CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

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 Mrs. Sheryl NICKNAME LAST Cole	MI	OFFICE USE ONLY Date Received					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS /POBOX: APT/SUITE#; CITY P.O. Box 13 Austin TX 78767	Y; STATE; ZIP CODE	Date Hand-delivered or Postmark					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER () 512-814-87	EXTENSION	Date Processed P					
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Robbie NICKNAME LAST Ausley	MI 	Date Imaged 1 C E R					
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE		ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 512-784-8971	EXTENSION						
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	_	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)					
10 PERIOD COVERED	Morth Day Year THROUG	Month Day 06 / 30 /	Year / 2014					
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special					
12 OFFICE	OFFICE HELD (if any) Mayor Pro Tem	13 OFFICE SOUGHT (if known)					
	Wayor FTO Ten	Mayor						
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sheryl Cole	15	ACCOUNT	# (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDILES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	ATE'S OR OFFI	CEHOLDER'S KNOWLEDGE OR						
	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	; •								
		COMMITTEE ADDRESS								
	SPECIFIC			:						
		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 ITEMIZE		0.00						
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	93,870.00						
EXPENDITURE TOTALS	3. TOTAL F	ZED \$	35.75							
	4. TOTAL	POLITICAL EXPENDITURES	\$	6,763.04						
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	^{AY} \$	79,674.20						
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	1E \$	0.00						
18 AFFIDAVIT										
		I swear, or affirm, under penalty of p	perjury, that t	the accompanying report						
	**************************************	is true and correct and includes all i								
BIL	IYR CARR II	me under Hile 15, Election Code.	1							
Notary F	ommission Expires	The state of the s	//							
FEB	RUARY 01, 2018	Silvy 1/ N	4_							
Constitution of the Consti	STATE OF THE PARTY	Signature of Cand	idate or Offic	eholder						
AFFIX NOTARY STAM		d								
Sworn to and subs	. \ 1	me, by the said <u>CAN DIDATE</u> , 20 <u>14</u> , to certify which, witness m	y hand ai	this the						
Lielac	entt_	Billy R CARR II	Λ	oTAnzy						
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of o	fficer administering oath						

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how t	Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PA	C	7. Amount of	8. In-kind contribution
05/31/2014	Ginny Agnew			contribution	description (if applicable)
	6. Contributor address:	City Stat	e ZIP Code	\$350.00	
	1204 Castle Hill St Austin, TX 787	703-4126			
				(if travel outside o	Texas, complete Schedule T)
1	pation / Job title (See Instruction	s)	10 Empl	oyer (See Instruction	s)
community v	olunteer		n	one	
4. Date	5. Full name of contributor	out-of-state PA	c	7. Amount of	8. In-kind contribution
06/23/2014	William Akins			contribution	description (if applicable)
	6. Contributor address:	City Stat	e ZIP Code	\$300.00	
	1803 Astor Pl Austin, TX 78721-1	308			
				(if travel outside o	 { Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	is)	10 Empl	oyer (See Instruction	s)
Retired			F	Retired	
4. Date	5. Full name of contributor	out-of-state PA	с	7. Amount of	8. In-kind contribution
06/27/2014	Sharee A. Allison			contribution	description (if applicable)
	6. Contributor address:	City Stat	e ZIP Code	\$350.00	
	16701 Goldenwood Way Austin, 7	CX 78737-9003			
				(if travel outside o	Texas, complete Schedule T)
	ipation / Job title (See Instruction	is)	-	loyer (See Instruction	s)
Creative Dire	ector		S	quare Foot Studios	
4. Date	5. Full name of contributor	out-of-state PA	c	7. Amount of	8. In-kind contribution
06/30/2014	Boone Almanza			contribution	description (if applicable)
	Contributor address:	City Stat	e ZIP Code	\$350.00	
	3221 Stevenson Ave Austin, TX 78703-2241				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)	10 Emp	loyer (See Instruction	s)
Attorney			E	Blackburn & Dickie	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

