 2	

Signature of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH **SUPPORT & TOTALS** COVER SHEET PG 2 13 C/OH NAME Cole, Sheryl (Mrs.) 14 ACCOUNT # (Ethics Commission filers) 00001564 .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may 15 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this FROM information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS **16 CONTRIBUTION** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$ 875.00 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTAL POLITICAL CONTRIBUTIONS \$ 54,425.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 3. \$ TOTALS 0.00 **TOTAL POLITICAL EXPENDITURES** 21,524.05 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE \$ **BALANCE** 38,879.00 LAST DAY OF THE REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS \$ LAST DAY OF THE REPORTING PERIOD 0.00 17 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. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said __ ___, this the _____ __ day ____, 20_____, to certify which, witness my hand and seal of office.

Print name of officer administering oath

Title of officer administering oath

	OTHER THAN PLEDGES OR LOANS				
	The Exstruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/	25 Report: 3/33
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
•	12/11/2011	6 Contributor address; City; State; Zip Code 3737 Laurelledge Austin, TX 78731	•••••	\$200.00	
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Ausley, Algert,	structions) Robertson & Flore	es, LLP
	Date	Full name of contributor ☐ out-of-state PAC (ID# Ausley, Tom & Robbie)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code 3707 Laurel Ledge Lane Austin, TX 78731	,	\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	etion / Job title (See Instructions)	Employer (See In Ausley, Algert, I	structions) Robertson & Flore	s, L.L.P.
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/14/2011	Contributor address; City; State; Zip Code 1507 Yaupon Valley Rd Westlake Hills, TX 78746		\$700.00	
					Texas, complete Schedule T)
		etion / Job title (See Instructions) esigner, Writer	Employer (See In: SXSW/Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Ball, Teena)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/29/2011	Contributor address; City; State; Zip Code 4011 Westlake Dr. Austin, TX 78746		\$350.00	
	ا ــــــــــــــــــــــــــــــــــــ				Texas, complete Schedule T)
	Owner	ation / Job title (See Instructions)	Employer (See In: Vogue Colleges		
	Date	Full name of contributor ut-of-state PAC (ID# Barchas, Janine)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2011	Contributor address; City; State; Zip Code		\$100.00	
				/If travel out-life 4	Yayaa aamalata Sahaduta 73
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)

OTHER THAN PLEDGES OR LOANS				
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/2	25 Report: 4/33
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (fD# Barker, Bobbie	·)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
12/30/2011	6 Contributor address; City; State; Zip Code 300 Bowie #4004 Austin, TX 78703		\$200.00	! !
			(If travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions) and Community Affairs	10 Employer (See In St. David's	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/20/2011	Contributor address; City; State; Zip Code 309 McConnell Dr. Austin, TX 78746		\$700.00	
<u> </u>			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney/Atto	eation / Job title (See Instructions) rney	Employer (See In Armbrust & Bro	structions) wn, PLLC/AG's O	ffice
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/08/2011	Contributor address; City; State; Zip Code 3501 Arrowhead Cir. Round Rock, TX 78681		\$700.00	
			(if travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions) onstruction/Property Manager	Employer (See In Gray Associates	structions) s/AMI Austin Lofts	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code 11205 Limoncilo Ct. Austin, TX 78750	•••••	\$700.00	
i			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney/Hom	ation / Job title (See Instructions) emaker	Employer (See In: Armbrust & Brown		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/29/2011	Contributor address; City; State; Zip Code 170 Beaver Rd. Elgin, TX 78621		\$100.00	
			(If travel outelds of	Texas, complete Schedule T)
Principal occurs	ation / Job title (See Instructions)	Employer (See Ins		
раг оооор				

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/3	25 Report: 5/33
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/22/2011	6 Contributor address; City; State; Zip Code 801 W. 5th St. #908 Austin, TX 78703		\$700.00	!
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney/Hon	ation / Job title (See Instructions) nemaker	10 Employer (See In Armbrust & Bro	structions) wn, PLLC/None	
	Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/09/2011	Contributor address; City; State; Zip Code 14741 Arrowhead Dr Austin, TX 78641		\$350.00	!
				<u> </u>	Texas, complets Schedule T)
	Principal occup Executive Dir	ector	Employer (See In Downtown Aust	,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/14/2011	Contributor address; City; State; Zip Code 14741 Arrowhead Drive Volente, TX 78641		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Executive Dire	ation / Job title (See Instructions) ector	Employer (See In Downtown Aust		100 mm
	Date	Full name of contributor ut-of-state PAC (ID# Beuerlein, Steve(*1))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/19/2011	Contributor address; City; State; Zip Code 2605 Woodmont Ave Austin, TX 78703		\$300.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In: Burlington Vent		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2011	Contributor address; City; State; Zip Code 4100 Jackson Ave. #250		\$200.00	
		Austin, TX 78731		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Professor		UT Austin LBJ S	School of Public A	ffairs

	OTHER THAN PLEDGES OR LOANS					
Γ	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/	25 Report: 6/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Brewer, James and Mary (*6)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/08/2011	6 Contributor address; City; State; Zip Code 9504 Prescott Dr. Austin, TX 78749		\$700.00	 	
				1. '	Texas, complete Schedule T)	
9		oation / Job title (See Instructions) Iger Civil Engineer/Homemaker	10 Employer (See in Gray Associate			
	Date	Full name of contributor ☐ out-of-state PAC (ID# Brock, Brent Grulke and Kristin)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/16/2011	Contributor address; City; State; Zip Code 2711 Tether Trl Austin, TX 78704		\$700.00	{ 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup Creative Dire	ation / Job title (See Instructions) ctor/Homemaker	Employer (See In SXSW/None	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/21/2011	Contributor address; City; State; Zip Code 602 Coquina Lane Austin, TX 78746		\$700.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney/Non	ation / Job title (See Instructions) e	Employer (See Instructions) Armbrust Brown/None			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/05/2011	Contributor address; City; State; Zip Code 111 Congress Ave. # 1400 Austin, TX 78701		\$350.00	 	
	<u> </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	5	<u> </u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/26/2011	Contributor address; City; State; Zip Code 1601 Forrest Trl. Austin, TX 78703		\$700.00	 	
				(if trave) outside of	Texas, complete Schedula T)	
		ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Attorney/Emp	loyee	ALMDINSI & RIO/	wn, PLLC/Global 1	TRIK LLG	

