Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) Texas Ethics Commission P.O. Box 12070 FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 5nc MS/MRS/MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Date Received NAME ZIP CODE ADDRESS / PO BOX; STATE: 4 CANDIDATE / 4101 Wildwood OFFICEHOLDER MAILING Date Hand-delivered or Postmane **ADDRESS** change of address Receipt # EXTENSION AREA CODE 5 CANDIDATE/ (512) 419-15-39 Date Processed OFFICEHOLDER PHONE Date Imaged MS/MRS/MR М CAMPAIGN TREASURER NAME SUFFIX NICKNAME TADDRESS (NO PO BOX PLEASE): APT/SUITE#; CITY; STATE; 7 CAMPAIGN ZIP CODE TREASURER ADDRESS Austra TX 78731 (residence or business) AREA CODE 8 CAMPAIGN (112) 323 - 6605 **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election treasurer appointment (officeholder only) Final report (Attach C/OH - FR) July 15 8th day before election Exceeded \$500 12-31-2013 10 PERIOD COVERED THROUGH 12 /31/2013 7/15/2013 **ELECTION TYPE** ELECTION DATE 11 ELECTION Special Runoff 5/12/2012 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any)

lity Council 6 Chy Council 6

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)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDAT. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	E'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
12 (4) 12 14 1	GENERAL		
The House of Sunday	SPECIFIC	COMMITTEE ADDRESS	
Acces :			
\$	•	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	° \$ 1,53Z
!	4 TOTAL	POLITICAL EXPENDITURES	\$ 4,715
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$4,919
OUTSTANDING LOAN TOTALS	•	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0
18 AFFIDAVIT			
		I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code	
	STACEY KRUSE ly Commission Expir June 03, 2017	Signature of Candida	ate or Officeholder
AFFIX NOTARY STAM Sworn <u>to</u> and sub		SHery/ Cole	7 Language this the
day	of AMMA	14, 20 14, to certify which, witness my	· · · · ·
(Stacus	K/W	& Stacey Kruse	
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath

SCHEDULE F

(TDD 1-800-735-2989)

	,			
	EXPENDITURE C	ATEGORIES FOR BOX 8(
Advertising Expense		alaries/Wages/Contract Labor	Loan Repayment/Reimburse	ement
Accounting/Banking	Legal Services S	olicitation/Fundraising Expense	Transportation Equipment &	Related Expense
Consulting Expense		ravel In District	Contributions/Donations Mad	
Event Expense	• • • • • • • • • • • • • • • • • • • •	ravel Out Of District	Candidate/Officeholder/P	
Fees		Office Overhead/Rental Expense	OTHER (enter a category no	ot listed above)
A Table Octobrillo E		xplains how to complete this	3 ACCOUNT # (Ethics	Commission Filore)
1 Total pages Schedule F:	2 FILER NAME Shory	11/2	0000 /	
4 Date 2/15	5 Payee name Windy	Davis		
6 Amount (\$)	1	, Zip Code		
	7.0. BOX 1	1039	-	
150	Fort Wort	h, TX 76/0) /	
8 PURPOSE	(a) Category (See categories listed at the top of		(If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Campaign C	onkibition C	ampaign lo.	n/y. Dutay
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Of	fice held
expenditure to benefit C/C	There cole			
Date 1/1	Payee name	•		
1//8	ATT			
Amount (\$)	Payee address; City; State	; Zip Code		
127		/.	•	
/37	P.O. Box 537104 Atlanta, BA 3	7357-7104		
PURPOSE	Category (See categories listed at the top of		n (If travel outside of Texas, complete	Schedule T)
OF			1111.	
EXPENDITURE	HE5	reis/	Office Egu,	pmmx
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Off	fice held
expenditure to benefit C/C	OH Shippy Col	C.		
	Payee name			
Date 62013	Payee name Pak-	Constant Con	ntacts	,
Amount (\$)	1	; Zip Code		•
a 61	7700 W. fas			
90 01	Bushn, Tx	78729		
PURPOSE	Category (See categories fisted at the top of	• • • • •	on (If travel outside of Texas, complete	s Schedule T)
OF EXPENDITURE	How hoing	Mea	15/elter	
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Of	fice held
expenditure to benefit C/0	DH Shery/ Cole			<u> </u>
Date	Payee name //			
8/2013	Hoovers			· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City, State	; Zip Code		u.
10%			f_{t}	
106	Ausha, TX		\mathcal{A}	-
PURPOSE	Category (See categories listed at the top of		ort (If travel outside of Texas, complete	
OF EXPENDITURE	Food Berra	91 FORM	1 Beverag	· 4_
	1 / 0 - 07		12000	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