SCHEDULE A

The I	nstruction Guide explains how to	complete	this form.		Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole		-		3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	tate PAC _			8. In-kind contribution
06/30/2014	Greg Anderson Sr.				contribution \$100.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	401 Little Texas Ln Apt 1520 Aust	in, TX 7874	45-4135			
					(if travel outside of	Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·					oyer (See Instructions	s)
Unemployed				U	nemployed	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/30/2014	Greg Anderson				\$250.00	Goodings of (in approduce)
	Contributor address:	City	State	ZIP Code	\$250,000	
	8808 Teresina Dr Austin, TX 7874	9-4956				
					(if travel outside of	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instruction	s)			oyer (See Instruction:	s)
Policy Analy	st			С	ity of Austin	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/23/2014	Monica Anderson				\$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$3.50.00	
	6704 Manchaca Rd Unit 8 Austin,	TX 78745~	4978			
					(if travel outside o	Texas, complete Schedule T)
l	pation / Job title (See Instruction	s)		1	oyer (See Instruction	s)
Director of C	linical Managment			D	entaQuest	
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/10/2014	Kay Andrews				\$50.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	1808 Intervail Dr Austin, TX 7874	6-7629				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
Attorney				H	lawkins Parnell	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The I	The Instruction Guide explains how to complete this form.						Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole		•			3. ACCOUNT#(Et	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-s	tate PAC			7. Amount of	8. In-kind contribution	
06/16/2014	Taylor Andrews					contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIF	Code	\$350.00		
	[1108 Lavaca St Austin, TX 78701-	2172						
						(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	s)		-	10 Emplo	oyer (See Instruction:	s)	
Realtor					A	ndrews Urban LLC		
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of	8. In-kind contribution	
06/25/2014	Mary Arnett					contribution \$50.00	description (if applicable)	
	6. Contributor address:	City	State	ZIF	Code	\$30.00		
	3209 Mossrock Dr Apt A Austin, T	X 78757-68	836					
						(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instruction	s)		1	10 Emplo	oyer (See Instruction	s)	
Direct Agent			-		Pi	rogressive Insurance		
4. Date	5. Full name of contributor	out-of-s	tate PAC			7. Amount of	8. In-kind contribution	
06/05/2014	Tom & Robbie L. Ausley					contribution \$350.00	description (if applicable)	
	Contributor address:	City	State	ZIF	² Code	\$350.00		
	3707 Laurel Ledge Ln Austin, TX	78731-4049)					
						(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instruction	s)			10 Emplo	oyer (See Instruction	s)	
Attorney					A	usley, Algert, Robertso	on & Flores, L.L.P.	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		-	7. Amount of contribution	In-kind contribution description (if applicable)	
06/18/2014	Tom & Robbie L. Ausley					\$350.00	description (ii applicable)	
	6. Contributor address:	City	State	. ZIF	Code	3330.00		
	3707 Laurel Ledge Ln Austin, TX	78731-4049	•					
						(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instruction	s)			10 Emplo	oyer (See Instruction	s)	
Attorney					A	usley, Algert, Robertse	on & Flores, L.L.P.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole		*		3. ACCOUNT # (Et	hics Commission Filers)	
4. Date 06/30/2014	5. Full name of contributorRoscana & Roland Auten6. Contributor address:1507 Yaupon Valley Rd West Lake	out-of-sta	State	ZIP Code	7. Amount of contribution \$700.00	8. In-kind contribution description (if applicable)	
Principal occu homemaker	pation / Job title (See Instruction	s)	<u> </u>	·	(if travel outside or over (See Instruction one	Texas, complete Schedule T) s)	
4. Date 06/04/2014	5. Full name of contributorDona Avery Tabrizi6. Contributor address:10005 Pickfair Dr Austin, TX 7875	City	State	ZIP Code	7. Amount of contribution \$100.00	In-kind contribution description (if applicable) . Texas, complete Schedule T)	
Principal occu Student	L pation / Job title (See Instruction	s)			oyer (See Instruction		
4. Date 06/14/2014	5. Full name of contributorBuck Baccus6. Contributor address:580) River Mountain Rd. Austin, 7	Out-of-st	ate PAC _	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
Principal occu Attorney	pation / Job title (See Instruction	s)			(if travel outside o oyer (See Instruction Cummings Baccus	Texas, complete Schedule T) s)	
4. Date 05/14/2014	5. Full name of contributorSonja Baker6. Contributor address:7108 Tweed Dr Dallas, TX 75227-	out-of-st City 2739	ate PAC _	ZIP Code	7. Amount of contribution \$350.00	In-kind contribution description (if applicable)	
Principal occu President	pation / Job title (See Instruction	s)		· ·	(if travel outside o oyer (See Instruction Deann Baker	Texas, complete Schedule T) s)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	The Instruction Guide explains how to complete this form.						Total pages Schedule A: 69	
2. FILER NAME	Sheryl Colc					3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	Full name of contributor	out-of-s	state PAC _			7. Amount of	8. In-kind contribution	
06/30/2014	Myrtle W. Bell					contribution	description (if applicable)	
	6. Contributor address:	City	State	ΖI	P Code	\$25.00		
	11217 Taterwood Dr Austin, TX 7	8750-2535						
						(if travel outside o	Texas, complete Schedule T)	
	pation / Job title (See Instruction	ıs)			-	oyer (See Instruction	s)	
Retired					R	etired		
4. Date	5. Full name of contributor	Out-of-	state PAC _			7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/27/2014	Melanie Belt					\$350.00	l description (ii applicable)	
	6. Contributor address:	City	State	ΖI	P Code	\$350.00		
	8405 Navidad Dr Austin, TX 7873	35-1455						
						(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ns)				oyer (See Instruction	s)	
Doctor					Α	ustin Regional Clinic		
4. Date	5. Full name of contributor	out-of-	state PAC			7. Amount of	8. In-kind contribution	
06/09/2014	Joel B. Bennett					contribution	description (if applicable)	
	6. Contributor address:	City	State	ZI	P Code	\$350.00		
	1404 Foxtail Cv Austin, TX 78704	1-2717						
						(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ns)				oyer (See Instruction	s)	
Attorney					Jo	pel Bennett, P.C.		
4. Date	5. Full name of contributor	Oul-of-	state PAC			7. Amount of	8. In-kind contribution	
06/27/2014	Bill & Jane Benton					contribution \$700.00	description (if applicable)	
	6. Contributor address:	City	State	ΖI	P Code	\$700.00		
	1251 Country Road Georgetown,	ΓX 78633						
						(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ıs)			10 Empl	oyer (See Instruction	s)	
President					В	cnton & Associates		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-st	ate PAC		7. Amount of	8. In-kind contribution	
06/19/2014	Charles & Sylvia A. Betts	_			contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	14741 Arrowhead Dr Volente, TX 7	78641-9122					
					(if travel outside of	Texas, complete Schedule T)	
· · · · · · · · · · · · · · · · · · ·					oyer (See Instruction:		
Executive Director D					owntown Austin Allian	nce	
4. Date	5. Full name of contributor	out-of-st	late PAC		7. Amount of contribution	In-kind contribution description (if applicable)	
06/19/2014	Charles A. Betts				\$350.00		
	6. Contributor address:	City	State	ZIP Code			
	211 É 7th St Ste 818 Austin, TX 78'	701-3218					
					(if travel outside o	Texas, complete Schedule T)	
· '	pation / Job title (See Instructions	;)			oyer (See Instruction		
Executive Di	rector			D	owntown Austin Allian	nce	
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)	
06/05/2014	Sinclair Black				\$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	208 W 4th St Ste 3A Austin, TX 78	701-3951					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	;)		10 Emplo	oyer (See Instruction	s)	
Architect				g	lack & Vernooy		
				В	Tack & verillogy		
4. Date	5. Full name of contributor	out-of-st	tate PAC _		7. Amount of	8. In-kind contribution	
4. Date 06/19/2014	Full name of contributor Darro Blakenship	out-of-st	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)	
	1	out-of-st	state PAC _	ZIP Code	7. Amount of		
	Darro Blakenship	City	_		7. Amount of contribution		
	Darro Blakenship 6. Contributor address:	City	_		7. Amount of contribution \$250.00		
06/19/2014	Darro Blakenship 6. Contributor address:	City -8315	_	ZIP Code	7. Amount of contribution \$250.00	description (if applicable) Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The I	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of	8. In-kind contribution
05/31/2014	Sharon Blythe						description (if applicable)
	Contributor address:	City	State	ZI	Code	\$25.00	
	9206 Brigadoon Cv Austin, TX 7875	50-3484					
						(if travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions))			*	oyer (See Instruction:	
Founder					R	escue Austin Memorial	l Parks
4. Date	5. Full name of contributor	out-of-s	tate PAC			7. Amount of contribution	8. In-kind contribution description (if applicable)
06/20/2014	David Bodenman					\$350.00	description (il applicable)
	6. Contributor address:	City	State	ZII	P Code	\$350.50	
	211 E 7th St Stc 709 Austin, TX 787	01-3218					
		•				(if travel outside o	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)			•	oyer (See Instruction	
Realtor					н	ighland Resources, Inc	
4. Date	5. Full name of contributor	out-of-s	state PAC _			7. Amount of contribution	8. In-kind contribution description (if applicable)
06/05/2014	Suzanne Booth					\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ΖI	P Code	\$330.00	
	4107 Lakeplace Ln Austin, TX 7874	16-1623					
						(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instructions)			-	oyer (See Instruction	s)
Art Consultar	nt				S	elf-employed	
4. Date	Full name of contributor	out-of-s	state PAC _			7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Terry Boothe					\$100.00	description (il applicable)
	6. Contributor address:	City	State	ZI	P Code	\$100.00	
	12525 W Highway 71 Bee Cave, TX	78738-66	556				
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)			10 Empl	oyer (See Instruction	s)
Real Estate					T	. Boothe Commission	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to	o complete	this form	·		Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	tate PAC _			7. Amount of	8. In-kind contribution
06/16/2014	Harold & Cassic Bowling					contribution	description (if applicable)
	6. Contributor address:	City State		ZIP (Code	\$700.00	
	13519 Briar Hollow Dr Austin, TX	78729-191	1				
						(if travel outside of	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10) Emplo	oyer (See Instruction:	s)
Retired					R	etired	
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of contribution	In-kind contribution description (if applicable)
06/27/2014	Jennifer Branch					\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP (Code	3330.00	
	16701 Goldenwood Way Austin, T	X 78737-90	003				
						(if travel outside of	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)	•	10	•	oyer (See Instruction:	,
Owner					A	ustin Black Belt Acade	emy
4. Date	5. Full name of contributor	out-of-s	state PAC			7. Amount of	8. In-kind contribution
06/26/2014	Kathrin Brewer					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP (Code	\$150.00	
	714 Wayside Dr Austin, TX 78703	3-4342	•				
						(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10) Emple	oyer (See Instruction	s)
Executive Di	rector				A	ustin Partners in Educa	ation
4. Date	5. Full name of contributor	Out-of-s	state PAC _			7. Amount of contribution	8. In-kind contribution
06/30/2014	Richard Brimer					\$50.00	description (if applicable)
	6. Contributor address:	City	State	ZIP	Code	\$50.00	
	6417 Yaupon Dr Austin, TX 7875	9-7734					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	is)		10) Empl	oyer (See Instruction	s)
Retired					R	etired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The !	nstruction Guide explains how to	complete	this form.			Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole		<u> </u>			3. ACCOUNT # (Ett	nics Commission Filers)	
4. Date	5. Full name of contributor	out-of-st	ate PAC _			7. Amount of	8. In-kind contribution	
06/30/2014	Dara Brown						description (if applicable)	
	6. Contributor address:	City	State	ZIP	Code	\$350.00		
	52 West Hills Dr Austin, TX 78738				·			
						(if travel outside of	Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions) 10						oyer (See Instructions	3)	
Student					St	udent		
4. Date	5. Full name of contributor	out-of-st	tate PAC _			7. Amount of contribution	In-kind contribution description (if applicable)	
06/30/2014	Tammie Brown					\$350.00	accompact (in approximation)	
	Contributor address:	City	State	ZIP	Code	4000.00		
	52 The Hills Dr The Hills, TX 78738	3-1575						
						(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions))		10) Emplo	oyer (See Instructions	5)	
Sales					М	icrosoft		
4. Date	5. Full name of contributor	out-of-st	late PAC			7. Amount of contribution	In-kind contribution description (if applicable)	
06/30/2014	Melvin Bryant					\$100.00	description (ii applicable)	
	Contributor address:	City	State	ZIP	Code	\$100.00		
	5202 Vista West Cv Austin, TX 787	31-1163						
						(if travel outside of	Texas, complete Schedule T)	
9. Principal occur	oation / Job title (See Instructions))		10	_	oyer (See Instructions	s)	
Retired					R	etired		
4. Date	5. Full name of contributor	Out-of-st	tate PAC _			7. Amount of contribution	In-kind contribution description (if applicable)	
06/30/2014	Samuel Bryant					\$250.00	description (ii applicable)	
	6. Contributor address:	City	State	ZIP	Code	\$250.00		
	11023 Pencewood Ct Austin, TX 78	750-3712						
		<u> </u>			<u>.</u>	(if travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions))		10	0 Emplo	oyer (See Instructions	s)	
Financial Plan	nner				Se	elf-employed		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	complete	this form		Total pages Sche 69	edule A:
2. FILER NAME	Sheryl Cole			 -	3. ACCOUNT#(Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-st	tate PAC		7. Amount of	8. In-kind contribution
05/26/2014	Kevin Burns				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	801 W 5th St Ste 100 Austin, TX 78	8703-5405				
					(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Emplo					oyer (See Instruction	s)
real estate				u	rbanspace	
4. Date	5. Full name of contributor	Out-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/27/2014	Nancy Burns				\$100.00	accomplian (in approximation)
	Contributor address:	City	State	ZIP Code	4100.00	
	114 W 7th St Ste 220 Austin, TX 78	8701-3006				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)			oyer (See Instruction	s)
Director of P	roperty Management			N	lorwood Tower	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
06/19/2014	Elizabeth & Chris Burr				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$700.00	
	4107 Sinclair Ave Austin, TX 7875	6-3524				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		· ·	oyer (See Instruction	s)
Consultant				S	elf-employed	,,,,
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Paul J. Bury				\$350.00	description (ii applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	221 W 6th St Ste 600 Austin, TX 75	8701-341 l				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
President				В	lury & Partners	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