L					
Г	The INSTRUCTE	ON GUIDE expiains how to complete this form.		1 PAGE# Schedule: 5/	25 Report: 7/33
2	FILER NAME	Cole, Sheryi (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Byars, Samuel and Anne (*4)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/19/2011	6 Contributor address; City; State; Zip Code 2103 Schulie Avenue Austin, TX 78703		\$700.00	! !
_				1	Texas, complete Schedule T)
9	Principal occup Attorney/Hom	pation / Job title (See Instructions) nemaker	10 Employer (See In: Armbrust & Bro	structions) wn, PLLC/None	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/13/2011	Contributor address; City; State; Zip Code 3050 Post Oak Blvd. Suite 300	• • • • • • • • • • • • • • • • • • • •	\$350.00	
		Houston, TX 77056		<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (If applicable)
	12/08/2011	Contributor address; City; State; Zip Code 2200 Far Gallant Dr Austin, TX 78746		\$350.00	1
			1	(If travel outside of	Texas, complete Schedule T)
	Principal occup	l pation / Job title (See Instructions)	Employer (See Ins	L_`	Texas, complete ochecide 1,
	Homemaker	·	None	·	
	Date	Full name of contributor ut-of-state PAC (ID#Clark, Joan	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/07/2011	Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746		\$350.00	
				(If trough outside of	Towns complete Schodule 70.
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	Texas, complete Schedule T)
	Homemaker	(**************************************	None	,	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
i	12/07/2011	Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746		\$350.00	! [
		ł		<u> </u>	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See Ins		
	Chairman		Cypress Real Es	SIBIE AUVISOFS	

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 6/	/25 Report: 8/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/08/2011	6 Contributor address; City; State; Zip Code 2200 Far Gallant Dr Austin, TX 78746		\$350.00	} } !	
					Texas, complete Schedule T)	
9	Principal occup President	pation / Job title (See Instructions)	10 Employer (See In Cypress Real E			
	Date	Full name of contributor ut-of-state PAC (ID# Collins, Sharlene and Patrick (*4)	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (If applicable)	
	12/12/2011	Contributor address; City; State; Zip Code 1400 Yaupon Valley Rd. Austin, TX 78746		\$700.00	1 1 1	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney/Reti	ation / Job title (See Instructions) red	Employer (See In Armbrust & Bro			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/29/2011	Contributor address; City; State; Zip Code Suite 215 Austin, TX		\$350.00	 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In: Cook Brooks Jo	structions) hnson PLLC		
	Date	Full name of contributor	!	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/28/2011	Contributor address; City; State; Zip Code 6717 Valburn Dr Austin, TX 78731		\$100.00	 	
	Difficulty all manuals			1 '	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Cotton, Jim (*1)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/09/2011	Contributor address; City; State; Zip Code 11000 Spicewood Pkwy Austin, TX 78750		\$350.00] 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins McAllister and A			

1	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	NS		SCHEDULE A
The Instruct:	TON GUIDE explains how to complete this form.		1 PAGE#	05 D
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Covington, Bryce Miller and Kristian Covington (*2		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/15/2011	6 Contributor address; City; State; Zip Code 8204 Navidad Dr. Austin, TX 78735		\$700.00	
			I	Texas, complete Schedule T)
9 Principal occup Managing Pri	pation / Job title (See Instructions) rinciple/None	10 Employer (See In: Endeavor Real	structions) Estate Group/Nor	ne
Date	Full name of contributor ut-of-state PAC (ID# Covington, Sid)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Contributor address; City; State; Zip Code		\$100.00	
	A STAN AND AND AND AND AND AND AND AND AND A	See to see (October	<u> </u>	Texas, complete Schedule T)
Principal occus	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID#_Cumberbatch, Ashtonn		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/30/2011	Contributor address; City; State; Zip Code 3 Green Lanes Austin, TX 78703		\$100.00	
			<u></u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In: JR Cumberbato		
Date	Full name of contributor ut-of-state PAC (ID#_Curtis, Matt		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/14/2011	Contributor address; City; State; Zip Code		\$150.00	} } [
			(if travel outside of	Texas, complete Schedule T)
Principal occup Home Away	pation / Job title (See Instructions)	Employer (See Ins Director of Com	structions) munity Relations	
Date	Full name of contributor ut-of-state PAC (ID#_Ellis, Chris (*2))	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2011	Contributor address; City; State; Zip Code 3006 Sparkling Brook Lane Austin, TX 78746		\$700.00	
			(if travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) inciple/Team Supervisor	Employer (See Ins Endeavor Real E	structions) Estate Group/ACS	,

