# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT #  (Ethics Commission Filen	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	MS Shery Cole NICKNAME LAST SUFFIX	USTI R JEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COL	Date Hand-delivered or Postmarket
change of address		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER FXTENSION (5/2) 449-/539	Date Processed CT
6 CAMPAIGN TREASURER NAME	MS/MRS/MR  JOSEPH  NICKNAME LAST SUFFIX	Date Imaged
	NICKNAME Parlser SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#; CITY; STATE;  5918 Look out Moun,  Aushwi, Tx 7873/	zip code fai 'n
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (574) 3 2 3 - 6 6 0 5	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH //	Day Year 75/2012
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if	known)
	liky Council lity	Councel
·	GO TO PAGE 2	

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT# (F	Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAN HAVE BEEN MADE WITHOUT THE CAMES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IN COMMITTEE NAME (Df MCC MO COMMITTEE ADDRESS)  COMMITTEE ADDRESS  4101 W, Idwood	IDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME  Office holder  Tosh ph  COMMITTEE CAMPAIGN TREASURER ADDRESS  5918 LOOKE  AUSTIN, TX	ar Ker	untain!	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N ¢	O	
,		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	υ.	
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 396				398 9/	
	4. TOTAL POLITICAL EXPENDITURES \$ Z 053-05				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$	-0-	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$	.0-	
1/2/-/1-20 say Cor	NDY HINKLE mmission Expires uly 17, 2014	I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code.  Signature of Care	II information requi	red to be reported by	
Sworn to and subs	scribed before of Janua Hukli	~·	my hand and s	this the seal of office.	

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A:		
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
4	Date	5 Full name of contributor out-of-state PAC(ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
i		6 Contributor address; City; State; Zip Code			] {		
				(If travel outside	I of Texas, complete Schedule T)		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	:	Contributor address; City; State; Zip Code			 		
				(If travel outside	I       of Texas, complete Schedule T		
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)			
					<u></u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
					ļ !		
		Contributor address; City; State; Zip Code			 		
				(if travel outside	 of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code			 		
				(If travel outside o	l of Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)			
	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code			 		
		The state of the s			of Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)			
					!		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	PLEDG	ED CONTRIBUTIONS			SCHEDULE <b>B</b>
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule B:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4	TOTA	AL OF UNITEMIZED PLEDGES:	<b>\$ \$ \$</b>	<b>⇔</b> ⇔	\$
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
		7 Pledgor address; City; State; Zip Code			
<u> </u>				(If travel outside of	of Texas, complete Schedule T)
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See I	nstructions)	
$\vdash$	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of	In-kind description
İ		<u> </u>		pledge (\$)	(if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside of	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code		(If travel outside i	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	:	Pledgor address; City; State; Zip Code			
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

# **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

	EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)	)	
Advertising Expense	•	alaries/Wages/Co		Loan Repayment/Reim	
Accounting/Banking	<del>-</del>	olicitation/Fundra	sising Expense	Transportation Equipme	•
Consulting Expense	<del>-</del> ,	ravel In District	i al al	Contributions/Donations	s Made By der/Political Committee
Event Expense Fees	• •	ravel Out Of Dist iffice Overhead/R			
rees	The Instruction Guide ex		·	OTHER (enter a catego rm.	ory not listed above)
1 Total pages Schedule F:	2 FILER NAME	1 1	<del>,                                    </del>	3 ACCOUNT # (E	thics Commission Filers)
	J nery	1 416	<u> </u>	0000	
4 Date	5 Payee name	11600	00/		
10/01	Dovice	-1147		<u></u>	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	To 810		
~ <i></i>	2, 1, 2, 1	11/2/1		<i>-</i>	
25	7 Payee address; 2 City; State; Aushin, Th	x 187	102		
8 PURPOSE	(a) Category (See categories listed at the top of ti		(b) Description	(If travel outside of Texas, co	4
OF EXPENDITURE	Advertising		Anniver	sary/CH	usch
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/O	Н				
Date /	Payee name /	14/2		- tice	
10/12	Payee name League	Won	nen U		
Amount (\$)	Payee address; City; State;	Zip Code ノー ヨノs	+		
1.0			カカコカギ	_	
60	Hushin	//× /	18705		
PURPOSE	Category (See categories listed at the top of it	his schedule)		(if travel outside of Texas, cor	·
OF EXPENDITURE	Fics		Annu.	al Duce	<b>&gt;</b>
	Candidate / Officeholder name		Office sough	<u></u>	Office held
Complete ONLY If direct expenditure to benefit C/O			Onica soogii	•	Office field
Date 10 / 3 /	Payee name Worley	PA	n4.09	>	
Amount (\$)	Payee address; 3 City; State;	Zip Code  N. Z.H	35		
31/	Austry,		18122		
PURPOSE OF	Category (See categories listed at the top of the			(If travel outside of Texas, cor	nplete Schedule T)
EXPENDITURE	Printing Ex	Olngo	frint	nag	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t	Office held
Date	Payee name	0	ſ		
11/27	Shuranda	KOU	0,050	7	
Amount (\$)	Payee address; City; State;	Zip Code		1 4 117	
	12401 Los.	India	25 Train	1 # 42	1
307	Austin, TX	787	729		
PURPOSE	Category (See categories listed at the top of th	ıls schedule)	Description	(If travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	Advertising	İ	Webs,	+E-Idim	bussement
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	t	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