<u></u>	• • •		Total pages Schedule A:			
The	Instruction Guide explains how to	complete th	nis form.		69	
2. FILER NAME	Sheryl Cole	, ,			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-stat	te PAC		7. Amount of	8. In-kind contribution
06/30/2014	Susan Butler				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$150.00	
	6710 Bryn Mawr Dr Austin, TX 78	3723-2202				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
Water Resou	rces Manager			C	H2MHill	-
4. Date	5. Full name of contributor	out-of-stat	te PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Suzanna Caballero				contribution \$100.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	1805 Cresthaven Dr Austin, TX 78	704-2752			·	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		,	oyer (See Instruction	
Banker				Т	exas Certified Develop	ment Company
4. Date	5. Full name of contributor	out-of-stat	te PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Marcos I. Canchola				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	5300 Marsh Creek Dr Austin, TX 7	78759-6219				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction:	s)		10 Empl	oyer (See Instruction	s)
Owner				В	arflys	··· <u>·</u> ······
4. Date	5. Full name of contributor	out-of-stat	te PAC		7. Amount of	8. In-kind contribution
06/30/2014	Theresa E. Canchola				contribution \$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$330.00	
	5300 Marsh Creek Dr Austin, TX 7	78759-6219			,	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
Director of G	Sovernment Affairs			l v	/aterstone Developmen	nt

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

			Total pages Schedule A:				
The I	Instruction Guide explains how to	o complete	e this form	ı		69	
2. FILER NAME	Sheryl Cole					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-	state PAC			7. Amount of	8. In-kind contribution
06/27/2014	Craig & Jami Carlton					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIF	Code	\$700.00	
	4504 E Rapid Springs Cv Austin, T	X 78746-1	1632				
			1000	٠.,		(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		. [10 Empk	oyer (See Instruction	s)
President					С	.C. Carlton Industries	
4. Date	5. Full name of contributor	Out-of-	state PAC			7. Amount of contribution	In-kind contribution description (if applicable)
06/30/2014	David Carroll					\$100.00	description (ii applicable)
	Contributor address:	City	State	ZIF	Code	\$100.00	
	2000 Homedale Dr Austin, TX 787	04-2757					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	Principal occupation / Job title (See Instructions)				10 Emplo	oyer (See Instruction	s)
President					D	avcar Engineering	
4. Date	5. Full name of contributor	out-of-	-state PAC			7. Amount of	8. In-kind contribution
06/10/2014	Donna Carter					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIF	Code	\$350.00	
	1506 W 9th St Austin, TX 78703-4	808					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)			·=	oyer (See Instruction	•
President / A	rehiteet				C	arter Design Associate	s
4. Date	5. Full name of contributor	out-of-	state PAC			7. Amount of	8. In-kind contribution
06/30/2014	Mary A. Castello			•		contribution \$50.00	description (if applicable)
	6. Contributor address:	City	State	ZIF	Code	\$30.00	
	2611 Richcreek Rd Smithville, TX	78957					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)			10 Emplo	oyer (See Instruction	s)
Teacher					S	mithville ISD	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how t	o complete	this form		1. Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole				3. ACCOUNT#(Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of	8. In-kind contribution	
06/22/2014	Roger Cauvin				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
·	311 W 5th St Unit 1006 Austin, TX	X 78701-28	37				
					(if travel outside o	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instruction	ıs)		10 Emplo	oyer (See Instruction	s)	
Director of P	Products			M	lembers Private Sale		
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/27/2014	Harold Chapman Jr.				\$300.00	, , , , ,	
	6. Contributor address:	City	State	ZIP Code			
:	7555 Fm 970 Florence, TX 76527-	-4323					
					(if travel outside o	Texas, complete Schedule T)	
· ·	pation / Job title (See Instruction	ıs)			oyer (See Instruction		
President				C	hapman Rock Excavati	ing	
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/25/2014	Lee & Sandy W. Choate				\$700.00	description (ii applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00		
	1800 Carlotta Ln Austin, TX 7873	3-1554					
			•		(if travel outside o	Texas, complete Schedule T)	
· ·	pation / Job title (See Instruction	ns)			oyer (See Instruction	s)	
Attorney				C	hoate & Associates		
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of	8. In-kind contribution	
05/20/2014	Fleur Christensen				contribution \$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$330.00		
	2401 Tower Dr Austin, TX 78703-2323						
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ns)		10 Emplo	oyer (See Instruction	s)	
Director				В	lazier Christensen Bige	elow & Virr	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
06/30/2014	Michael J. Cihock				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	1904 Larchmont Dr Austin, TX 78	704-5916					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		,	oyer (See Instruction	s)	
Associate Attorney				N N	/ills & Estate Lawyers		
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution	
06/27/2014	Ken Clapham				\$100.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	8313 Doe Meadow Dr Austin, TX	78749-2869)				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	9. Principal occupation / Job title (See Instructions) 10 Emp				oyer (See Instruction	s)	
Manager	, , , ,			R	oyal Touch Cleaners		
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution	
06/03/2014	G.V. Clark				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	1812 E. 40th St. Austin, TX 78722	-1338					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)	
Reverend				N	It. Zion Baptist Church	1	
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of contribution	8. In-kind contribution	
05/30/2014	Gaylon Clark				\$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$330.00		
809 Point Run Dr Pflugerville, TX 78660-3884							
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)	
Pastor				G	reater Mount Zion Bar	otist Church	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	o complete	this form		Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-s	tale PAC		7. Amount of	8. In-kind contribution	
05/30/2014	Kathy Clark				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	809 Point Run Dr Pflugerville, TX	78660-388	4				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions) N/A N/A					loyer (See Instruction	s)	
	1				····		
4. Date	5. Full name of contributor	out-of-s	state PAC -		7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/26/2014	Stephen T. Clark				\$350.00		
	6. Contributor address:	City	State	ZIP Code			
	4210 River Garden Trl Austin, TX	78746-201	i				
					(if travel outside o	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instruction	s)		10 Emp	loyer (See Instruction	s)	
Chairman				(Cypress Real Estate Adv	risors, Inc.	
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution	
06/23/2014	Nichelle Cobb				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$200.00		
	 4325 Triboro Trl Austin, TX 78749	9-2456					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)			loyer (See Instruction	•	
Assistant Att	orney General			(Office of the Attorney G	eneral	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution	
06/12/2014	Jason Cohen				contribution \$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$550.00		
	1470 Mohican Dr Pittsburgh, PA 1	5228-1614					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		10 Emp	loyer (See Instruction	s)	
Realtor					Self-employed		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how t		Total pages Schedule A. 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/30/2014	John Cole				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	6605 Monnell Dr Raleigh, NC 276	17-7680				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)			oyer (See Instruction	s)
Systems Eng	gineer	he SI Organization				
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Sheryl & Kevin Cole				\$700.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	3700.00	
	4101 Wildwood Rd Austin, TX 78	722-1121	-			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empl	oyer (See Instruction	s)
Mayor Pro T	'em			A	ustin City Council	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Gregory K. Collins				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2510 El Greco Cv Austin, TX 787	03-1510				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
Principal				C	entro Development	
4. Date	5. Full name of contributor	out-of-:	state PAC _		7. Amount of	8. In-kind contribution
06/27/ 2 014	John & Leah Collins				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	11580 Mountain Top Circle Jones	town, TX 78	8645			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)	***	10 Empl	oyer (See Instruction	s)
Project Engi	neer			R	andall Jones & Associa	ates