	OTHER	THAN FLEDGES OR EOAI			
	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/2	25 Report: 10/33
2	FILER NAME	Cole, Sheryi (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Escutia, Charles and Christina	;	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/30/2011	6 Contributor address; City; State; Zip Code 7604 Fawn Hollow Cove Austin, TX 78750	• • • • • • • • • • • • • • • • • • • •	\$700.00	!
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Owner/Broke	ation / Job title (See instructions) r	10 Employer (See In Hindsite 20/20	structions) Real Estate Invest	ments
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (If applicable)
	12/11/2011	Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746		\$700.00	
				<u></u>	Texas, complete Schedule T)
	Principal occup President/Ho	eation / Job title (See Instructions) memaker	Employer (See In Heritage Title C	structions) ompany of Austin	None
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/13/2011	Contributor address; City; State; Zip Code 703 E. 5oth St. #B Austin, TX 78751		\$700.00	
					Texas, complete Schedule T)
		ation / Job title (See Instructions) r/Homemaker	Employer (See In SXSW/None	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# George, James (*1))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code P.O. Box 685193 Austin, TX 78768		\$300.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In James W. Geor	structions) ge Attorney at Lav	v
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code 1101 E 11th st Austin, TX 78702		\$700.00 <mark> </mark> 	
				(if travel outside of 1	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Homemaker/0		None/Balcones	Resources	

L	UITER	TIMAN PLEDGES OR LOAI	OTHER THAN PLEDGES OR LOANS				
	The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/	25 Report: 11/33		
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Gilliland, Douglas (*5)	¢)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)		
	12/28/2011	6 Contributor address; City; State; Zip Code 1805 Buckingham Ct. Keller, TX 76262		\$350.00	 		
_					Texas, complete Schedule T)		
9	Principal occup Land Develop	pation / Job title (See Instructions) per	10 Employer (See In: Triwest Enterpri				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/07/2011	Contributor address; City; State; Zip Code 9403 Longvale Dr. Austin, TX 78729	,	\$300.00			
	!			(If travel outside of	Texas, complete Schedule T)		
	Principal occup Construction	pation / Job title (See Instructions) Manager	Employer (See Ins D. R. Horton	structions)			
	Date	Full name of contributor uut-of-state PAC (ID# Gray, David and Mary (*6))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/11/2011	Contributor address; City; State; Zip Code 4307 Dunning Ln. Austin, TX 78746		\$700.00	 		
L	<u> </u>			1	Texas, complete Schedule T)		
	Principal occup President/Hor	pation / Job title (See Instructions) memaker	Employer (See Ins Gray Associates				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/28/2011	Contributor address; City; State; Zip Code P.O. Box 140045 Austin, TX 78714		\$700.00	 		
<u> </u>		<u> </u>			Texas, complete Schedule T)		
	Principal occupi Lobbyist/Hom	pation / Job title (See Instructions) nemaker	Employer (See Ins Public Strategies				
	Date	Full name of contributor ut-of-state PAC (ID#_ Hariston, Earl		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/01/2011	Contributor address; City; State; Zip Code 1902 Chestnut Cr Round Rock, TX 78281		\$100.00	 		
		1	J	(if travel outside of	Texas, complete Schedule T)		
	Principal occupi Private Consu	pation / Job title (See Instructions) ultant	Employer (See Ins	structions)			

The INSTRUCTI	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	0/25 Report: 12/33
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	in-kind contribution description (if applicable)
12/21/2011	6 Contributor address; City; State; Zip Code 5805 Carry Back I.n Austin, TX 78745		\$700.00	} † }
	1	,	(If travel outside of	Texas, complete Schedule T)
9 Principal occup Attorney/Hon	pation / Job title (See Instructions) memaker	10 Employer (See Ins Armbrust & Brown	nstructions) own, PLLC/None	
Date	Full name of contributor uut-of-state PAC (ID# Herring, Stevyn and Katherine (*6)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/05/2011	Contributor address; City; State; Zip Code 2208 Real Catorce Austin, TX 78746		\$500.00	1
		(Coo.ls		Texas, complete Schedule T)
Principal occup Fullbright and	pation / Job title (See Instructions) d Jaworski	Employer (See Ins Administrator	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code 2307 Fortune Dr. Austin, TX 78704		\$350.00	! ! !
<u> </u>]	<u> </u>	Texas, complete Schedule T)
	pation / Job title (See Instructions) I Property Management/Employee	Employer (See Ins Endeavor Real I		w Designs and Drafting
Date	Full name of contributor Out-of-state PAC (ID# Hobbs, Jeffrey and Lisa (*4)	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code 3700 Hillbrook Dr. Austin, TX 78731		\$700.00]
			<u> </u>	Texas, complete Schedule T)
Principal occup Attorney/Attor	pation / Job title (See Instructions) rrney	Employer (See Ins Armbrust & Brov	structions) wn, PLLC/Vinson	& Elkins LLP
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code 504 Furlong Dr. Austin, TX 78746		\$700.00	:
	1	J	(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney/Non	pation / Job title (See Instructions)	Employer (See Ins Armbrust Brown	structions)	

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(OTHER THAN PLEDGES OR LOANS						
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	1/25 Report: 13/33		
2 F	ILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)		
4	Date	5 Full name of contributor	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
1:	2/13/2011	6 Contributor address; City; State; Zip Code 1608 B Haskell Austin, TX 78702		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Accounting	eation / Job title (See Instructions)	10 Employer (See In SXSW	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12	2/28/2011	Contributor address; City; State; Zip Code 1000 W. 39th St Austin, TX 78756		\$350.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	rincipal occup Optometrist	ation / Job title (See Instructions)	Employer (See In Texas State Op				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12	2/11/2011	Contributor address; City; State; Zip Code 10740 Centennial Trail Austin, TX 78726		\$100.00	1 1 1		
				(if travel outside of	Texas, complete Schedule T)		
	rincipal occup ttorney	ation / Job title (See Instructions)	Employer (See In TASB	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12	2/19/2011	Contributor address; City; State; Zip Code 305 Riley Rd. Austin, TX 78746		\$700.00	1 1 1		
					Texas, complete Schedule T)		
	rincipal occup .nesthesiolog	ation / Job title (See Instructions) jist	Employer (See In:	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Jones, Michael)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12	2/31/2011	Contributor address; City; State; Zip Code 2045 Zach Scott Street Austin, TX 78723		\$350.00) 		
				(if travel outside of	Texas, complete Schedule T)		
	rincipal occup eal Estate	ation / Job title (See Instructions)	Employer (See Ins Oak Hill Real Es				