PAYMENT FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070



(512) 463-5800

Pal. Lond Frond has

	/	or n car	ZXfina	
	EXPENDITURE	CATEGORIES FOR	BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract	, ,	Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising E		portation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ributions/Donations Made By andidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental		ER (enter a category not listed above)
F885		e explains how to comp	•	enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	4 // Comp		3 ACCOUNT_# (Ethics_Commission Filers)
Trotal pages Schedule II.	They/	N Coll	:	00001564
4 Date 1/8	5 Business name Wandy	lavi's		
6 Amount (\$)	7 Business address; City; St	tate; Zip Code / 1039		•
150	Fort War		76101	
8 PURPOSE	(a) Category (See categories listed at the to	 , , , , ,	Description (if trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Compaign las	ner buties	Campaig	in links be hon
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date -	Business name	•		
7/18	ATI	`		·
Amount (\$)	Business address; City; St	rate; Zip Code		
137	7.0. 80 x 53710. Atlanta 64 30	4 = 3 - 7/6	24	. •
	Category (See categories listed at the to	33 3 - 770	Danishina III.	el outside of Texas, complete Schedule T)
PURPOSE OF	Category (see categories listed at the to	p of this schedule)	Description (intrave	or dutside of Texas, complete schedule 1)
EXPENDITURE	7985	· .	1885	Illine Equipmen
Complete <u>ONLY</u> if direct 'expenditure to benefit C/C		14	Office sought 2	Office held
Date	Business name	2/	_/ /	/) /
8104	104 1	tal CONS	stunt o	lontarts
Amount (\$)'90.61	Business address; City; St	tate; Zip Code	4	
134	NXN	•		
PURPOSE	Category (See categories listed at the to			el outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertisin	9	Haver,	45119
Completé <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	/ Cole	Office sought	Office held
Date	Business name	1 2		
8/12	South Aust	ha Pemoer	14 19	
Amount (\$)	0.0	ate; Zip Code		
2 -	1.0. Box 1	52592		
4)	Austra TV	78715	,	
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If trave	al outside of Texas, complete Schedule T)
OF EXPENDITURE	Political Con	n Kibu hang	Foli A	cal Contr. balons
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Pale	Office sought	Office held
		ODIES OF THIS SCHE	EDIII E AS NEEL	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

(512) 463-5800

10.4	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 Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Event Expense	Folling Expense
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule G:	
	Shery/ Cole 0000 1564
4 Date	5 Payee name
115	Apple Stole, Borton Creek
6 Amount (\$)	7 Payee address; City; State; Zip Code
199	7 Payee address; City, State; Zip Code 2901 5. Cap. Fol M TX Howy
Reimbursement from	Ausha, Tx 73746
political contributions intended	
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	Office Equipment Office Expess
EAFENDITURE	office after of the Pylese
Date /	Payee name a
2/11	Payee name Paye Pal Constant Contacts
114	
Amount (\$) 6/	Payee address; City; State; Zip Code
90	2700 W Parmer
— Deimbursoment from	
Reimbursement from political contributions	Aushin, 1x 18101
intended	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF	Advartising Haver hising
EXPENDITURE	House House
Date 7/	Payee name
1/17	Staples
Amount (\$) 00	Payee address; City; State; Zip Code
17	1201 Borbara Jurdon Blod
Reimbursement from	Suite 100
political contributions intended	Aug Tx
	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	
OF EXPENDITURE	affice Supplies office Japplies
	of of the state of
	Parameter 4
Date //	Payee name 7 1/2 Box 4 Avril 1
1/2012	Payee name Link Bart Crill
10017	77900
Amount (\$)	Payee address; City; State; Zip Code
I // '	4206 Dua Ja 1
Reimbursement from	
political contributions	Dusto, TX 7875/
intended	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
QF .	Fund Buleage Fond Beverage
EXPENDITURE	Food Beverage Food Beverage
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of Dist		
Fees	Printing Expense The Instruction Guide	Office Overhead/R	• .	OTHER (enter a category not listed above)
4=::		A STATE OF THE STA	Complete this to	3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F:	2 FILER NAME	1/0/7		
	mosy			0000 1564
4 Date 0/2	5 Payee name	1 . 2		/_
8/2013	Jouth Au.		emoci	a 73
6 Amount (\$)	7 Payee address; City; St	ate; Zīp Code		
10/	P.D. BOX 13	52592		
12//		_		
2211	Musha, Tx			·
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	1 1	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contribution		Contr.	bu han
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt Office held
expenditure to benefit C/O	н			
				
Date A	Payee name	10		Tarky-Trio of Wome
9/2013	Travis (sun	19 //1	orahe	191 fel -1110 d month
Amount (\$)	Payee address; City; St	ate; Zip Code		
ماد	10. BOX 68	34263		
50	_			
	AustoN, Ty	18/68		
PURPOSE	Category (See categories listed at the top			(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contraba ho	W	Innte	Du hon - Shiar of 5
	Candidate / Officeholder name		Office sough	······································
Complete <u>ONLY</u> if direct expenditure to benefit C/C		6012	Onice sougi	, Onico field
expeliciture to benefit Cro	JA114/ 12.	4010	<u> </u>	
Date 0 /	Payee name 0 37			
8/2013	H//			
Amount (\$)	Payee address; City; St	ate; Zip Code		
(,,	ATT Mobility	/		
127	P.O. BOX 53710			
/5/	AHANTAGA 30.	353 - 1	104	
PURPOSE	Category (See categories fisted at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	Fare		FINC	Allen Ganomen
EXPENDITURE	Fills	<u> </u>	0#	Office Zaipmeni
Complete ONLY if direct	Candidate / Officeholder name	<i>'</i>	Office sough	Other Held
expenditure to benefit C/C	H Thuy Cal	<u>e</u>		
Date	Payee name,	1 :		
B/2013	Eastside, 1	n/a		
0/2013	LUS, SICIL C	To Conta		
Amount (\$)	Payee address; City; St	ate; Zip Code		
22,20	2113 Manos			
31	AUS AN, TX	78722	,	
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	- 112	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Frank	1 B. 1
EXPENDITURE	1000 10000	1996	1000	Bever a ge
Complete ONLY if direct	Candidate / Officeholder name	•	Office sough	ht Office neid
expenditure to benefit C/	он 		<u></u>	
<u> </u>	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED
	A ivolina piliolita a			