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The I	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
06/16/2014	Alma Colvin				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$100.00		
	4508 Erie Dr Midland, TX 79703-6	938					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	s)			oyer (See Instruction	s)	
Secretary				N	lidland College		
4. Date	5. Full name of contributor	Out-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)	
06/18/2014	Carla Connolly				\$350.00	description (ii applicable)	
	6. Contributor address:	City	State	ZIP Code	3330.00		
	312 Malabar St Lakeway, TX 7873	4-5070					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	s)			oyer (See Instruction	•	
Attorney				С	arts, McDonald & Dali	rymple	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution	
06/04/2014	Jody Conradt			* -	contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	9814 Leaning Rock Circle Austin,	TX 78730					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)	
Special Assis	tant			U	niversity of Texas		
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
06/30/2014	Michael & Fran Cook				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00		
	401 Congress Ave Ste 2500 Austin.	TX 78701,	-3799				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)	
attorney				Jo	enkens & Gilchrist		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A:		
2. FILER NAME						69	hics Commission Filers)	
2. FILER IVAIVIE	Sheryl Colc					3. ACCOUNT # (E	riics Commission Filers)	
4. Date	5. Full name of contributor	oul-of-s	itate PAC			7. Amount of	8. In-kind contribution	
06/27/2014	Jim Cotton					contribution \$300.00	description (if applicable)	
	6. Contributor address:	City	State	ZIF	Code	Ψ500.00		
	11000 Spicewood Pkwy Austin, TX	78750-34	04					
		•				(if travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) real estate broker					•	oyer (See Instructions	•	
real estate ore	oker				IVI	cAllister & Associates		
4. Date	5. Full name of contributor	Out-of-s	state PAC _			7. Amount of contribution	In-kind contribution description (if applicable)	
06/18/2014	Tommy & Ann Cowan					\$450.00	, application	
	6. Contributor address:	City	State	ZIF	P Code			
	5407 Bull Run Cir Austin, TX 7872	7-6501						
						(if travel outside of	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions))			10 Emplo	oyer (See Instructions	s)	
Architect					Te	exas Society of Archite	ects	
4. Date	5. Full name of contributor	Out-of-s	state PAC _			7. Amount of	8. In-kind contribution	
06/30/2014	Ken Craig					contribution \$50.00	description (if applicable)	
	6. Contributor address:	City	State	ZII	² Code	00.00		
	913B Sirocco Dr Austin, TX 78745-	3895						
		,				(if travel outside o	Texas, complete Schedule T)	
	pation / Job title (See Instructions))			•	oyer (See Instruction		
Manager					1 :	ammadge Market Rese	arch, Inc.	
4. Date	5. Full name of contributor	out-of-s	state PAC _	•		7. Amount of contribution	8. In-kind contribution description (if applicable)	
05/31/2014	Ashton Cumberbatch					\$100.00	description (il applicable)	
	6. Contributor address:	City	State	ZII	² Code	4		
	3 Green Ln Austin, TX 78703-2515							
						<u> </u>	Texas, complete Schedule T)	
· ·	pation / Job title (See Instructions)				10 Emplo	oyer (See Instruction:	s)	
Vice Presider	nt, Advocacy and Community Relation	ons			Se	eton		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to	complete this fo	orm.		Total pages Sche 69	edule A:
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	Full name of contributor	out-of-state PA	c		7. Amount of	8. In-kind contribution
06/27/2014	Patrica Dabbert			- -	contribution	description (if applicable)
	Contributor address:	City Stat	e ZI	P Code	\$100.00	
	8622 Goffy Mountain Dr. Austin, T	X 78736				
					(if travel outside o	Texas, complete Schedule T)
l '	pation / Job title (See Instructions	3)		10 Emplo	oyer (See Instruction	s)
Education M	anagment			C	ommunity Liaison at A	ISD
4. Date	5. Full name of contributor	Out-of-state PA	c		7. Amount of	8. In-kind contribution
06/30/2014	Bernadine Davis				contribution \$150.00	description (if applicable)
	6. Contributor address:	City Stat	e į Zl	P Code	\$130.00	
	7108 Bending Oak Rd Austin, TX 7	78749-1884			:	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
Reverent				D	avid Chapel Baptist Ch	nurch
4. Date	5. Full name of contributor	out-of-state PA	c		7. Amount of	8. In-kind contribution
06/16/2014	Eugene Dawson				contribution	description (if applicable)
	6. Contributor address:	City Stat	e Zi	P Code	\$350.00	
	208 Tower Dr San Antonio, TX 782	232-3624				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
President				Pa	ape Dawson Engineers	
4. Date	5. Full name of contributor	out-of-state PA	c		7. Amount of	8. In-kind contribution
06/16/2014	Sam Dawson				contribution	description (if applicable)
	6. Contributor address:	City Stat	e Zi	P Code	\$350.00	
	129 Turnberry Way San Antonio, TX 78230-5651					
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
CEO				Pa	ape Dawson Engineers	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how t		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT#(Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Claire Dawson-Brown				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	4009 Brookview Rd Austin, TX 78	8722-1215				
					(if travel outside o	Texas, complete Schedule T)
,	pation / Job title (See Instruction	ns)		[oyer (See Instruction	s)
Retired				R	etired	
4 Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/20/2014	Avis Day				\$300.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$300.00	
	11105 Whiskey River Dr Auslin, 1	ΓX 78748-18	373			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	9. Principal occupation / Job title (See Instructions)			,	oyer (See Instruction	s)
Doctor				A	ustin Regional Clinic	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	8. In-kind contribution
06/30/2014	Carl & Barbara Daywood				\$700.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	3700.00	
	11231 Tracton Ln Austin, TX 787	39-1401				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)			oyer (See Instruction	s)
Realtor				Se	elf-employed	
4. Date	5. Full name of contributor	Out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Susan L. Decker				contribution \$350,00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$330.00	
	101 Colorado St Apt 1009 Austin, TX 78701-4114					
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Emplo	oyer (See Instruction	s)
					DP Dealer Services	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The I	nstruction Guide explains how to	complete	this form		Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution	
06/23/2014	Rose Demerson				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	6019 Roxbury Ln Austin, TX 78739	-1646	•				
					(if travel outside of	Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)		10 Empl	oyer (See Instruction:	s)	
Director					exas Department of As	sistive &	
4. Date	5. Full name of contributor	Out-of-s	tate PAC _		Amount of	8. In-kind contribution	
06/30/2014	Rose Demerson				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$50.00		
	6019 Roxbury Ln Austin, TX 78739	-1646					
	·				(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)				10 Empl	oyer (See Instruction	s)	
Director					exas Department of As	sistive &	
4. Date	5. Full name of contributor	out-of-s	tate PAC	R	7. Amount of	8. In-kind contribution	
06/27/2014	Richard W. Duggan		_		contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	300 Canyon Oaks Dr Wimberley, T.	X 78676-6	177				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)		10 Empl	oyer (See Instruction	s)	
Mail Carrier				L	SDOT		
4. Date	5. Full name of contributor	out-of-s	tate PAC _	4.	7 Amount of	8. In-kind contribution	
06/30/2014	Aundre Dukes				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	1010 E 15th St Austin, TX 78702-10	027					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	Principal occupation / Job title (See Instructions)					s)	
Real Estate				S	elf-employed		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The I	Instruction Guide explains how to	complete this	form.		Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Eti	nics Commission Filers)	
4. Date	5. Full name of contributor	oul-of-state P	AC			In-kind contribution	
06/27/2014	Scott Dukette					description (if applicable)	
	Contributor address:	City Sta	ate Z	IP Code	\$350.00		
	4410 Twisted Tree Dr Austin, TX 78	3735-6432					
					(if travel outside of	Texas, complete Schedule T)	
, ,	pation / Job title (See Instructions)				oyer (See Instructions	s)	
Regional Mai	nager			K	lotz Associates, Inc.		
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of contribution	In-kind contribution description (if applicable)	
06/10/2014	Christopher Lee Elliott				\$150.00	description (ii applicable)	
	6. Contributor address:	City Sta	ate Z	IP Code	\$150.00		
	1705 Rabb Rd Austin, TX 78704-28	11					
					(if travel outside of	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions))		10 Emplo	oyer (See Instruction:	s)	
attorney				G	raves Dougherty Heard	on & Moody	
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of	8. In-kind contribution	
06/30/2014	Christopher Lee Elliott				contribution \$150.00	description (if applicable)	
	6. Contributor address:	City Sta	ate Z	IP Code	\$130.00		
	1705 Rabb Rd Austin, TX 78704-28	11					
					(if travel outside or	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)) .	•	1	oyer (See Instruction	·	
attorney				G	raves Dougherty Heard	on & Moody	
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of	8. In-kind contribution	
06/30/2014	Barnetta Emerson				contribution	description (if applicable)	
	6. Contributor address:	City Sta	ate Z	IP Code	\$100.00		
	11706 Swearingen Dr Austin, TX 78	3758-3734					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions))		10 Emplo	oyer (See Instruction	s)	
Nurse				C	ity of Austin		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Rick & Dursty Engel				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$500.00	
	7201 Oak Shores Dr Austin, TX 78	3730-4321				
					(if travel outside o	Texas, complete Schedule T)
l .	pation / Job title (See Instruction	s)			oyer (See Instruction	•
C.E.O.				E	ngel Managment Servi	ces
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Gay Erwin				\$25.00	idescription (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	3 Jeffery Cv Austin, TX 78746-556	58				
					(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruction	s〉	-		oyer (See Instruction	•
Vice Presider	nt, Public Affairs			S	trategic Partnerships, I	nc.
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
05/29/2014	Charles & Christina Escutia				contribution \$700.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	7604 Fawnhollow Cv Austin, TX 7	8750-7942				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		· ·	oyer (See Instruction	s)
Broker				Н	lindsite 20/20	
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution
06/10/2014	Bruce and Mary Evans				contribution \$700.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	PO Box 690287 San Antonio, TX 7	78269-0287				
			_		(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
Managing Pa	artner			C	looper's BBQ	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The I	Instruction Guide explains how to	complete t	his form.		Total pages Sche 69	edule A:	
2. FILER NAME	Sheryl Cole			-	3. ACCOUNT # (Eti	nics Commission Filers)	
4. Date	5. Full name of contributor	oul-of-sta	ite PAC _			8. In-kind contribution	
06/10/2014	Jimmy Ferguson					description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	8108 Big View Dr Austin, TX 7873	30-1537					
				;	(if travel outside of	Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions	3)			yer (See Instruction:	3)	
Owner				М	cDonald's		
4. Date	5. Full name of contributor	out-of-sta	ite PAC	·	7. Amount of contribution	In-kind contribution description (if applicable)	
06/27/2014	Bob & Debbie Finley				\$700.00	description (ii applicable)	
	6. Contributor address:	City	State	ZIP Code	3700.00		
	11502 Hare Trl Austin, TX 78726-1	1821					
					(if travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 10 E					oyer (See Instructions	· •	
President				G	reater Austin Developr	nent	
4. Date	5. Full name of contributor	out-of-sta	ate PAC		7. Amount of	8. In-kind contribution	
06/17/2014	Arthur Fogg				contribution .	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	10216 Pinehurst Dr Austin, TX 787	747-1111					
					(if travel outside of	Texas, complete Schedule T)	
Principal occup Retired	pation / Job title (See Instructions	s)	·	-	Employer (See Instructions) Retired		
4. Date	5. Full name of contributor	out-of-sta	ate PAC		7. Amount of	8. In-kind contribution	
06/11/2014	Patty & Mark Frank				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00		
	14435 Chadbourne Dr Houston, TX	< 77079-6619	9				
					(if travel outside of	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction:	s)	
Communicati	ions			C	enterpoint Energy		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how	1.	Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution
06/25/2014	Felicia Frasier				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$10.00	
	5408 Ave F San Antonio, TX 782	49				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	upation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
Student				S	tudent	-
4. Date	5. Full name of contributor	Out-of-st	tate PAC		7. Amount of	8. In-kind contribution
06/19/2014	Jerry Frey				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	100 Congress Ave Ste 500 Austin	,TX 78701-2	2747			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu SVP	upation / Job title (See Instruction	ns)		1	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-si	tate PAC	·	7. Amount of	8. In-kind contribution
06/12/2014	Jude Galligan	_	-		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	603 Davis St Apt 102 Austin, TX	78701-4227				
					(if travel outside o	Texas, complete Schedule T)
_	upation / Job title (See Instruction	ns)			oyer (See Instruction	s)
Realtor	<u> </u>			K	EATX.com	,
4. Date	Full name of contributor	out-of-si	tate PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/04/2014	Vera and James Givens				\$200.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$200.00	
	6416 Bridgewater Dr Austin, TX	78723-3926		•		
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	upation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
Retired				l R	etired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how t	o complete		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC			7. Amount of	8. In-kind contribution
06/30/2014	Vera and James Givens		_			contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP C	Code	\$200.00	
	6416 Bridgewater Dr Austin, TX 7	8723-3926					
						(if travel outside of	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	is)		10	Emplo	oyer (See Instruction:	s)
Retired					R	etired	
4. Date	5. Full name of contributor	Out-of-s	state PAC _			7. Amount of	8. In-kind contribution
06/27/2014	Alice Glasco					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP C	Code	\$25.00	
	5117 Valburn Ct # A Austin, TX 7	8731-1072					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10	Emplo	oyer (See Instruction	s)
Land Develo	pment Consultant				sc	elf	
4. Date	5. Full name of contributor	out-of-s	state PAC			7. Amount of	8. In-kind contribution
06/30/2014	Rob Golding					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP C	Code	\$350.00	
	2805 Bridle Path Austin, TX 7870	3-2811					
						(if travel outside o	Texas, complete Schedule T)
1	pation / Job title (See Instruction	ns)		10		oyer (See Instruction	s)
CEO					L	ive Oak Gottesman	
4. Date	5. Full name of contributor	Out-of-s	state PAC			7. Amount of contribution	In-kind contribution description (if applicable)
05/19/2014	Carolyn N. Goldston					\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP C	Code	05,00	
	3521 Starline Dr Austin, TX 7875	9-8941					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10	Emple	oyer (See Instruction	s)
retired					re	etired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 04/19/2013 www.ethics.state.tx.us