OTHE	R THAN PLEDGES OR LOAI	NS		
The Instru	стюм Guide explains how to complete this form.		1 PAGE# Schedule: 12	2/25 Report: 14/33
2 FILER NAM	ME Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/12/201 [.]	8127 Mesa Dr. #206	••••	\$500.00	
	Austin, TX 78759			Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
12/15/201 ⁻	1 Contributor address; City; State; Zip Code 1306 Bentwood Austin, TX 78722		\$350.00	! ! !
:		_	(if travel outside of	Texas, complete Schedule T)
Principal occ Entertainer	cupation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/20/2011	Contributor address; City; State; Zip Code 10702 Hastings Ln. Austin, TX 78750		\$700.00	1 ! !
		,	<u> </u>	Texas, complete Schedule T)
Principal occ Attorney/At	cupation / Job title (See Instructions) ttorney	Employer (See Ins Armbrust & Brov		Jefferson & Wisdom
Date	Full name of contributor ut-of-state PAC (ID# League, Tim	<i>f</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2011	Contributor address; City; State; Zip Code 1717 W. Sixth Street Sulte 351 Austin, TX 78703	, , , , , , , , , , , , , , , , , , , ,	\$350.00	
	, , , , , , , , , , , , , , , , , , , ,			Texas, complete Schedule T)
Principal occ Founder	cupation / Job title (See Instructions)	Employer (See ins Alamo Drafthous		
Date	Full name of contributor out-of-state PAC (ID# Link, Tom	F)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/17/2011	Contributor address; City; State; Zip Code 211 E. 7th St. Suite 510 Austin, TX 78701		\$350.00	
			·	Texas, complete Schedule T)
Principal occ Investor	cupation / Job title (See Instructions)	Employer (See Ins Self	structions)	

12/12/2011

Attomey

Date

12/28/2011

Date

12/29/2011

Date

12/27/2011

Best Efforts

Date

12/16/2011

Associate

Senior Development

Founder/Housewife

Littlefield, Sue (*4)

204 Westhaven Dr. Austin, TX 78746

Principal occupation / Job title (See instructions)

Llamas, Joe (*5)

Austin, TX

Principal occupation / Job title (See Instructions)

1311 A, East 6th St. Austin, TX 78702

Principal occupation / Job title (See Instructions)

Lorenzo, Krause

2420 Jarrett Ave. Austin, TX 78703

Principal occupation / Job title (See Instructions)

Lynk, Steven

Principal occupation / Job title (See Instructions)

6004 Ronchamps Dr. Round Rock, TX 78681

Lorenz, Perry and Sheridan

10 Employer (See Instructions)

CDM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 3 ACCOUNT 2 FILER NAME Cole, Sheryl (Mrs.) 00001564 5 Full name of contributor ut-of-state PAC (ID#_ 4 Date 7 Amount of

6 Contributor address; City; State; Zip Code

Full name of contributor ut-of-state PAC (ID#_

Contributor address; City; State; Zip Code

Contributor address; City; State; Zip Code

Full name of contributor ut-of-state PAC (ID#_

Contributor address; City; State; Zip Code

Full name of contributor ut-of-state PAC (ID#

Contributor address; City; State; Zip Code

xas 78711-2070	(512)463-5800	TDD 1-800-735-2989
		SCHEDULE A
3		•
		·
	1 PAGE#	W25 Report: 15/33
	3 ACCOUNT#	(Ethics Commission filers)
	00001564	(Culica Commission more)
)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
•	\$350.00	,
		1
Parter (One la	<u> L'</u>	Texas, complete Schedule T)
Employer (See In Armbrust & Bro	structions) wn, PLLC/None	
)	Amount of contribution (\$)	In-kind contribution description (if applicable)
•••••	\$100.00	
		Texas, complete Schedule T)
Employer (See In McShane Devte		
)	Amount of contribution (\$)	In-kind contribution description (if applicable)
• • • • • • • • • •	\$700.00	
		Texas, complete Schedule T)
Employer (See In: Constuctive Ver	structions) ntures/Community	Volunteer
)	Amount of	(n-kind contribution
	contribution (\$)	description (if applicable)
•••••	\$350.00	
		· · · · · · · · · · · · · · · · · · ·
Employer (See In:		Texas, complete Schedule T)
Best Efforts	structions)	
	Amount of contribution (\$)	In-kind contribution description (if applicable)
	\$250.00	
	J	

(If travel outside of Texas, complete Schedule T)

	OTHER	THAN PLEDGES OR LOAD			`
	The Instruction	он Guide explains how to complete this form.		1 PAGE# Schedule: 14	1/25 Report: 16/33
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
	12/01/2011	6 Contributor address; City; State; Zip Code 704 E. 45th ½ St. Austin, TX 78751		\$350.00	 - -
				(If travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) nt and Land Manager	10 Employer (See In: D.R. Horton	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Majewski, George and Carlyn	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code 1800 Parkside Ln		\$700.00	
		Austin, TX 78745			Texas, complete Schedule T)
	Principal occup Product Plant	ation / Job title (See Instructions) ner/None	Employer (See In: Coinstar/None	structions)	,
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	12/14/2011	Contributor address; City; State; Zip Code 2507 Cascade Dr. Austin, TX 78757		\$700.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Director/Empl	ation / Job title (See Instructions) oyee	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2011	Contributor address; City; State; Zip Code 2212 East Windsor Rd. Austin, TX 78703		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Principal	ation / Job title (See Instructions)	Employer (See Ins Endeavor Real I		
	Date	Full name of contributor ut-of-state PAC (ID# Martin, Kenneth)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/30/2011	Contributor address; City; State; Zip Code 1100 Lexington Cr DeSoto, TX 75115		\$350.00 	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Kenneth D Marti		