P.O. Box 12070

POLITICAL EXPENDITURES

SCHEDULE F

·	EXPENDITURE (CATEGORIES FOR B	DX 8(a)	·
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Lai	bor Loan Repayment/Rein	nbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expe	ense Transportation Equipo	nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donation	ns Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeho	older/Political Committee
Fees	Printing Expense	Office Overhead/Rental Exp	pense OTHER (enter a cate)	ory not listed above)
	The Instruction Guide	explains how to complete	e this form.	
1 Total pages Schedule F:	2 FILER NAME	//	3 ACCOUNT#	Ethics Commission Filers)
	501111	(11/2	0000	
	- 111/19/	<u></u>	10000	
4 Date	5 Payee name			1
104/2013	METTIC		· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code		·
	507 East	Calles		
57.58	, , <u> </u>	-		
9/	AUS HWITX	7870Z		
a DUODOSE	(a) Category (See categories listed at the top of		scription (If travel outside of Texas, o	omplete Schedule T)
8 PURPOSE OF		<u> </u>		
EXPENDITURE	Food Beverag	Expense	TOOK I DE	Nore
	Candidate / Officeholder name		ce sought	Office held
9 Complete ONLY if direct	•	Oili	or rought	J55 71513
expenditure to benefit C/O			<u> </u>	
Date /	Payee name /	P		
9/18	Eastside	(0/1/		
.//2				
Amount (\$)		le; Zip Code		
1111	2113 Marior	RY		· •
112.7/		-		
1051	Austra, TX.	18122		
PURPOSE	Category (See categories listed at the top	of this schedule) Des	scription (If travel outside of Texas, o	omplete Schedule T)
OF	1/ Boller	$\mathcal{L}_{\mathcal{L}}$	nd Bevera	9/0%
EXPENDITURE	Food Bevora			
Complete ONLY if direct	Candidate / Officeholder name	/ / / Office	ce sought	Office held
expenditure to benefit C/C	H Theru	16/2		- •
Date	Payee name	Cas Lamb	aign for D.	stock Plan
9/2013	Velva 12	ICZ CUITPE	201 704 101 61	· · · · C///C
Amount (\$)	Payee address; City; Stat	e; Zip Code		
ranconic (4)	70, BOX 68	5000		
2 2/0	1 -		•	
350	AustIN, TX 78	76-8		1
	Category (See categories listed at the top	of this schedule) De	scription (If travel outside of Texas, o	complete Schedule T)
PURPOSE OF			the total of the	
EXPENDITURE	Centro buto as	/ U	nh Du how	
	Candidate / Officeholder name		ce sought	Office held
Complete ONLY if direct expenditure to benefit C/C		#/C		
expenditure to benefit C/C	of Thuy la			
Date /	Payee name /	latkes.	1 amorina	
9/7012	I Maia K	jui inne	" a walland	
12012	6.019	. 7 0 1	ampaign Tr. Blud	
Amount (\$)	Payee address; City; Sta	te; Zip Code	g Tr. Blud	
مر ا	2531 Martin	LUTHER		
Kh	Dellas T.	クチファー	-	
20	V61/45, 1X	10017	<u> </u>	
PURPOSE	Category (See categories listed at the top	of this schedule) De	scription (If travel outside of Texas, o	'/ .
OF		/// / / /	meason links	buhan
EXPENDITURE	Lampaign Lonk	Watra Ce	measors com	
O	Candidate / Officeholder name	Offi	ce sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/				
expenditure to panelli or				
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHED	ULE AS NEEDED	