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how t		Total pages Schedule A: 69					
2. FILER NAME	Sheryl Cole				, , , ,	3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-s	state PAC			7. Amount of	8. In-kind contribution	
06/27/2014	Shane L. Goodman					contribution \$300.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP	Code	\$300.00		
	8001 Baywood Dr Austin, TX 787	59-8907						
							Texas, complete Schedule T)	
	pation / Job title (See Instruction	ıs)		1	-	oyer (See Instruction	s)	
Construction	Manager				<u>U</u>	R Horton		
4. Date	5. Full name of contributor	Out-of-	state PAC _			7. Amount of contribution	In-kind contribution description (if applicable)	
06/30/2014	Edmund Gordon					\$100.00	,	
	6. Contributor address:	City	State	ZIP	Code			
6508 Bradley Dr Austin, TX 78723-2101						ł		
						(if travel outside o	Texas, complete Schedule T)	
Principal occu Professor	pation / Job title (See Instruction	ns) 		1	10 Employer (See Instructions) University of Texas			
4. Date	5. Full name of contributor	Out-of-	state PAC			7. Amount of	8. In-kind contribution	
06/16/2014	Dustin Goss					contribution \$25.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP	Code	\$23.00		
	7705 Blue Lilly Dr Austin, TX 78	759-6407						
						(if travel outside o	Texas, complete Schedule T)	
·	pation / Job title (See Instruction	ns)		1	-	oyer (See Instruction	·	
Engineer					P	ape Dawson Engineers		
4. Date	5. Full name of contributor	Out-of-	state PAC			7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/19/2014	Lawrence Graham					\$200.00	docomplian (ii appricatio)	
	Contributor address:	City	State	ZIP	Code			
	5909 Bull Creek Rd Austin, TX 78	8757-3101				1		
						<u> </u>	Texas, complete Schedule T)	
	pation / Job title (See Instruction	ns)		1	•	oyer (See Instruction	s)	
Director of C	Customer Service				T	exas Gas Service		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The I	nstruction Guide explains how to	complete	this form		1. Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
06/26/2014	Rudolph Green				contribution	description (if applicable)	
,	6. Contributor address:	City	State	ZIP Code	\$350.00		
	2801 Stratford Dr Austin, TX 78746	5-4626					
					(if travel outside o	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions	5)			oloyer (See Instruction	s)	
Attorney					SKA Management, Inc.		
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)	
06/25/2014	David & Jennifer Gregorcyk				\$700.00	, , , , , ,	
	6. Contributor address:	City	State	ZIP Code			
	3200 Grandview St Apt 6 Austin, T	X 78705-2	106				
					(if travel outside o	Texas, complete Schedule T)	
	Principal occupation / Job title (See Instructions)			·	oloyer (See Instruction	·	
Vice Presider	11				Journeyman Construction	n	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
05/21/2014	Jack and Patti W. Gullahorn				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00		
	PO Box 140045 Austin, TX 78714-	0045					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occuj	pation / Job title (See Instructions	;)		,	oloyer (See Instruction	s)	
attorney					Jack Gullahorn, P.C.		
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/10/2014	Jody L. Hagemann				\$350.00	accomption (ii applicable)	
	6. Contributor address:	City -	State	ZIP Code	ψ330.00		
	1808 Barton Pkwy Austin, TX 7870	04-3210	-				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	i)		10 Emp	oloyer (See Instruction	s)	
attorney					self		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Bergeron Harris				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	3807 Standfield Ct San Marcos, TX	X 78666				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction:	s)			oyer (See Instruction	s)
Professor				T	exas State University	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Ken Harris				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	10000 Cormorant Ct Memphis, TN	I 38184				
					(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 E				10 Empl	oyer (See Instruction	s)
CEO				N	eMarc Professional Se	rvices
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of	8. In-kind contribution
05/18/2014	Greg Hartman				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	3307 Winding Creek Dr Austin, TX	X 78735-14	74			
					(if travel outside o	Texas, complete Schedule T)
Principal occul	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
Senior Vice I	President, Marketing & Planning			S	eton	
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of	8. In-kind contribution
05/23/2014	Richard Hatfield				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$250.00	
	5403 Musket Rdg Austin, TX 7875	59-6223				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
International	Pilot			Tr.	etired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The	Instruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole	·			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	ate PAC _		7. Amount of	8. In-kind contribution
06/11/2014	John Hay				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1803 Polo Rd Austin, TX 78703-3	134				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		,	oyer (See Instruction	s)
Attorney	-			Н	ay Darby LLC	
4. Date	5. Full name of contributor	Out-of-st	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/27/2014	Stevyn Herring				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$330.00	
	2208 Real Catorce Dr Austin, TX	78746-7390				
					(if travel outside o	Texas, complete Schedule T)
ł	9. Principal occupation / Job title (See Instructions)			1	oyer (See Instruction	s)
Architectural	Design			D	.R. Horton	
4. Date	5. Full name of contributor	out-of-st	late PAC		7. Amount of contribution	8. In-kind contribution
05/31/2014	Stuart H. Hersh				\$100.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	1307 Kinney Ave Apt 117 Austin,	TX 78704-2	279			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)			oyer (See Instruction	s)
consultant				sc	elf	
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/ 2 014	Elizabeth Hilton				\$100.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	4001 Mendez St Austin, TX 78723	3-4542				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emple	oyer (See Instruction	s)
Engineer				U	S DOT	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to	o complete this form	l.	Total pages School 69	edule A:
2. FILER NAME	Sheryl Cole			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	oul-of-state PAC			8. In-kind contribution
06/30/2014	Leon Holland			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$100.00	
	2500 Mountain View Austin, TX 7	78704-4639			
				(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)	1	oyer (See Instruction	s)
Consultant			In	dependent Three C's	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
06/11/2014	David Honeycutt			\$350.00	, , , , ,
	6. Contributor address:	City State	ZIP Code		
	401 Congress Ave Ste 1600 Austir	1, TX 78701-3755			
				(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruction	is)		oyer (See Instruction	·
CEO			Т	exas American Resour	ces
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/27/2014	Barbara Hornaday			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$350.00	
	5129 Valburn Ct Austin, TX 7873	1-1072			
				(if travel outside o	Texas, complete Schedule T)
 Principal occu Retired 	pation / Job title (See Instruction	is)	· ·	oyer (See Instruction etired	s)
	· ·				
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Jeffrey Howard			\$50.00	, and the second
	6. Contributor address:	City State	ZIP Code	1.0.00	
	5436 Moon Shadow Dr Austin, TX	C 78735-6017			
	<u>-</u>			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	is)	10 Empl	oyer (See Instruction	s)
attorney			N	IcLean & Howard, LLI	p