L	OTHER THAN PLEDGES OR LOANS					
	The INSTRUCTION	ЭН GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/25 Report: 17/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Mathias, Matt (*1)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/16/2011	6 Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746		\$250.00	1 . 1 1	
				<u> </u>	Texas, complete Schedule T)	
9	Principal occup Founder	ation / Job title (See Instructions)	10 Employer (See In Matt Mathias &			
	Date	Full name of contributor ut-of-state PAC (ID# McClendon, Burwell and Terri (*6))	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	12/01/2011	Contributor address; City; State; Zip Code 1905 Canonera Austin, TX 78746		\$700.00	 	
	İ			(if travel outside of	Texas, complete Schedule T)	
	Principal occup Real Estate/F	ation / Job title (See Instructions) Iomemaker	Employer (See In DR Horton/Non-			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/30/2011	Contributor address; City; State; Zip Code 7601 Sandla Loop Austin, TX 78735		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Lobbyist	ation / Job title (See Instructions)	Employer (See instructions) Greenberg Traurig LLP			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/14/2011	Contributor address; City; State; Zip Code 11802 Nene Dr. Austin, TX 78750		\$100.00		
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Means, Bertha)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2011	Contributor address; City; State; Zip Code 7400 Valburn Dr Austin, TX 78731		\$100.00		
				(if traval autoide of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		TONGS, COMPAGE SCHOOLES 1)	
	•	İ	- ·	•		

OTHER THAN PLEDGES OR LOANS					
The INSTRUCTION Guide explains he	ow to complete this form.		1 PAGE# Schedule: 16	6/25 Report: 18/33	
2 FILER NAME Cole, Sheryl (Mr	'S.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
	ontributor	#)	7 Amount of contribution (\$)	in-kind contribution description (if applicable)	
12/20/2011 6 Contributor add 4419 Barrow Austin, TX 78751	tress; City; State; Zip Code		\$700.00	1 1 1	
				f Texas, complete Schedule T)	
Principal occupation / Job title (See Producer/Best Efforts	Instructions)	10 Employer (See In SXSW/Best Eff			
Date Full name of co Momim, Naseem	intributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/12/2011 Contributor add 1532 Visalia Ln. Austin, TX 78727	Iress; City; State; Zip Code		\$350.00]] 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Business Owner	Instructions)	Employer (See In Self	istructions)		
Date Full name of co Momin, Amin	ntributor	#)	Amount of contribution (\$)	In-kind contribution description (If applicable)	
12/15/2011 Contributor add 11800 Metric Blvd. Austin, TX 78758	ress; City; State; Zip Code		\$350.00	 	
			1	Texas, complete Schedule T)	
Principal occupation / Job title (See Owner	instructions)	Employer (See In Convenient Sto	structions) re Travel Mart		
Date Full name of con Moore, Alan and	· · · · · · · · · · · · · · · · · · ·	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/20/2011 Contributor addi 2420 Harris Bouleve Austin, TX 78703			\$700.00	 	
Signal Light Wile (Con.)		Produces (Con In	l	Texas, complete Schedule T)	
Principal occupation / Job title (See Principal/Best Efforts	nstructions)	Employer (See In: MHMATM LLC/	Structions) Best Efforts		
Date Full name of con Morrison, Gregory	· · · · · · · · · · · · · · · · · · ·	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/30/2011 Contributor addi 9310 Le Conte Covi Austin, TX 78749			\$100.00	 	
			(if travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See	nstructions)	Employer (See Ins	structions)		

L	OTTER THAN I LEDGES OR LOANS					
	The Instruction	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/25 Report: 19/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Nassour, Jimmy (*1)	<i>‡</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/12/2011	6 Contributor address; City; State; Zip Code 3839 Bee Cave Road Sulte 200 Westlake Hills, TX 78746		\$350.00		
					Texas, complete Schedule T)	
9	Principal occup Lawyer	pation / Job title (See Instructions)	10 Employer (See Ins Jimmy Nassour			
	Date	Full name of contributor ut-of-state PAC (ID# Needham, John	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/23/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #780		\$700.00	1	
	Distribut cons	Austin, TX 78701	5(Occ. In	<u> </u>	Texas, complete Schedule T)	
<u> </u>	Owner/Best E	pation / Job title (See Instructions) Efforts	Employer (See Ins Riverside Resou	structions) urces/Best Efforts		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/14/2011	Contributor address; City; State; Zip Code 3830 Hunterwood Point Austin, TX 78746		\$700.00	; 	
	<u></u>			(If travel outside of	Texas, complete Schedule T)	
	Principal occup Real Estate/D	pation / Job title (See Instructions) Director	Employer (See Ins Endeavor Real I		Convenatal Judaism	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
l	12/12/2011	Contributor address; City; State; Zip Code 1762 Lookout Forest San Antonio, TX 78260		\$700.00	 - 	
	J	1		(If travel outside of	Texas, complete Schedule T)	
	Principal occupa Branch Manag	ation / Job title (See Instructions) ger/None	Employer (See Ins DNT Construction		· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/01/2011	Contributor address; City; State; Zip Code 111 Congress Avenue #1700 Austin, TX 78701		\$350.00	 	
	1	1	İ	(if travel outside of	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)		
	Associate		Andrews Kurth L	.LP		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS

