

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MS Sheryl Cole

OFFICE USE ONLY

Date Received

2013 JAN 16

 RECEIVED
AUSTIN CITY CLERK

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

53

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4101 Wildwood

☐ change of address

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 419-1539

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Joseph Parker

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

 5918 Lookout Mountain
Austin, TX 78731

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 323-6605

9 REPORT TYPE
☒

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign
treasurer appointment
(officeholder only)☐

July 15

☐

8th day before election

☐Exceeded \$500
limit☐

Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month

Day

Year

5/12/2012

THROUGH

Month

Day

Year

1/15/2012

11 ELECTION

Month

ELECTION DATE

Day

Year

5/12/2012

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special
12 OFFICE

OFFICE HELD (if any)

City Council

13 OFFICE SOUGHT (if known)

City Council

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

(Officeholder)

Sheryl N Cole

COMMITTEE ADDRESS

4101 Wildwood

COMMITTEE CAMPAIGN TREASURER NAME

Officeholder Joseph Parker

COMMITTEE CAMPAIGN TREASURER ADDRESS

5918 Lookout Mountain
Austin, TX 78731
☐ additional pages
17 CONTRIBUTION
TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 398⁹⁶

4. TOTAL POLITICAL EXPENDITURES

\$ 2053⁰⁵CONTRIBUTION
BALANCE

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

\$ - 0 -

OUTSTANDING
LOAN TOTALS

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

\$ - 0 -

18 AFFIDAVIT



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

Sheryl N Cole

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl N. Cole, this the 16th day of January, 20 13, to certify which, witness my hand and seal of office.

Candy Hinkle

Signature of officer administering oath

Candy Hinkle

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics 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)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

| | | | |
|---|--|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME <i>Sherry L Gile</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> |
| 4 Date <i>10/01</i> | 5 Payee name <i>David Chapel</i> | |
| 6 Amount (\$) <i>25</i> | 7 Payee address: City: State: Zip Code <i>2211 E. MLK JR BLVD AUSTIN, TX 78702</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Advertising</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Anniversary/Church</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date <i>10/12</i> | Payee name <i>League Women Voters</i> | |
| Amount (\$) <i>60</i> | Payee address: City: State: Zip Code <i>1011 W. 31st AUSTIN, TX 78705</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Fees</i> | Description (If travel outside of Texas, complete Schedule T) <i>Annual Dues</i> |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date <i>10/31</i> | Payee name <i>Worley Printing</i> | |
| Amount (\$) <i>37.89</i> | Payee address: City: State: Zip Code <i>3217 N. IH 35 AUSTIN, TX 78722</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Printing Expense</i> | Description (If travel outside of Texas, complete Schedule T) <i>Printing</i> |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date <i>11/27</i> | Payee name <i>Shuronda Robinson</i> | |
| Amount (\$) <i>307</i> | Payee address: City: State: Zip Code <i>12401 Los Indios Trail # 42 AUSTIN, TX 78729</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Advertising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Website-reimbursement</i> |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F: | 2 FILER NAME <i>Sheryl Cole</i> | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> |
| 4 Date <i>6/2012</i> | 5 Payee name <i>Sheryl Cole</i> | |
| 6 Amount (\$) <i>515⁰⁰</i> | 7 Payee address; City; State; Zip Code <i>4101 Wildwood Austin, TX</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimbursement</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>9/21</i> | Payee name <i>Elaina Fowler</i> | |
| Amount (\$) <i>250</i> | Payee address; City; State; Zip Code <i>1221 S. Congress Avenue Austin, TX 78703</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Salaries Wages</i> | Description (If travel outside of Texas, complete Schedule T) <i>Supplement Salary</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>9/25</i> | Payee name <i>Donnel Creech - Grio + Media</i> | |
| Amount (\$) <i>30</i> | Payee address; City; State; Zip Code <i>815A Brazos # 546 Austin, TX 78701</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Advertising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Advertising</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>9/28</i> | Payee name <i>Austin Center for Peace and Justice</i> | |
| Amount (\$) <i>100</i> | Payee address; City; State; Zip Code <i>P.O. Box 302977 Austin, TX 78703</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Advertising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Advertising</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|--------------|--|
| 1 Total pages Schedule F: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) 00001564 |
|---------------------------|--------------|--|

| | |
|-----------------|---------------------------|
| 4 Date 11/16 | 5 Payee name Moonshine |
|-----------------|---------------------------|

| | |
|-------------------------|--|
| 6 Amount (\$) 187.14 | 7 Payee address; City; State; Zip Code 600 3rd Street Austin, TX 78701 |
|-------------------------|--|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage | (b) Description (If travel outside of Texas, complete Schedule T) Miami Consultants Dinner |
|--------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------|--------------------------------|
| Date 9/21 | Payee name Democratic Party |
|--------------|--------------------------------|