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The	Instruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PA	'C		7. Amount of	8. In-kind contribution
06/30/2014	Lise Hudson				contribution	description (if applicable)
	6. Contributor address:	City Sta	te ZI	P Code	\$350.00	
	2401 Bowman Ave Austin, TX 787	703-2311				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction:	s)
Vice Preside	nt			K	LBJ	
4. Date	5. Full name of contributor	out-of-state PA	.с		7. Amount of	8. In-kind contribution
06/30/2014	Patrick and Sarah Hudson				contribution	description (if applicable)
	6. Contributor address:	City Sta	te Zi	P Code	\$700.00	
	12014 Wycliff Ln Austin, TX 7872	27-5957				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	9. Principal occupation / Job title (See Instructions)			10 Emplo	oyer (See Instruction	s)
Attorney				M	IcLean & Howard LLP	<u> </u>
4. Date	5. Full name of contributor	out-of-state PA	رد		7. Amount of	8. In-kind contribution
06/16/2014	James Huffcut				contribution	description (if applicable)
	6. Contributor address:	City Sta	te Z	IP Code	\$150.00	
	7800 Shoal Creek Blvd Ste 220 Au	ıstin, TX 78757-1	098			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
Engineer				Pa	ape Dawson Engineers	
4. Date	5. Full name of contributor	out-of-state PA	\с		7. Amount of	8. In-kind contribution
06/30/2014	Denise Hutto				contribution	description (if applicable)
	6. Contributor address:	City Sta	te Z	IP Code	\$350.00	
	1608B Haskell St Austin, TX 78702-5416					
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s>		10 Emplo	oyer (See Instruction	s)
Accounting				S	XSW	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/25/2014	Robena & John Jackson				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$500.00	
	5900 Rain Creek Pkwy Austin, TX	78759-553	5			
					(if travel outside o	Texas, complete Schedule T)
<u> </u>	pation / Job title (See Instructions	s)		1	oyer (See Instruction:	s)
Public Advoc	eacy			G	roup Solutions RJW	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/23/2014	Marilyn Johnson				\$350.00	
	6. Contributor address:	City	State	ZIP Code		
	111 Lakota Pass Austin, TX 78738	-6563				
					(if travel outside o	Texas, complete Schedule T)
•	pation / Job title (See Instructions	s)		-	oyer (See Instruction	s)
Vice Preside	nt .		 	11	BM	
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/25/2014	Bill & Johnita Jones				\$700.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	3700.00	
	2015 Shallow Stream Cv Austin, T	X 78735-17	737			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		1 7	oyer (See Instruction	s)
Lawyer		, 		S	elf-employed	············
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/27/2014	Brent & Poppy Jones				\$700.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	3700.00	
	400 Talkeetna Ln Cedar Park, TX 78613-2527					
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
Owner				R	andall Jones & Associa	ates