L	OTHER THAN PLEDGES OR LOANS						
	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	3/25 Report: 20/33		
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)		
4	Date	5 Full name of contributor	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/10/2011	6 Contributor address; City; State; Zip Code 6102 Mt. Villa Cove Austin, TX 78731		\$100.00	 		
					Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor Out-of-state PAC (ID# Ott, David (*5)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/20/2011	Contributor address; City; State; Zip Code 3731 University Blvd. Austin, TX 77005		\$250.00	! ! !		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Architect	ation / Job title (See Instructions)	Employer (See in The Hanover C				
	Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)		
	12/14/2011	Contributor address; City; State; Zip Code 2908 Sparkling Brook Lane Austln, TX 78746		\$700.00	 		
				(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions) ector and Principle	Employer (See In Endeavor Real				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/12/2011	Contributor address; City; State; Zip Code 1805 Far Gallant Dr. Austin, TX 78746	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00			
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Business Owr	ation / Job title (See Instructions) ner	Employer (See In Sunruse Mini M				
	Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)		
	12/15/2011	Contributor address; City; State; Zip Code 1805 Far Gallant Dr. Austin, TX 78746		\$350.00			
				/if tenual assemble -4.5	Tower complete Schedule Ti		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u></u>	Texas, complete Schedule T)		
	Business own	· · · · · · · · · · · · · · · · · · ·	Sunrise Mini Ma				

P.O.Box 12070

L	OTTER TIAN FEEDGES OR EGANS						
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	0/25 Report: 21/33		
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)		
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/17/2011	6 Contributor address; City; State; Zip Code 4017 Walnut Ciay Drive Austin, TX 78731		\$100.00	 		
				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Bickerstaff	structions)			
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (If applicable)		
	12/15/2011	Contributor address; City; State; Zip Code 12912 Park Drive Austin, TX 78732		\$300.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Lane Humboldt				
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)		
	12/25/2011	Contributor address; City; State; Zip Code 2022 Laird Dr. Salt Lake City, UT 84108		\$700.00	 		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup Management	ation / Job title (See Instructions) /Homemaker	Employer (See In Reagan Nationa	structions) al Avertising/None			
	Date	Full name of contributor ut-of-state PAC (IDI Reagan, Frances)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/14/2011	Contributor address; City; State; Zip Code 1475 Federal Heights Dr. Salt Lake City, UT 84103-4443		\$700.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Advertising/R	ation / Job title (See Instructions) eal Estate	Employer (See Ins Self/Self	structions)	•		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/30/2011	Contributor address; City; State; Zip Code 4100 McBrine PI Austin, TX 78746		\$700.00 			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup President/Cor	ation / Job title (See Instructions) nsultant	Employer (See Ins Reagan Nationa				

	OTHER THAN PLEDGES OR LOANS						
	The INSTRUCTA	אס Guide explains how to complete this form.		1 PAGE# Schedule: 20	0/25 Report: 22/33		
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)		
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/30/2011	6 Contributor address; City; State; Zip Code 2914 Regents Park Austin, TX 78746		\$150.00	[
				*	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Reese, Donald and Gina (*5))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
ļ	12/27/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #780 Austin, TX 78701	•••••	\$700.00	1 } 		
		Adding TX 70701		(if travel outside of	Texas, complete Schedule T)		
	Principal occup Investor/None	ation / Job title (See Instructions)	Employer (See In Self/None	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#, Renbarger, Grace)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/28/2011	Contributor address; City; State; Zip Code		\$100.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#_Schweitzer, John)	Amount of contribution (\$)	in-kind contribution description (if applicable)		
	12/21/2011	Contributor address; City; State; Zip Code 3105 Above Stratford PI Austin, TX 78746		\$350.00] 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See in: Campbell Capite				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/21/2011	Contributor address; City; State; Zip Code 105 Brooks Hollow Lakeway, TX 78734		\$700.00			
				(if travel outside of	Texas, complete Schedule T)		
	Principal occupa Attorney/Hom	ation / Job title (See Instructions) emaker	Employer (See Ins Armbrust & Brow	structions)	- Sandy Sompress Sometime 1,		

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/25 Report: 23/33		
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID: Siff, Ted	')	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/29/2011	6 Contributor address; City; State; Zip Code 604 West 11th Austin, TX 78701		\$100.00	 	
		<u> </u>		(if travel outside of	Texas, complete Schedule T)	
9	Principal occup	eation / Job title (See instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	/)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	12/09/2011	Contributor address; City; State; Zip Code 5003 Lucas Lane Austin, TX 78731		\$350.00		
	·	, , , , , , , , , , , , , , , , , , , ,		(If travel outside of	Texas, complete Schedule T)	
	Principal occupation / Job title (See Instructions) Consultant		Employer (See In Self-employed			
· ·······	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/15/2011	Contributor address; City; State; Zlp Code 100 Congress Ave. #300 Austin, TX 78701		\$700.00	! ! !	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occupation / Job title (See Instructions) Attorney/University of Texas		Employer (See Instructions) Armbrust & Brown/Lab Technician			
	Date	Full name of contributor out-of-state PAC (ID# Smitheal, Jeremy and Ellen)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/23/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #780 Austin, TX 78701		\$700.00	 	
		, , , , , , , , , , , , , , , , , , , ,		(if travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager/Employee			Employer (See In: Riverside Resor	oyer (See Instructions) rside Resources/Whitzman Management Corp		
	Date	Full name of contributor uut-of-state PAC (ID# Speck, Lawrence		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/18/2011	Contributor address; City; State; Zip Code 800 West 5th St. #1102		\$350.00		
Austin, TX 78703			Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Professor			Employer (See Ins UT Austin School			