					<del></del>
	EXPENDITURE	CATEGORIES F	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor	• •	.oan Repayment/Reim	hursement
Accounting/Banking	Legal Services	Solicitation/Fundrals			ent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	•
Event Expense	Polling Expense	Travel Out Of Distri			Ider/Political Committee
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a categ	ory not fisted above)
	The Instruction Guide			,	
4 T-1-1 0 1 1 1 F	<del>,</del>	4			Filtra O
1 Total pages Schedule F:	2 FILER NAME Shery	1 Cole	j I	1000	Ethics Commission Filers) 1564
4 Date 6/2012	5 Payee name		le		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Codes		<del></del>	
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15	4101 01100	,			
3 / 5	Auskin. TX				
		·- r	(h) Depositor (f	Channel and Identify	
8 PURPOSE OF	(a) Category (See categories listed at the top		(b) Description (ii	f travel outside of Texas, co	emplete Schedule 1)
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9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
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			<del></del>		
Date 9/2/	Payee name Elqin	a Fow	- les		
Amount (\$)	Payee address; City; St	ate; Zip Code	0		
	Payee address; City; St.	, nn anas s	HUENC	12	
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PURPOSE	Category (See categories listed at the top			travel outside of Texas, co	molete Schedule T)
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Date 0/	Payee name	el Cre	Bh -1	Cint 1	Medica
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EXPENDITURE	nava non 19		19200	113.0	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H		-		
Date /	Payee name	Protes.	61 Dan	00 000	1-1-1-
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Amount (\$)	Payee address; City; Sta	ate; Zip Code $ imes 3 o Z^{-6}$	~ ~ ~		
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100	-				
100	HUS FIN 1	Tx 18:	103		1
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (if	travel outside of Texas, co	mplete Schedule T)
OF	Adular hoine	<u>,                                      </u>	~		<i>,</i>
EXPENDITURE	Made Tire	7	HOUZE	421 29	
0	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct			Onice Sought		Office field
expenditure to benefit C/C	<i>7</i> 11				
	ATTACH ADDITIONAL CO	OPIES OF THIS SE	CHEDULE AS NO	FEDED	
	A. IAVITADDITIONAL C	J. 12001 1111330			

## **POLITICAL EXPENDITURES**

SCHEDULE F

	EXPENDITURE	CATEGORIES FO	R 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/Contra Solicitation/Fundraising Travel in District Travel Out Of District Office Overhead/Renta	act Labor Loa g Expense Trer Con { al Expense OTH	n Repayment/Reimbursement nsportation Equipment & Related Expense stributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)			
· · · · · · · · · · · · · · · · · · ·	The Instruction Guide	explains now to con	ipiete tilis lorili.				
1 Total pages Schedule F:	2 FILER NAME		<u> </u>	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 11/16	· ·	shine					
6 Amount (\$) 187.14	7 Payee address; City; Sta 600 310 Aushor	ate; Zip Code of Street TX 78					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top FOOD BEVER.	I ' '	•	veloutside of Texas, complete Schedule T)  Consultants Pinns			
	<u> </u>	70 1					
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held			
Date 9/2/	Payee name Democra,	he Part	y				
Amount (\$)	Payee address; City; Ste 1311 E 6 Hh Austin TX	te; Zip Code 5 # 1 c f 28702	Ste B				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	<i>-</i> '	Description (If trans DBAMA	veloutside of Texas, complete Schedule T)  Victory Event			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held			
Date /20	Payee name Austin	Block 1	awyer	15			
Amount (\$)	700	te: Zip Code /33 Z / 2870 /	,				
	Category (See categories listed at the top			vel outside of Texas, complete Schedule T)			
PURPOSE OF EXPENDITURE	Advar 451.79	or this schedule)		+ Ad			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held			
Date	Payee name						
Amount (\$)	Payee address; City; Sta	te; Zip Code	·				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If trav	ral outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held			
	ATTACH ADDITIONAL CO	OPIES OF THIS SCH	EDULE AS NEE	DED			