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-si	tate PAC _		7. Amount of	8. In-kind contribution
06/05/2014	Michael A Jones				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	2045 Zach Scott St Austin, TX 787	23-5399				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)			oyer (See Instruction	s)
Manager				S	tate of Texas	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/20/2014	Trennis and Grova Jones				\$700.00	
	Contributor address:	City	State	ZIP Code		
	555 E 5th St No. 917 Austin, TX 78	3701-4157				
					(if travel outside o	Texas, complete Schedule T)
· .	9. Principal occupation / Job title (See Instructions)			,	oyer (See Instruction	s)
Wine Consul	tant				CellarPros	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
06/27/2014	Scott K. Joslove				contribution \$300.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$300.00	
	1701 West Ave Austin, TX 78701-	1036				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10 Empl	loyer (See Instruction	s)
President & (CEO .			า	exas Hotel & Motel As	sociation
4. Date	5. Full name of contributor	out-of-s	late PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Rachel A. Knox			•	\$350.00	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	4816 Shoal Creek Blvd Austin, TX	78756-281	3			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10 Emp	loyer (See Instruction	s)
Principal				I	ITH Capital	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The I	nstruction Guide explains how to	Total pages Schedule A: 69					
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	nics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-st	tate PAC		7. Amount of	8. In-kind contribution	
06/17/2014	Timothy & Celia M Knutsen					description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00		
	2110 Boca Raton Dr Austin, TX 78	747-1630					
					(if travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 10 Em					oyer (See Instructions	•	
President					ascades Development (Corperation	
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/30/2014	John & Elizabeth Koepke				\$700.00	description (ii applicable)	
	Contributor address:	City	State	ZIP Code	\$700.00		
	1306 Bentwood Rd Austin, TX 787	22-1014					
					(if travel outside o	Texas, complete Schedule T)	
, , , , , , , , , , , , , , , , , , , ,					oyer (See Instruction	· ·	
Registered No	urse			S	Scott and White Healthcare		
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
06/20/2014	James E. Kreisle				contribution \$250.00	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$230.00		
	1600 W 38th St Ste 321 Austin, TX	X 78731-640)6				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occur	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)	
Doctor				N	leuropsychiatric Associ	ation of Austin	
4. Date	5. Full name of contributor	oul-of-s	tate PAC _	-	7. Amount of contribution	8. In-kind contribution	
06/30/2014	Bill Krueger				\$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$330.00		
	2426 Fairway Dr Richardson, TX 7	5080-2110					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	s)	•	10 Empl	oyer (See Instruction	s)	
Attorney				ŀ	letcher, Farley, Kruege	r, Shipman, & Salinas	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution	
06/25/2014	Sam & Hema Kumar				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00	:	
	1628 Westlake Dr West Lake Hills	, TX 7 8746	-3738				
					(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 10 Emplo					oyer (See Instruction	s)	
President				Jo	ourneyman Constructio	n	
4. Date	5. Full name of contributor	Out-of-s	stale PAC _		7. Amount of contribution	In-kind contribution description (if applicable)	
06/16/2014	Frank Lam				\$350.00		
	6. Contributor address:	City	State	ZIP Code			
	508 W 16th St Austin, TX 78701-1	502					
					(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			1 .	oyer (See Instruction	•		
President	<u></u>			l l'	rank Lam & Associates		
4. Date	5. Full name of contributor	out-of-	state PAC _	· · · · · · · · · · · · · · · · · · ·	7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/16/2014	James Lampasona				\$350.00	Coordinate (in applicable)	
	6. Contributor address:	City	State	ZIP Code	4350.00		
	1202 Georgian St Austin, TX 7875	6-2405					
					(if travel outside o	Texas, complete Schedule T)	
Principal occu Marketing	pation / Job title (See Instruction	s)			oyer (See Instruction ational Instruments	s)	
4. Date	5. Full name of contributor	Dout of	state PAC		7. Amount of	8. In-kind contribution	
06/25/2014	Robert & Janet M. Lander		SIGILE FAC _		contribution	description (if applicable)	
00/25/2014	6. Contributor address:	City	State	ZIP Code	\$700.00		
		•		211 0000			
	11000 Onion Creek Ct Austin, TX	/0/4/-19U	o		(if transmit assistants)	Towns assemble Octobrill To	
O Principal servi	pation / Job title (See Instruction	<u></u>		10 Empl	oyer (See Instruction	Texas, complete Schedule T)	
President & (•	o,		1	ustin Convention Bure	•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The I	nstruction Guide explains how to	complete t	this form.		Total pages Sche 69	edule A:
2. FILER NAME	Sheryl Cole				3. ACCOUNT#(Etl	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-sta	ate PAC			8. In-kind contribution
06/23/2014	Milton and Sarah Lee					description (if applicable)
	Contributor address:	City	State	ZIP Code	\$500.00	
	PO Box 203941 Austin, TX 78720-	3941				
			•	i i	(if travel outside of	Texas, complete Schedule T)
9. Principal occup	Principal occupation / Job title (See Instructions) 10 Emp					s)
Engineer				S	elf-employed	
4. Date	5. Full name of contributor	out-of-sta	ate PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
05/16/2014	Caroline LeGette				\$200.00	, , , , ,
	6. Contributor address:	City	State	ZIP Code	420000	
	2911 Kassarine Pass Austin, TX 78	704-4628				
					(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 En					oyer (See Instruction:	s)
attorney				Г	Oon W. Kothmann & As	ssociates
4. Date	5. Full name of contributor	out-of-st	ate PAC		7. Amount of	8. In-kind contribution
06/10/2014	Sara Leon				contribution	description (if applicable)
:	6. Contributor address:	City	State	ZIP Code	\$150.00	
	4109 McBrine Pl Austin, TX 78746	5-1928				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		1	oyer (See Instruction	s)
Attorney				r	owell & Leon	
4. Date	5. Full name of contributor	Out-of-st	ate PAC		7. Amount of	8. In-kind contribution
06/27/2014	Melissa & Barrett Lepore				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$700.00	
	3418 Pinnacle Rd Austin, TX 7874	6-7464				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		1 *	oyer (See Instruction	s)
Salesman				J	oe W. Fly Company	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The I	nstruction Guide explains how to		Total pages Schedule A: 69				
2. FILER NAME	Sheryl Cole					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	tate PAC _			7. Amount of	8. In-kind contribution
06/28/2014	Matt Levin						description (if applicable)
	Contributor address:	City	State	ZIP C	ode	\$350.00	
	1318 Wilderness Dr Austin, TX 787	46-6733					
						(if travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)		10		yer (See Instruction:	5)
Broker					EI	RC	
4. Date	5. Full name of contributor	Out-of-s	tate PAC			7. Amount of	In-kind contribution description (if applicable)
06/11/2014	Gerald & Katherine Lindenmuth					contribution \$700.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP C	Code	\$700.00	
	510 Hearn St Austin, TX 78703-451	16					
						(if travel outside o	(Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 Emp					Emplo	yer (See Instruction	s)
President					Li	ndenmuth & Associate	es
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of	8. In-kind contribution
06/30/2014	Tom E. Link					contribution \$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP C	Code	3530.00	
	211 E 7th St Ste 510 Austin, TX 78	701-3254					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)		10	Emplo	yer (See Instruction	s)
investor					se	lf 	
4. Date	5. Full name of contributor	out-of-s	tate PAC			7. Amount of contribution	8. In-kind contribution description (if applicable)
05/22/2014	Scott Lipton					\$50.00	оезсприон (п аррисаме)
	6. Contributor address:	City	State	ZIP C	Code	\$50.00	
	1200 Barton Hills Dr Apt 194 Austi	n, TX 7870	04-1907				
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)	-	10	Emplo	oyer (See Instruction	s)
Director					G	lobaloria	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The I	Instruction Guide explains how to	Total pages Schedule A: 69					
2. FILER NAME	Sheryl Cole	-				3. ACCOUNT # (Eti	nics Commission Filers)
4. Date	5. Full name of contributor	oul-of-st	tate PAC _				8. In-kind contribution
06/30/2014	Emily Little						description (if applicable)
	6. Contributor address:	City	State	ZIP C	Code	\$100.00	
	1001 E 8th St Austin, TX 78702-32	.48					
						(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10	•	yer (See Instructions	5)
Architect					CI	ayton & Little	
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of contribution	In-kind contribution description (if applicable)
06/19/2014	Janice Little					\$350.00	acsonphon (in applicable)
	Contributor address:	City	State	ZIP (Code	\$550.00	
	1518 Pinehurst Ln Round Rock, TX	۲ 78664-614	47				
						(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)				10	Emplo	yer (See Instructions	s)
Senior Direct	or of Diversity				M	ckesson	
4. Date	Full name of contributor	out-of-s	tate PAC _			7. Amount of contribution	In-kind contribution description (if applicable)
06/11/2014	Michael Roy Lofton			·		\$100.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP (Code	\$100.00	
	10119 Willfield Dr Austin, TX 787	53-4043					
						(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10	•	oyer (See Instruction:	
Director / tall	k show host				M	ichael Lofton Talk Sho	OW .
4. Date	5. Full name of contributor	out-of-s	tate PAC			7. Amount of contribution	In-kind contribution description (if applicable)
06/30/2014	Alice W. London					\$150.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP (Code	\$150.00	
	101 Ridgemont Ct West Lake Hills	, TX 78 7 46	-5498				
						(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10	•	oyer (See Instruction:	*
attorney					Bi	ishop, London & Dodd	ls

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 04/19/2013 www.ethics.state.tx.us

Texas Ethics Commission

SCHEDULE A

(TDD 1-800-735-2989)