Austin, Texas 78711-2070

Austin, Texas 78711-2070 (51

POLITICAL EXPENDITURES

SCHEDULE F

		·		
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundral	•	ensportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	•	THER (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)
	Shini1	1////	,	00001564
4 Data	5 Payee name ;	IV. COU		1
4 Date 9/23	5 Payeertaine	111	nen Vor	leco
120	League		nen Vor	
6 Amount (\$)	7 Payee address; City; St	ater Zip Code		
	1011 6	V.3/54		
100	· .		, , , ,	
100	AushNI,	TX 787	٠	
8 PURPOSE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (If t	travel outside of Texas, complete Schedule T)
OF	16 - 111	<i>A</i> //	han 1	The I ble for he
EXPENDITURE	Maritable	CON tribu	nor) c	MOR. PROVE COUNTY
O Complete OBB V if diser-4	Candidate / Officeholder name		Office sought	Office held
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C		Calps		
DAPONIANDIO IO CONTONI OTC	11/07/ 14,	-000		<u> </u>
Date /	Payee name	11/11	las of a hola	
10/2	Kun Hus	FN HA	or O a USP	
70/01	- 1/100	-t To Codo		
Amount (\$)	, , , ,	ate; Zip Code		,
	Dissolved	/)	•	
250	(2, = = = = = = = = = = = = = = = = = =			
<i>,</i> , , ,				
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If t	travel outside of Texas, complete Schedule T)
OF	lando bel ma		Inn Lo	by hon
EXPENDITURE	Controlation		· CONTEN	
Complete ONLY if direct	Candidate / Officeholder name	· .	Office sought	Office held
expenditure to benefit C/C	Н			•
Date	Payee name (Bns fan	+ Porta	15- Pay	, Del
10/2013	Constan	1 Com ac	. / 44	797
	Povos addrese: City: St	ate: Zin Code		
Amount (\$)	Payee address; City; St	ate; Zip Code		
12.61				
40	Austral TX	78729		
			Constitution (6)	bound outside of Toyas, populate Schadule T)
PURPOSE	Category (See categories listed at the to	p of this schedule)	ה ב- bescription (III)	travel outside of Taxas, complete Schedule T)
OF	1 Pontal/Nul	slottel	Neuls.	14 Her
EXPENDITURE	1001101/1/19	.,		Office held
Complete ONLY if direct	Candidate / Officeholder name	/1/2	Office sought	Oince neid
expenditure to benefit C/C	OH Show C	1 C		
		d		
Date	Payee name	1- 10.	/_	•
10/2013	[[0)(3)0	10 -	<u></u>	
Amount (\$)	Payee address; City; St	ate; Zip Code		: l
1	2113 ma	anni Re	1	
63.03	2113 110		. 7	
0 -, -	Anstan, T.	× 787	22	
			Description of	travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the to		Cookington (ii	,
OF	Land Brila	9 994	Food 1	BOUNGS
EXPENDITURE	10001 2000		Office courses	Office held
Complete ONLY if direct	Candidate / Officeholder name	•	Office sought	Onice Held
expenditure to benefit C/	он .			
l				
	ATTACH ADDITIONAL (ADDES OF THIS	SCHEDIN F AS M	FEDED !

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

(TDD 1-800-735-2989)

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)					
	The Instruction Guide expla	ins how to complete this t	form.			
1 Total pages Schedule F:	2 FILER NAME Shery	Cole		T # (Ethics Commission Filers)		
4 Date 10/2013	5 Payee name Friends of the	MACC				
6 Amount (\$)	7 Payee address; City, State; Z 4900 E. 01701 Pas H. N. TX	ip Code #216 1874				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this se		on (If travel outside of Tex	as, complete Schedule T		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ght	Office held		
Date /0/2013	Payee name TEXAS DEMOCIA LE LO Payee address; City; State; Z	only Victory	Comm	Hes		
Amount (\$)	Payee address; City; State; Z P.O. BOX 684263 Aushvi TX 7876	3	·			
PURPOSE OF	Category (See categories listed at the top of this se	chedule) Description	on (If travel outside of Tex	as, complete Schedule T)		
EXPENDITURE	1 CO.1.					
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sherey 1 Col	Office sou	ght	Office held		
Date /0/20/3	Payee name US Postal Oll	re	·			
Amount (\$)	Payee address; City: State; Z 4300 Speedway Auchal TY 187					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s		on (If travel outside of Tex	as, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou		Office held		
Date 10/20/3 Amount (\$)	Payee name A homa Bunta Payee address; City; State; Z	ip Code	Nomen -	Austen Divis		
5000	1/4 2 1	714		·		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	Confi	bupor	as, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght	Office held		
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE A	S NEEDED			