#### POLITICAL EXPENDITURES SCHEDULE F

# EXPENDITURE CATEGORIES FOR BOX 8(a) morials Expense Salaries/Wages/Contract Labor L

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

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
OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhead/	Rental Expense OTHER (enter a category not listed above)		
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME Shery/ Co	1e 3 ACCOUNT # (Ethics Commission Filers) 00001564		
4 Date 7/18	5 Payee name HArland Check	4 Orders		
6 Amount (\$)	7 Pavee address: City: State: Zin Code			
41.02	Tros peni ty Bonk 206 E 9th Streec Austro/ITX (a) Category (See categories listed at the top of this schedule)	78701		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Accounting Bonking	Checks		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date 9/05	Payee name PAY PAL			
Amount (\$)	Payee address; City; State; Zip Code			
30%	www,paypal. com			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Accounting	E-Banking		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date 9/05	Payee name AFL-CIO			
Amount (\$)	Payee address: City: State; Zip Code	1 1 # 700		
145	Payee address; City; State; Zip Code	701		
	Au 5 h.w., TX 78			
PURPOSE OF EXPENDITURE	Adverhising a time top of this schedule)	Description (If trave) outside of Texas, complete Schedule T)  Labor DAY AD		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date 9/17	Payee name South Aus	tin Democrates		
Amount (\$)	Payee address; City; State; Zip Code	11 15 to B		
7 - 00	Payee address; City; State; Zip Code	Street Julie L		
25	Austine, TX	78102		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising	Advertising		
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

rexas Etnics Commission P.O. Box 12070 Austin, rexas 78711-2070 (512) 463-5800 (100) 1-800-7	Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
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LOANS			SCHEDULE E
The	Instruction Guide explains how to cor	nplete this form.	1 Total pages Schedule E:
FILER NAME			3 ACCOUNT # (Ethics Commission Filer
TOTA	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	\$ \$
Date of loan	7 Name of lender	Out-of-state PAC (ID#:	9 Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Col	lateral	15 Check if personal funds were	e deposited into political account
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
. not applicable	18 Guarantor address; City;	State; Zip Code	
9 Principal Occupat	ltion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial	Lender address; City; State;	Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	· _ `	deposited into political account
GUARANTOR INFORMATION	Name of guarantor	Ц	Amount Guaranteed (\$
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEE	

www.ethics.state.tx.us Revised 09/28/2011

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

P.O. Box 12070

#### SCHEDULE G

	EYPENDITURE	CATEGORIES F	OP BOY 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/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	tract Labor ing Expense ct ntal 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 Guid	e explains how to c	omplete this fo	rm.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
	<u> </u>	<u></u>		
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			. "
Amount (\$)	Payee address; City; St	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schadule)	Description	(If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS N	IEEDED

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#### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

#### SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reim	
Accounting/Banking	Legal Services	Solicitation/Fundra			ent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	ns Made By Ider/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dis Office Overhead/F			
rees	The Instruction Guid		•	OTHER (enter a categ	ory not listed above)
1 Total pages Schedule H:	2 FILER NAME	se exhiguing now re	Complete tha io	<del></del>	(Ethics Commission Filers)
1 Total pages schedule n.	2 FILER NAME			3 ACCOUNT # (	Ethics Commission File(s)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; S	State; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description (	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE					
9 Complete ONLY if direct	Candidate / Officeholder nam	<del></del>	Office sought	.t	Office held
expenditure to benefit C/O				·	
Date	Business name				
	<u> </u>	·=			
Amount (\$)	Business address; City; S	State; Zip Code			
-					
	O-4 (O		Tointing		
PURPOSE OF	Category (See categories listed at the t	op of this schedule)	Description (	(If travel outside of Texas, co	omplete Schedule 1)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	<u> </u>	Office sought	t	Office held
expenditure to benefit C/O	н				
Date	Business name		·		
Amount (\$)	Business address; City; S	State; Zip Code			
	İ				:
	1				
			<del></del>	<u>-</u>	
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description (	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	l				
	Candidate / Officeholder nam		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O		9	Office sought	t	Onice field
			<b>=</b>	<del></del>	<u> </u>
Date	Business name				
Amount (\$)	Business address; City; S	State; Zip Code			
(4)	<b>Dustrious</b> address, 5,, _				
	1	,			
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description (	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	İ				
One-let- ONEV if disease	Candidate / Officeholder name		_IOffice sought	+	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		•	Office Sought	ı	Office field
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS N	NEEDED	