| | |
|--------------------|---|
| Amount (\$) 150 | Payee address; City; State; Zip Code 1311 E 6th Street Ste B Austin, TX 78702 |
|--------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) OBAMA Victory Event |
|------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------|------------------------------------|
| Date 9/20 | Payee name Austin Black Lawyers |
|--------------|------------------------------------|

| | |
|----------------------|--|
| Amount (\$) 50.00 | Payee address; City; State; Zip Code P.O. Box 13321 Austin, TX 78701 |
|----------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising | Description (If travel outside of Texas, complete Schedule T) Banquet Ad |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F: | | 2 FILER NAME <i>Sheryl Cole</i> | | 3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i> | |
| 4 Date <i>7/18</i> | | 5 Payee name <i>Harland Check Orders</i> | | | |
| 6 Amount (\$) <i>46.02</i> | | 7 Payee address; City; State; Zip Code <i>Prosperity Bank 206 E 9th Street Austin TX 78701</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>Accounting Banking</i> | | (b) Description (If travel outside of Texas, complete Schedule T) <i>Checks</i> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office held | |
| Date <i>9/05</i> | | Payee name <i>PAY PAL</i> | | | |
| Amount (\$) <i>30⁰⁰</i> | | Payee address; City; State; Zip Code <i>www.paypal.com</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Accounting</i> | | Description (If travel outside of Texas, complete Schedule T) <i>E-Banking</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office held | |
| Date <i>9/05</i> | | Payee name <i>AFL-CIO</i> | | | |
| Amount (\$) <i>145</i> | | Payee address; City; State; Zip Code <i>1106 Lavaca Street #200 Austin, TX 78701</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Labor DAY AD</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office held | |
| Date <i>9/17</i> | | Payee name <i>South Austin Democrats</i> | | | |
| Amount (\$) <i>25⁰⁰</i> | | Payee address; City; State; Zip Code <i>1311 East 6th Street Suite B Austin, TX 78702</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Advertising</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS**SCHEDULE E**

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ➡ ➡ ➡ ➡ ➡ ➡ | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule G: | | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | | 5 Payee name | | | |
| 6 Amount (\$) | | 7 Payee address; City; State; Zip Code | | | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule H: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Business name | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Business name | |
| Amount (\$) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Business name | |
| Amount (\$) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Business name | |
| Amount (\$) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Business name | |
| Amount (\$) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: **2** FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

4 Date **5** Payee name

6 Amount (\$) **7** Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type of information required.)

Date Payee name

Amount (\$) Payee address; City; State; 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; State; 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; State; 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 COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div> | | |
| 6 Dates of travel | 7 Name of person(s) traveling 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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div> | | |
| 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) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div> | | |
| 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****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME**2 ACCOUNT #** (Ethics Commission Filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**

** Complete this section *only* if you are an officeholder **

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

BANK RECONCILIATION

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

Name of candidate, officeholder or campaign committee: Sheryl Cole

For each checking, savings or other financial institution account maintained during 20____, enter
the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Prosperity Bank of TEXAS

Type of account: Office holder

The beginning balance: 16,100

The ending balance: 14,046.95

Enter the following information for checks issued on that account that have not cleared by
December 31:

| Date | Payee | Amount |
|-----------|----------------|----------|
| 1/02/2012 | Constant media | \$143.91 |
| | | |
| | | |

Enter the following information for checks received as contributions and deposited but dishonored
by the contributor's financial institution:

| Date of receipt | Contributor | Amount |
|-----------------|-------------|--------|
| | | |
| | | |
| | | |
| | | |

Amount of interest or dividends earned: 0

BANK RECONCILIATION

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

Name of candidate, officeholder or campaign committee: Sherry Cole

For each checking, savings or other financial institution account maintained during 2012, enter
the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Prosperity Bank of TEXAS

Type of account: Office holder

The beginning balance: 16,100

The ending balance: 14,137⁹⁷

Enter the following information for checks issued on that account that have not cleared by
December 31:

| Date | Payee | Amount |
|-----------|-------------------|--------|
| 1/09/2013 | Constant Contacts | 143.99 |
| | Payroll | |
| | | |

Enter the following information for checks received as contributions and deposited but dishonored
by the contributor's financial institution:

| Date of receipt | Contributor | Amount |
|-----------------|-------------|--------|
| | | |
| | | |
| | | |
| | | |

Amount of interest or dividends earned: 0

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 Nelson
(Last) (First) (Middle)

ADDRESS: 4101 Wildwood

DATE OF FILING: 1/16/2012

STATEMENT

I/we, Sheryl Cole (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, 2012 through December, 2012. 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.

Sheryl Nelson
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.