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repaymen	t/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai	ising Expense	-	quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Do	nations Made By
Event Expense	Polling Expense	Travel Out Of Dist			ficeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	-	-	category not listed above)
·	The Instruction Guide	explains how to	complete this fo		
1 Total pages Schedule F:	2 FILER NAME	Noh	2		NT # (Ethics Commission Filers)
4 Date	5 Payee name			,	•
10/2013	roundla	tion L	omman	20 1019	
6 Amount (\$)		te: Zip Code			•
100		5+ 420	90		
100	1/4/1/4/	1870 cf	4) Description	. (If trough outside of Ti	exas, complete Schedule T)
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	r (ii traver outside di si	stas, continent schedule if
EXPENDITURE	Char. Table lo	nr. Dution	n Main	1. 1ab/L	Office held
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Lole	Office soug		Onice risig
Date ///2 1 2	Payee name	- /105	fant	[m]a	16
Amount (\$)	Payee address; City; Sta	~~ `	- Car / /	00.00	
2.61	2700 61.	Pariner	_		
90	Prusha TX	18%	129		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of To	exas, complete Schedule T)
OF EXPENDITURE	Adver his na		Adver	Asing	Mus letter
Complete ONLY if direct	Candidate / Officeholder name		Office soug	ht	Office held
expenditure to benefit C/C	OH Shory Co	ole _			
Date	Payee name /	/	1	·· = -	
14/2013	Cantino	pare	do		
Amount (\$)	Payee address; City; Sta	ate: Zip Code	4		
92	Austen, TX	18701	1	· :	
PURPOSE	Category (See categories listed at the top	of this schedule)			exas, complete Schedule T)
OF	Food Beseras	70	Food	Beson	99e
EXPENDITURE	<u> </u>	1 1	Office soug		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Colo	- Jinca soug		
Date	Payee name	in ch			
11/2013	Mount 7	nto: Zio Code			
Amount (\$)	Payee address; Gity, Sta	ate: Zip Code	1		
100//	Austral, TX	1872	3		
PURPOSE	Category (See categories listed at the top	p of this schedule)	Description	n(If travel outside of T グノ	Texas, complete Schedule T)
OF EXPENDITURE	Charitoble	Vonah	in Co	Maritab	4 Long han
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name		Office soug	ght	Office held
expenditure to beliefit C	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	S NEEDED	
ļ.	AT IACH ADDITIONAL C	OF ICO OF THIS			

SCHEDULE F

(512) 463-5800

·		·			
	EXPENDITURE	CATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra		n Repayment/Reimbu	rsement
Accounting/Banking	Legal Services	Solicitation/Fundraising	Expense Tran	sportation Equipment	t & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Con	tributions/Donations I	Made By
Event Expense	Polling Expense	Travel Out Of District			r/Political Committee
Fees	Printing Expense	Office Overhead/Renta	•	IER (enter a categor)	not listed above)
	The Instruction Guide	e explains how to com	plete this form.		
1 Total pages Schedule F:	2 FILER NAME Sherry	N. Cole		3 ACCOUNT # (Eth	nics Commission Filers)
4 Date 11/2013	5 Payee name NAAC	P			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
15	1717 E. 12 Pashai TX 70	9702			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b)	Description (If tra	vel outside of Texas, comp	plete Schedule T)
OF	Charles land	1. K. L.	Photo is	4	
EXPENDITURE	CHUITHE COSTA	Dulya	JIWW.	<i>y</i>	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Cole	Office sought		Office held
Date	Payee name	2 0	1100		
11/2013	Planne	Jacens tate; Zip Code	-noge		
Amount (\$)	Payee address; City; S	tate; Zip Code			
1	LOI E	Ben Whi	La Blo	1	
00					
250	Bush ~,	TX 7870			
	Category (See categories listed at the lo			vel outside of Texas, comp	olete Schedule Ti
PURPOSE	Category (See categories listed at the to	TO CHE CHE COLOR	Joseph Mills	/ 1 / A	
OF EXPENDITURE	Charibble Con	1 4. On 17 mm	(nor.h	ble Con	11.1061104
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Coll	Office sought		Office held
	Payee name 2	2 . 1	///	1 1	1 m
Date 11/1/17	Payer name In()	Pal- 60	n stant	Contre	త
12/2013	1 4 9				
Amount (\$)	Payee address; City; S	tate; Zip Code			•
1 000	7 700 60.	POUL TOLLY			
1 40	Austikly t	V 79727	7	•	
			Description (If Im	vel outside of Texas, com	plete Schedule T)
PURPOSE	Category (See categories listed at the to	op or this scriedwa)	^		•
OF EXPENDITURE	Addit sh Liver		Marcho	Her	
	11000117-11		Office sought		Office held
Complete ONLY if direct	Candidate / Officeholder name		Onice accigni		
expenditure to benefit C/C	OH Spay/ (110			
	Payaganama				
Date 12-1	Payee name	bare			
172013		···			
Amount (\$)		State; Zip Code			•
	1301 5 TH				
100	Austin TX		Danieliae W	avel outside of Texas, com	olete Schedule T\
PURPOSE	Category (See calegories listed at the I	op of this schedule)	Description (If in	averouside or rexas, com	1 / /
OF	Char hb/2	Costa baby	1/201	4.6/2 CO	nhebuha _
EXPENDITURE			<u></u>	7 0 . 2	
Complete ONLY if direct	Candidate / Officeholder nam	e	Office sought		Office held
expenditure to benefit Co	·				<u> </u>
	ATTACH ADDITIONAL	COPIES OF THIS SC	HEDULE AS NE	EDED	
					_

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

(TDD 1-800-735-2989)