	OTHER	THAN PLEDGES OR LOAD	NS 		
	The instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	//25 Report: 24/33
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (IDF Spies, Brad (*3))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/19/2011	6 Contributor address; City; State; Zip Code 1212 Guadalupe St. #802 Austin, TX 78701		\$350.00	
					Texas, complete Schedule T)
9	Principal occup Marketing	eation / Job title (See Instructions)	10 Employer (See In SXSW	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/21/2011	Contributor address; City; State; Zip Code 823 Congress Ave Suite 1111 Austin, TX 78701		\$700.00	`
				<u> </u>	Texas, complete Schedule Tj
	Principal occup Owner/Office	ation / Job title (See Instructions) Manager	Employer (See In T. Stacy and As	structions) sociates/T. Stacy	and Associates
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2011	Contributor address; City; State; Zip Code 4105 Long Champ Dr. Austin, TX 78746		\$250.00	\
	Policia de Company	others I lab Allie (One Instructions)	E 1 6		Texas, complete Schedule T)
	Attorney	ation / Job title (See Instructions)	Employer (See In: Metcalfe, Wolff,	Stuart and Williar	ns
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code P.O. Box 4181 Austin, TX 78765		\$350.00	:
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See in: SXSW	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Taylor, Scott and Kim (*4))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/20/2011	Contributor address; City; State; Zip Code 10919 Enchanted Rock Cove Austin, TX 78726		\$700.00 	
					Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Ins Armbrust & Brown		,	

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 23/25 Report: 25/33		
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/15/2011	6 Contributor address; City; State; Zip Code P.O Box 467 Lampasas, TX 76550	•••••	\$700.00		
					Texas, complete Schedule T)	
9	Principal occup VP/None	eation / Job title (See Instructions)	10 Employer (See In DNT Constructi			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/09/2011	Contributor address; City; State; Zip Code 700 E. 11th Street #300	•••••	\$100.00		
	·	Austin, TX 78701		fif travel outside of	Texas, complete Schedule T)	
-	Principal occur	vation / Job title (See Instructions)	Employer (See In		, ,	
		,				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/10/2011	Contributor address; City; State; Zip Code 4109 Ave F Austin, TX 78751	• • • • • • • • • • • • • • • • • • • •	\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Economist			Employer (See In: MMC	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/28/2011	Contributor address; City; State; Zip Code 1903 A, Crested Butte Dr. Austin, TX 78746		\$350.00	 	
		rigoliti, 17770740			· · · · · · · · · · · · · · · · · · ·	
					Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director			Employer (See In: Lakeway/Lohma	Instructions) nans Investments, Inc.		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/14/2011	Contributor address; City; State; Zip Code 4220 River Garden Trail Austin, TX 78746		\$700.00		
(If travel outside of Texas, complete S				Taxas, complete Schedule T)		
	Principal occup President & C	ation / Job title (See Instructions) EO/None	Employer (See Ins White Construct			

L					
厂	The Instructi	on Guide explains how to complete this form.		1 PAGE#	
<u> </u>					1/25 Report: 26/33
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
L.				00001564	
4	Date	5 Full name of contributor out-of-state PAC (IDI Wiginton, Don Kent and Jeannie (*3)	/)	7 Amount of contribution (\$)	In-kind contribution description (If applicable)
	12/16/2011	6 Contributor address; City; State; Zip Code 908 E. Live Oak St. Austin, TX 78704		\$700.00)
				(if travel outside of	Texas, complete Schedule T)
9		sation / Job title (See Instructions) Service Manager	10 Employer (See In None/CDM Smi		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/11/2011	Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745		\$700.00	
		Austin, 17 70745			
	Principal occur	eation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
		ector/Homemaker	SXSW/None	51100000115)	
	Date	Full name of contributor ut-of-state PAC (ID# Williams, Talley (*5))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/29/2011	Contributor address; City; State; Zip Code 8209 Dark Ridge Cove Austin, TX 78737		\$200.00	
	Dist				Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Partner		Employer (See In: Metcalfe, Wolff,	structions) Stuart and Willian	ms	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code 4101 Galacia Dr. Austin, TX 78759		\$700.00	
					Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) VP/None		Employer (See Ins Camp Dresser &	structions) & Mc Kee Inc/Non	е
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2011	Contributor address; City; State; Zip Code 1206 W. 8th St. Austin, TX 78701		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
-	Principal occup Partner	ation / Job title (See Instructions)	Employer (See Ins Golden Stuart &		
	•			****	[