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

P.O. Box 12070

#### SCHEDULE K

The Instruction Guide explains how to complete this form.		dule K:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
		!	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received .		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE		

### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

#### SCHEDULE !

	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/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/R	ontract Labor ising 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	•		,
1	Total pages Schedule I:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name			
6	Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description	(See instructions regarding type of information required.)
	Date	Payee name			
	Amount (\$)	Payee address; City; Sta	tate; Zip Code		
_	PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description	(See instructions regarding type of information required.)
	Date	Payee name			
	Amount (\$)	Payee address; City; Sta	ate; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(See instructions regarding type of information required.)
	Date	Payee name			
	Amount (\$)	Payee address; City; Sta	ate; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(See instructions regarding type of information required.)
		· ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS N	IEEDED

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule C Schedule D Schedule B Schedule F Schedule G PAC-E Schedule H Schedule N □ сон-ис PAC-C COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H PAC-E Schedule N □ сон-ис СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC PAC-C COH-T Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

P.O. Box 12070

FORM C/OH - FR

		The Instruction Guide explains how to complete this •• Complete only if "Report Type" on page 1 is marked "Fin	
1	C/OH N	NAME	2 ACCOUNT # (Ethics Commission Filers)
3	SIGNA	ATURE	
	report a	expect any further political contributions or political expenditures in connection with my car us a final report terminates my campaign treasurer appointment. I also understand that I may any campaign expenditures without a campaign treasurer appointment on file.	
		Signatur	e of Candidate / Officeholder
4		R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	1
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from po	olitical contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned ouse. I also understand that I must file an annual report of unexpended contributions and contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions are earned on political contributions in accordance with the requirements of Election Code, § 2	on political contributions to personal d that I may not retain unexpended r than six years after filing this final and unexpended interest or income
	8.	ASSETS	
		k only one:	
		I do not retain assets purchased with political contributions or interest or other income fro	m political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	om political contributions to personal
			ignature of Candidate
5		CEHOLDER plete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who does a I am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	filing the last required report as an
		Sig	gnature of Officeholder

www.ethics.state.tx.us Revised 09/28/2011

#### **BANK RECONCILIATION**

(To be filed by candidate, officeholder or campaign committee with the January 15<sup>th</sup> contribution and expenditure report)

Name of candidate, officeholde	er or campaign committee:	hery/Cole		
the following information indicated. For each additional institution, use a copy of this schedule.				
The name of the financial institution: Prosper A/ Bank of TEXAS				
Type of account: Office holder				
The beginning balance: 14	100			
The ending balance:	o 46. 95 I for checks issued on that accour	nt that have not cleared by		
Date	Payee Constant Media	Amount		
1/02/2012	Constant media	7143.91		
Enter the following information by the contributor's financial in	for checks received as contribution:	ons and deposited but dishonored		
		ons and deposited but dishonored  Amount		
by the contributor's financial in	stitution:			
by the contributor's financial in	stitution:			
by the contributor's financial in	stitution:			
by the contributor's financial in	Contributor			

Office of the City Clerk, 20.36

#### **BANK RECONCILIATION**

(To be filed by candidate, officeholder or campaign committee with the January 15<sup>th</sup> contribution and expenditure report)

Name of candidate, officeholde	r or campaign committee:	ny/Cole
For each checking, savings or of the following information indic	ther financial institution account mated. For each additional institution	aintained during 20 <u>V 2,</u> enter on, use a copy of this schedule.
The name of the financial instit	ution: Prospert hy Ba	ank of TEXAS
Type of account: Office  The beginning balance:	holder	
The beginning balance:	100	
The ending balance: 14,		
Enter the following information December 31:	for checks issued on that account	·
Date	Payee Constant Untacty	Amount
1/09/2013	Constant Ontacty	143.99
	Pay Pol	
by the contributor's financial ins		
Date of receipt	Contributor	Amount
Amount of interest or dividends	s earned:	<u> </u>

Revised by the Ethics Review Commission 10/16/2012

Page 1 of 2

#### **EXEMPTION STATEMENT**

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:
Cole Sheryl Polson
(Last) (First) (Middle)
ADDRESS: 410/ Wildwood
DATE OF FILING: 1/16/2012
STATEMENT
I/we, Shery (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of June, 20/1 through According, 20/1 Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.
Signed by Candidate or Campaign Committee
1/16/2012 Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.