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		an Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundra		nsportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District		ntributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dis	trict	Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/F	Rental Expense OT	HER (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)	
1 lear pages constant :			80001569	
	Theraf Colo		2000.767	
4 Date	5 Payee name			
12/2013	2-TeiAS			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
18	110 W. 6th 5 fleet		·	
71/0	. ,		<u>.</u>	
3/~	Augh N 7x 78703		- -	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If to	avel outside of Texas, complete Schedule T)	
OF			14192	
EXPENDITURE	God beserage	10000 20	100 100	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	- / / /	•		
	21,01-11 00.0			
Date	Payee name	1		
12/2013	Black Hushin	Hemico	ats.	
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
Amount (4)		•		
500	P.O. BOX 6276	_ :		
200	Austrity 18	762		
	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)	
PURPOSE OF	Category (see categories listed at the top of this schedule)	Oescription into	A A A A A A A A A A A A A A A A A A A	
EXPENDITURE	tolbed lank, but on	tolike	Intribution	
O	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/C		1/		
	21104/ 016			
Date	Payee name /	17		
	Canton Lace	10		
	Payee address; City; State; Zip Code			
Amount (\$)	1		·	
42/	201 W. 3rd 54			
211	Austin Tx 18701		·	
	V 7.902 (7	Description ///	avel outside of Texas, complete Schedule T)	
PURPOSE	Category (See categories listed at the top of this schedule)	Dosonption (iii)	arm was at rooms, sompally stemsend ty	
OF EXPENDITURE	Food Boilesan	Front Ba	Whase .	
	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/C				
experiencie to benefit C/C	" phery that		<u> </u>	
Date	Payee name			
-27T	_		·	
12.	0. 0.4.		· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Code		·	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if ir	avel outside of Texas, complete Schedule T)	
OF			•	
EXPENDITURE		<u></u>		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/	ОН			
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIN E V6 NE	EDED	
	ATTACH ADDITIONAL COPIES OF THIS	SUPEDULE AS NE		

Texas Ethics Commission

SCHEDULE F

-	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of District	tract Labor Labor T ing Expense T	pan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ntal Expense O	THER (enter a category not listed above)
	The Instruction Guide	explains how to co	omplete this form	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (5)	7 Payee address; City; Sta	te; 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)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	of this schedule)	Description (If	travel culside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date '	Payee name .			
Amount (\$)	Payee address; City; Star	te; 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/O	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	te; 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/C	Candidate / Officeholder name	<u> </u>	Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS N	EDED

Austin, Texas 78711-2070

70 (512) 463-5800

LOANS		SCHEDULE E
The Instruction Guide ex	plains how to complete this form.	1 Total pages Schedule E:
FILER NAME		3 ACCOUNT # (Ethics Commission File
TOTAL OF UNITEMIZE	ED LOANS: ⇔ ⇔ ⇔	⇒ ⇒ \$
Date of loan 7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
Is lender 8 Lender address; a financial Institution?	City; State; Zip Code	10 Interest rate
Y N		11 Maturity date
Principal occupation / Job title (See Inst	ructions) 13 Employer (See Instr	uctions)
Description of Collateral	15 Check if personal fur	nds were deposited into political account
GUARANTOR 17 Name of guaranto	or	19 Amount Guaranteed (
18 Guarantor addre	ss; City; State; Zip Code	
Principal Occupation (See Instructions)	21 Employer (See Instr	uctions)
Date of loan Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender Lender address; a financial	City; State; Zip Code	Interest rate
Institution? Y N		Maturity date
Principal occupation / Job title (See Ins	tructions) Employer (See Instru	uctions)
Description of Collateral	Check if personal fur	nds were deposited into political account
GUARANTOR Name of guarante INFORMATION		Arnount Guaranteed
Guarantor addre	ess; City; State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instru	uctions)
ATTACI	HADDITIONAL COPIES OF THIS SCHEDULE	AC NEEDED

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule B:
2	FILER NAME			3 ACCOUNT # (Eth	nics Commission Filers)
4	тот/	AL OF UNITEMIZED PLEDGES: ⇒	\$ \$ \$	\$	\$
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			
10	Principal occur	pation / Job title (See Instructions)	11 Employer (See II	·	Texas, complete Schedule T)
10	i inicipal occu	יים מושיל (שפט מושנישטוטוש)	11 Employer (ose ii		
	Date	Full name of pledgorout-of-state PAC (ID#:	1	Amount of	In-kind description
				pledge (\$)	(if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside of	Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See II	·	rexas, complete scriedule 1)
	·				
	Date	Full name of pledgor oul-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 occu	pation / Job title (See Instructions)	Employer (See II	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	f Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	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	f Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	lf c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete thi		1 Total pages Sch	
the manuction odine explains now to complete un	s form.	1 Total pages Sch	edule A:
2 FILER NAME Shery/ Cole		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (10#:_	·	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)	<u> </u>
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			[··· [
			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	<i></i>		
		(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	·	
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Cod			
		 	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	instructions)	
Date Full name of contributor aut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Cod	e]
		(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	E AS NEEDED	