The INSTRUCTE	N GUIDE explains how to complete this form,		1 PAGE # Schedule: 25/25 Report: 27/33		
FILER NAME	FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564		
Date	5 Full name of contributor ut-of-state F Zarbock, Kent (*6)	PAC (ID#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable		
12/01/2011	6 Contributor address; City; State; Zip 705 W. Rim Dr. Austin, TX 78731) Code	\$200.00 		
3			(If travel outside of Texas, complete Schedule T)		
Principal occup Manager of S	ation / Job title (See Instructions) ales	10 Employer (See D. R. Horton	Instructions)		
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POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Relmbursement Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Polling Expense Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Cole, Sheryl (Mrs.) 00001564 Schedule: 1/6 Report: 28/33 4 Date 5 Payee name Adisa Communications 11/30/2011 6 Amount (\$) Payee address City: State: Zip Code 13492 Research Blvd. \$2,800,00 #120-631 Austin, TX 78750 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Consulting Expense** Announcement Media **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name **Adisa Communications** 12/20/2011 Amount (\$) Payee address City: State: Zip Code 13492 Research Blvd. \$558.00 #120-631 Austin, TX 78750 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Reimbursement for Campaign Expenses OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY If direct expenditure to benefit C/OH Payee name Adisa Communications 12/30/2011 Amount (\$) Payee address City; State; Zip Code 13492 Research Blvd. \$6,000.00 #120-631 Austin, TX 78750 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense Social Media/Website OF EXPENDITURE Complete ONLY If Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Central Market 12/17/2011 Amount (\$) Payee address City; State; Zip Code 4001 N. Lamar \$127.00 Austin, TX 78756 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Food/Beverage Expense Staff lunch **OF EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Exp Accounting/Ban Consulting Expe Event Expense Fees	king Legal Services Solicitation/ ense Food/Beverage Expense Travel In Di Potling Expense Travel Out (Of District Candidate/Officeholder/Political Committee head/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/6 R	l" a t at 104 t	00001564
4 Date	5 Payee name	
11/22/2011	H. Green Photography	
6 Amount (\$)	7 Payee address City; State; Zip Code	
, .		\
\$100.00 	Austin, TX 78702	•
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Event photos
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/01/2011	Jitahidi, Joia	•
Amount (\$)	Payee address City; State; Zip Code	
\$750.00	l	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Consulting Expense	Media/Communications
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/29/2011	Jitahidi, Joia	
Amount (\$)	Payee address City; State; Zip Code	
\$750.00	5114 Balcones Woods Dr. Austin, TX 78759	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Media/Communications
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/30/2011	Jitahidi, Joia	
Amount (\$)	Payee address City; State; Zip Code	
\$1,500.00	5114 Balcones Woods Dr. Austin, TX 78759	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Media/Communications
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Cole, Sheryl (Mrs.) Schedule: 3/6 Report: 30/33 00001564 4 Date 5 Payee name Lankes, Matt 11/30/2011 Payee address City; State; Zip Code 6 Amount (\$) P. O. Box 300045 \$250.00 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Announcement event photography OF EXPENDITURE Complete ONLY If Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Larson, Joanne 11/11/2011 Amount (\$) Payee address City; State; Zip Code 8023 Lydia St. \$69.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If traval outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Catering EXPENDITURE Complete ONLY If Candidate / Officeholder name Office sought: Office held: direct expenditu-to benefit C/OH Date Pavee name League of Women Voters 12/05/2011 Amount (\$) Payee address City; State; Zip Code 1011 W 31st St \$60.00 #510 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OTHER Membership fee OF **EXPENDITURE** Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 12/30/2011 Love, Claire Payee address Amount (\$) City; State; Zip Code 2006 Sandberg Dr. Austin, TX 78752 \$750.00

Category (See Categories listed at the top of this schedule)

Salaries/Wages/Contract Labor

Candidate / Officeholder name

PURPOSE

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

(If travel outside of Texas, complete Schedule T)

Office held:

Description

Administrative Assistant

Office sought:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Benking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES 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 Guipe explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Cole, Sheryl (Mrs.) Schedule: 4/6 Report: 31/33 00001564 4 Date 5 Payee name 07/05/2011 McDonald, Stephanie 6 Amount (\$) Payee address City; State; Zip Code 802 Town Lake Blvd. \$37.87 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Reimbursement **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Message, Audience and Presentation 12/30/2011 Payee address City; State; Zip Code Amount (\$) 2400 S. 4th St. Austin, TX 78704 \$2,500.00 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Political strategy Consulting Expense **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name NAACP 08/29/2011 Amount (\$) Payee address City; State; Zip Code 1704 E. 12th St Austin, TX 78702 \$150.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Contribution/Donation OF EXPENDITURE Candidate/Officeholder/Political Committee Candidate / Officeholder name Office held: Complete ONLY If Office sought: direct expenditure to benefit C/OH Date Pavee name Office Depot 11/27/2011 Payee address Amount (\$) City; State; Zip Code 13201 Ranch Road 620 \$193.00 Austin, TX 78717 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office supplies OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Potling Expense Printing Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form, 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Cole, Sheryl (Mrs.) Schedule: 5/6 Report: 32/33 00001564 4 Date 5 Payee name Pay Pal 11/30/2011 City; State; Zip Code 6 Amount (\$) Payee address 2211 N. 1st St. \$1.13 Austin, CA 95131 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Fees Fees for online contributions OF EXPENDITURE G Complete ONLY If Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Pay Pai 12/31/2011 Amount (\$) Payee address City; State; Zip Code 2211 N. 1st St. \$3.05 San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees for online contributions Fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Rylo Consulting 12/30/2011 Amount (\$) Payee address City; State; Zip Code 908 E. 5th St. Suite 210 \$4,000.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Fund raising activities OF EXPENDITURE Candidate / Officeholder name Office held: Complete ONLY If Office sought: direct expenditure to benefit C/OH Date Payee name 09/30/2011 South Austin Democrats Payee address City; State; Zip Code Amount (\$) PO Box 152592 \$250.00 Austin, TX 78715 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Candidate/Officeholder/Political Committee Political contributions OF EXPENDITURE Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure

(512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Cole, Sheryl (Mrs.) 00001564 Schedule: 6/6 Report: 33/33 4 Date 5 Payee name Urban League 08/29/2011 6 Amount (\$) City; State; 7 Payee address Zip Code 1033 LA Posada Dr \$175.00 Ste 150 Austin, TX (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) PURPOSE Food/Beverage Expense **Tickets and Banquet** OF EXPENDITURE 9 Complete ONLY If Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/30/2011 Word of Mouth Catering Amount (\$) Payee address City; State; Zip Code 919 West 12th \$500.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Announcement event catering OF EXPENDITURE Complete ONLY If Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH

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 i n d i v i d u a l 's residence.)

Name of person soliciting

Contributions: Alice Glasco

Address: 5117 Valburn Ct., Austin, TX, 78731

Name of person soliciting

Contributions: Andrew Pastor

Address: 2908 Sparkling Brook Lane., Austin, TX, 78746

Name of person soliciting

Contributions: Jeannie Wiginton

908 E. Live Oak St., Austin, TX, 78704

Name of person soliciting

Contributions: David Armbrust

Address: 2807 Regents Park Austin, TX, 78746

Name of person soliciting

Contributions: Donald Reese

Address: 100 Congress Ave., #780., Austin, TX, 78701

Name of person soliciting

Contributions: Richard Maier

Address: 704 E. 45th St., Austin, TX, 78751

Name of person soliciting

Contributions: Michael Whelan

4800 Laurel Canyon Dr., Austin, TX, 78731