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

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	MS/MRS/MR FIRST	МІ	OFFICE USE ONLY
NAME			Date Received
	NICKNAME LAST	SUFFIX	
		·	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILING ADDRESS			Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	()		Dale Processed
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS			
(residence or business)			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	ı
PHONE	()	•	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderont)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD COVERED	Month Day Year : THROUGH	Month Day	Year
	/ / / / / / / / / / / / / / / / / / /		/
11 ELECTION	ELECTION DATE . ELECTION TYPE		
	Month Day Year Primary	Runoff	General Special
· 			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	GO TO PAG	<u>'</u> GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	-		1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITUR	NS ACCEPTED OR POLITICAL EXPENDITURES MAD RES MAY HAVE BEEN MADE WITHOUT THE CAND EQUIRED TO REPORT THIS INFORMATION ONLY IF I	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages	-	COMMITTEE CAMPAIGN TI	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	J POLITICAL CONTRIBUT ES, LOANS, OR GUARAI	IONS OF \$50 OR LESS (OTHER THAN NTEES OF LOANS), UNLESS ITEMIZE	\$
		. POLITICAL CONTRI R THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTALI	POLITICAL EXPENDITUR	RES OF \$100 OR LESS, UNLESS ITEM	ized \$
	4.· TOTAL	POLITICAL EXPEND	ITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF THE LAST D	AY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF T PERIOD	HE \$
18 AFFIDAVIT		·	· · · · · · · · · · · · · · · · · · ·	perjury, that the accompanying report information required to be reported by
·			Signature of Cano	lidate or Officeholder
AFFIX NOTARY STAN	MP / SEAL ABOVE		·	
Sworn to and sub	scribed before	me, by the said $_$	· ************************************	, this the
day	of	, 20	, to certify which, witness m	ny hand and seal of office.
Signature of officer adm	inistering oath	Printed name of	officer administering oath	Title of officer administering oath

(512) 463-5800

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 Sch	nedule 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)
		6 Contributor address; City; State; Zip Code		·	
				(If travel outside	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		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	٠.	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		
					of Texas, complete Schedule T)
	Principal occup	pation / 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 occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
		ATTACH ADDITIONAL COPIES C		=	,
	. If c	contributor is out-of-state PAC, please see instr	uction guide forado	ditional reporting	requirements.

P.O. Box 12070

PLED	GED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule B:
2 FILER NAM	E		3 ACCOUNT # (EI	thics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES: ⇒	⇒ ⇒ ⇒	\$ \$	\$
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	, , , , , , , , , , , , , , , , , , , ,		 -
				of Texas, complete Schedule T)
10 Principal occ	cupation / Job title (See Instructions)	11 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 occ	cupation / Job title (See Instructions)	Employer (See I	·	
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	į Į	
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See &		A roxas, compate conceder ()
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·	i I	
			(If travel outside o	, of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I		
Date	Full name of pledgor		Amount of pledge (\$)	fn-kind description (if applicable)
	Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
,			(If travel outside o	l of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See II	<u> </u>	,
If	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see instructional contributor is out-of-state packing the			requirements.

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

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/f	ontract Labor aising Expense	Loan Repayment/Rei Transportation Equip Contributions/Donatio Candidate/Officeh	ment & Related Expense
	The Instruction Guid	le explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; S	state; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam H	e	Office sough	nt .	Office held
Date	Рауее пате				
Amount (\$)	Payee address; City; S	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam H	e	Office sough	nt	Office held
Date	Payee name	,			
Amount (\$)	Payee address; City; S	state; Zip Code			
PURPOSE OF EXPENDITURE	. Category (See calegories listed at the t	op of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	e	Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; S	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam DH	e	Office sough	nt `	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/W Legal Services Solicitation Food/Beverage Expense Travel In I Polling Expense Travel Out	/ages/Contract Labor n/Fundraising Expense District t Of District	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 I		- · · · · · · · · · · · · · · · · · · ·
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 Co	ode	
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedu	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	ode	
Reimbursement from political contributions intended		·	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedu	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	·	
Amount (\$)	Payee address; City; State; Zip C	ode	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	le) Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	ode .	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedu .	Description (If travel outside of Texas, complete Schedule T}
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

·					
	EXPENDITURE	E CATEGORIES	FOR BOX 8(a)		
Advantaion Foresco					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/0		Loan Repayment	
Accounting/Banking	Legal Services	Solicitation/Fundr	aising Expense	Transportation Ed	quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dor	
Event Expense	Palling Expense	Travel Out Of Di	strict	Candidate/Off	iceholder/Political Committee
Fees	Printing Expense	Office Overhead/	Rental Expense	OTHER (enter a	category not listed above)
•	The Instruction Guid	e explains how to	complete this for	rm	
47		- CAPIGINS NOW (C	Complete tins to		
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUN	NT # (Ethics Commission Filers)
4 Date	# Business				
4 Date	5 Business name				
6 A (ft)	5 Business of the C				
6 Amount (\$)	7 Business address; City; S	state; Zip Code			
	-				
					· · · · · · · · · · · · · · · · · · ·
• BUDDOCE	(a) Cotogoni (Codentario Saladatita		(h) Danadation	///	
8 PURPOSE OF	(a) Category (See categories listed at the t	op or inis schedule)	(b) Description	(if travel outside of le	xas, complete Schedule T)
EXPENDITURE					
EXPENDITORE	L				ľ
9 Complete ONLY if direct	Candidate / Officeholder name	9	Office sough	nt	Office held
expenditure to benefit C/C	ЭН	1	J		
Date	Business name	-			1 - " '
Date	Dusiness name				i
Amount (\$)	Business address; City; S	tate; Zip Code			
Annoant (4)	Dasiness address, Oity, O	tate, 21p 0000			
					1
•					
BUBBOSE	Category (See categories listed at the to	on of this schodulo)	Description	//f travel autoido of To	una complete Cohedula T)
PURPOSE OF	Category (See categories listed at the ti	ap or this schedule)	Description	(ii travei outside of Te	xas, complete Schedule T)
EXPÉNDITURE					
EXT ENDITORE					
Complete ONLY if direct	Candidate / Officeholder name	э .	Office sough	it	Office held
expenditure to benefit C/C	OH .				
Date	Business name				
					_
					•
Amount (\$)	Business address; City; S	itate; Zip Code			
, , ,					
		•			
PURPOSE	Category (See categories listed at the ti	op of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF					
EXPENDITURE					
	0-5-35-4-1-000-1-1-1		1		
Complete ONLY if direct	Candidate / Officeholder name	э	Office sough	nt	Office held
expenditure to benefit C/C)H				
Date	Business name				
-					i
Amount (\$)	Business address; City; S	itate; Zip Code			
	1	, 1: TTT			
					<u> </u>
PURPOSE	Category (See categories listed at the ti	op of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF OSE			1		
EXPENDITURE			1		:
	<u> </u>		1		
Complete ONLY if direct	Candidate / Officeholder name	∌	Office sough	nt	Office held
expenditure to benefit C/C)H				
					·
_	ATTACH ADDITIONAL (COPIES OF THIS	SCHEDULE AS	NEEDED	

Austin, Texas 78711-2070

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how	v 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 instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	-
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE K

7	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
FILER NAI	ME .	3 ACCOUNT # (Ethics Commission File	ers)
Date	5 Name of person from whom amount is received	8 Amou	nt ·
	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	Amoui (\$)	nt
	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	Amou (\$)	nt
	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	Amou (\$)	
	Address of person from whom amount is received; City; State; Zip Code		
	·		

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

P.O. Box 12070

sc	н	E	D	L	11	_E	

	· · · · · · · · · · · · · · · · · · ·			
The Instruction G	uide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
4 Name of Contributor / Corpora	tion or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure repo	orted on:	· · · · · · · · · · · · · · · · · · ·		
Schedule A	Schedule B Schedule C Schedule	e D Schedule F Schedule G		
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E		
6 Dates of travel 7 Nar	ne of person(s) traveling			
8 Dep	arture city or name of departure location			
9 Des	tination city or name of destination location			
10 Means of transportation	11 Purpose of travel (including name of conference, s	eminar, or other event)		
Name of Contributor / Corporati	on or Labor Organization / Pledgor / Payee			
Contribution / Expenditure repor	ted on:			
Schedule A	Schedule B Schedule C Schedul	e D Schedule F Schedule G		
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel Name	of person(s) traveling			
Depar	ture city or name of departure location			
Destin	ation city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, ser	ninar, or other event)		
Name of Contributor / Corporati	on or Labor Organization / Pledgor / Payee			
Contribution / Expenditure repo	rted on:			
Schedule A	Schedule B Schedule C Schedul	e D Schedule F Schedule G		
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel Name	of person(s) traveling			
Depart	ure city or name of departure location			
Destin	ation city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, ser	minar, or other event)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to con •• Complete only if "Report Type" on page 1 is n	
і С/ОН	I NAME	2 ACCOUNT # (Ethics Commission Filers)
3 SIGN	NATURE	· · · · · · · · · · · · · · · · · · ·
report	ot expect any further political contributions or political expenditures in connection as a final report terminates my campaign treasurer appointment. I also unders ake any campaign expenditures without a campaign treasurer appointment on fil	tand that I may not accept any campaign contributions
	· 	Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	eck only one:	
	I do not have unexpended contributions or unexpended interest or income of	earned from political contributions.
. 🗀	I have unexpended contributions or unexpended interest or income earned for not convert unexpended political contributions or unexpended interest or income. I also understand that I must file an annual report of unexpended concontributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political cearned on political contributions in accordance with the requirements of Electrical contributions.	come earned on political contributions to personal ntributions and that I may not retain unexpended butions longer than six years after filing this final contributions and unexpended interest or income
В.	ASSETS	•
Chr	eck only one:	
	I do not retain assets purchased with political contributions or interest or other	her income from political contributions.
,	I do retain assets purchased with political contributions or interest or other inc I may not convert assets purchased with political contributions or interest or o use. I also understand that I must dispose of assets purchased with political of Election Code, § 254.204.	other income from political contributions to personal
	·	Signature of Candidate
		• 1
	FICEHOLDER omplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officehol I am also aware that I will be required to file reports of unexpended contrib officeholder, I retain political contributions, interest or other income from politic contributions or interest or other income from political contributions.	outions if, after filing the last required report as an
	· -	Signature of Officeholder

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 Shery! (Last) (First) (Middle)
(Last) (First) (Middle)
ADDRESS: 4101 Wildwood
DATE OF FILING: January 15, 2014
STATEMENT
I/we, Shery (ole (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 the campaign of
Murf Mal
Signed by Candidate or Campaign Committee
1-15-14
Date

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