The I	nstruction Guide explains how to	complete	this form	-	-	Total pages Schedule A:	
						3. ACCOUNT # (Ethics Commission Filers)	
2. FILER NAME	Sheryl Cole					3. ACCOUNT#(EII	nics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	tate PAC _			7. Amount of contribution	In-kind contribution description (if applicable)
06/04/2014	Richard Maier					\$350.00	description (ii applicable)
ļ	6. Contributor address:	City	State	ZIF	Code	\$350.00	
	704 E 45th 1/2 St Austin, TX 78751	-4025					
						(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)						oyer (See Instruction:	s)
Vice Presider	ot				D	R. Horton	
4. Date	Full name of contributor	out-of-st	tate PAC _			7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Carlyne M Majewski					\$350.00	,
	Contributor address:	City	State	ZII	Code		
	1800 Parkside Ln Austin, TX 78745	-3613					
						<u> </u>	Texas, complete Schedule T)
·	pation / Job title (See Instructions))			•	oyer (See Instruction	s)
Consultant						elf-employed	
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of contribution	8. In-kind contribution description (if applicable)
06/25/2014	Matthew D Martin					\$350.00	Good (paor (in applicable)
	6. Contributor address:	City	State	ZII	P Code		
	8700 Brodie Ln Apt 815 Austin, TX	78745-79	42				
						<u> </u>	Texas, complete Schedule T)
· '	pation / Job title (See Instructions)			•	oyer (See Instruction	s>
Realtor				i	IV.	latt Martin Real Estate	
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Patsy & Jack Martin					\$700.00	,
	6. Contributor address:	City	State	ZII	P Code		
1	PO Box 5543 Austin, TX 78763-554	4 3					
						<u> </u>	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)			•	oyer (See Instruction	s)
Executive Di	rector				٨	nnie's List	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The	Instruction Guide explains how to	١.	Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole	-			hics Commission Filers)
4. Date	5. Full name of contributor	oul-of-state PAC		7. Amount of	8. In-kind contribution
06/25/2014	Anna J. Martinez			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$25.00	
	4200 Boatwright Cv Austin, TX 787	25-1701			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	1	oyer (See Instruction	
Senior Admi	nistrator		Jo	ourneyman Constructio	n
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/30/2014	Wency Martinez			contribution \$30.00	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$30.00	
	508 Lightsey Rd Austin, TX 78704-	7024			}
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		oyer (See Instruction	· ·
Teacher	A-W-24 -		C	unningham Elementary	y School
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/23/2014	Norman & Lavonne Lewis Mason			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$700.00	·
	2113 E Martin Luther King Jr Blvd	Ste 105 Austin, TX	78702-1357		
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
dentist	<u>, </u>		S	elf	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/23/2014	Anthony and Fannie Mays			contribution \$500.00	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$300.00	
	616 Kingston Lacy Blvd Pflugerville	e, TX 78660-7451	,		
				(if travel outside o	Texas, complete Schedule T)
l					
Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The I	Instruction Guide explains how to	Total pages Schedule A: 69				
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC _	_	7. Amount of contribution	In-kind contribution description (if applicable)
06/19/2014	Jana & James McCann 6. Contributor address:	City	State	ZIP Code	\$700.00	,
	1215 W Mary St Austin, TX 78704	-2926			(if travel outside o	(Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)	···	10 Empl	oyer (See Instruction	s)
Principal				R	loma Austin Collaborat	ive Design Studio
4. Date 06/30/2014	Full name of contributor Dan & Bobbie J McClellan	Out-of-	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
00/30/2014	6. Contributor address:	City	State	ZIP Code	\$500.00	
	802 Terrace Mountain Dr West Lak	ce Hills, Τλ	(78746- 2 8	343		
					(if travel outside o	Texas, complete Schedule T)
Principal occul biowatch cod	pation / Job title (See Instructions ordinator	s)			oyer (See Instruction CEQ	s)
4. Date	5. Full name of contributor	aut-of-:	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/16/2014	Burwell & Terri B. McClendon	۵.,	01.1	710.0-4-	\$700.00	
	6. Contributor address:	City	State	ZIP Code		
	1905 Canonero Dr Austin, TX 7874	46-2101				
O. Dringing Lagran	nation / Joh title /See Instructions	-1		10 Empl	oyer (See Instruction	Texas, complete Schedule T)
real estate	pation / Job title (See Instructions	··			D.R. Horton	
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Demetrius McDaniel				contribution \$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$330.00	
	7601 Sandia Loop Austin, TX 7873	35-1519				
					`	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	5)		1	oyer (See Instruction	s)
Attorney					Freenberg Traurig LLP	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The I	nstruction Guide explains how to	Total pages Schedule A: 69				
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Eti	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Alyson McDonald				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	6105 Nasco Dr Austin, TX 78757-3	3119				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
Financial Ser	vies			D	imensional Fund Advis	sors
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/30/2014	Carlene Mcgill				\$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	00.00	
	50 Prince Rd Mahopac, NY 10541-	3933				
					(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			10 Emplo	oyer (See Instruction	s)	
Retired				R	etired	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
05/27/2014	Michael McGill				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	811 E 11th St Apt 125 Austin, TX	78702-1960)			
					(if travel outside o	Texas, complete Schedule T)
· ·	pation / Job title (See Instructions	5)			oyer (See Instruction	s)
Policy Advis	<u>or</u>			C	ity of Austin	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Kevin McGillicuddy				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	4020 Pinckney St Austin, TX 7872	3-5397				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
Insurance Ad	ljuster			F	ox & Roach Real Estat	e

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to	Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/27/2014	Duane & Cynthia McGlauflin	_		contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$700.00	
	104 Marshall Ct Georgetown, TX	78628-7040			
				(if travel outside of	Texas, complete Schedule T)
· ·	pation / Job title (See Instruction	s)	<u> </u>	oyer (See Instruction	s)
President & (CEO		D	NT Construction	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/30/2014	Edward McHorse			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$100.00	
	5202 Turnabout Ln Austin, TX 78'	731-5634			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)	10 Empl	oyer (See Instruction	s)
Attorney		·	C	raves, Dougherty, Hea	ron, and Moody
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/30/2014	Gene McMenamin			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$150.00	
	1821 Westlake Dr Austin, TX 7874	46-3731			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)	10 Empl	oyer (See Instruction	s)
Hotel Manag	er		C	mni Hotels	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/19/2014	Carolyn Mees			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$50.00	
	6012 Lonesome Valley Trl Austin.	TX 78731-3749			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	is)	10 Empl	oyer (See Instruction	s)
Retired				tetired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 69						
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)		
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution		
06/30/2014	Natalie & Darin Mendiola		_		contribution	description (if applicable)		
	6. Contributor address:	City	State	ZIP Code	\$700.00			
	4419 Barrow Ave Austin, TX 7875	51-3914						
					(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	upation / Job title (See Instruction	ıs)		10 Emp	10 Employer (See Instructions)			
Attorney				F	Andrews & Kurth			
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution		
06/19/2014	Margaret Menicucci				contribution	description (if applicable)		
	6. Contributor address:	City	State	ZIP Code	\$50.00			
	4600 Laurel Canyon Dr Austin, T	K 78731-520	06					
					(if travel outside o	Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Emp	loyer (See Instruction	s)			
Attorney				I	Braun & Gresham			
4. Date	5. Full name of contributor	out-of-s	state PAC	- ·· · · · · · · · · · · · · · · · · ·	7. Amount of	8. In-kind contribution		
06/11/2014	Barbara Merrifield				contribution	description (if applicable)		
	6. Contributor address:	City	State	ZIP Code	\$50.00			
	4202 36th Ave W Seattle, WA 981	99-1325						
					(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	ipation / Job title (See Instruction	ıs)		10 Emp	loyer (See Instruction	s)		
Manager				1	Farmers New World Lif	e		
4. Date	5. Full name of contributor	Out-of-s	state PAC	-	7. Amount of	8. In-kind contribution		
06/27/2014	Ross E. Milloy				contribution	description (if applicable)		
	6. Contributor address:	City	State	ZIP Code	\$350.00			
	PO Box 1618 San Marcos, TX 786	667-1618						
					(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	upation / Job title (See Instruction	ıs)		10 Emp	loyer (See Instruction	9)		
President					Austin/SA Corridor Cou	neil		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The I	nstruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Eti	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	tate PAC			8. In-kind contribution
06/16/2014	Tom Mitchell	_	_		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	8101 Danforth Cv Austin, TX 7874	16-4931				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)			yer (See Instructions	•
attorncy	· · · · · · · · · · · · · · · · · · ·			W	right & Greenhill, P.C	·
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
05/14/2014	Amy & Aloysius Wong Mok				\$700.00	
	6. Contributor address:	City	State	ZIP Code		
	6301 Cat Mountain Cv Austin, TX	78731-3502	2			
					(if travel outside o	Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·					yer (See Instruction:	· ·
teacher				A:	sain American Cultura	l Center
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
06/25/2014	Elle Moody				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	2902 Enfield Rd Austin, TX 78703	3-3604				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occuj	pation / Job title (See Instruction	s)		10 Empk	oyer (See Instruction	s)
Student				St	udent	
4. Date	5. Full name of contributor	out-of-s	tale PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/13/2014	Ross Moody				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	210 Lavaca St Austin, TX 78701-4	1607				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occuj	pation / Job title (See Instruction	s)	_	10 Emplo	oyer (See Instruction	s)
Philanthropis	ıt			Se	elf-employed	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The	Instruction Guide explains how to		Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/27/2014	David & Theresa Morgan			\$700.00	accomplian (in applicable)
	6. Contributor address:	City State	ZIP Code		
	9014 Brimstone Ln Austin, TX 787	17-3018			
				(if travel outside o	Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·	pation / Job title (See Instructions)		oyer (See Instruction:	•
Accounting/l	-IR Rep.		R	andall Jones & Associa	ates
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
06/16/2014	Larry Mullowney			\$100.00	
	6. Contributor address:	City State	ZIP Code		
	107 Ranch Road 620 S # 27-F Lake	way, TX 78734-3942	2		
		<u> </u>		(if travel outside o	Texas, complete Schedule T)
Principal occu, Attorney	pation / Job title (See Instructions	·)		oyer (See Instruction allard & Mullowney	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
06/30/2014	June Murphy			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$100.00	
	12412 Audane Dr Austin, TX 78723	7-5762			
				(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions	.)	-	oyer (See Instruction	s)
Retired	· 		R	etired	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
06/30/2014	Cis Myers		7	\$25.00	description (ii applicable)
	6. Contributor address:	City State	ZIP Code	\$23.00	
	809 Canyon Creek Dr West Lake H	ills, TX 78746-2826			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	;)	10 Empl	oyer (See Instruction	s)
Client Service	e Representative	S	Self		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
06/30/2014	Mary Scott Lynn Nabers				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	901 S Mo Pac Expy Ste 1 Austin, T	X 78746-5	776			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)			oyer (See Instruction	s)
attorney				Se	elf	
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/13/2014	Nancy Neavel				\$50.00	description (in applicable)
	Contributor address:	City	State	ZIP Code	\$50.00	
	2905 Scenic Dr Austin, TX 78703-	1042			ļ	
					(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions	s)		1 '	oyer (See Instruction	s)
Retired				R	etired	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/21/2014	Marie & Anthony Nelson				\$700.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	8217 Partridge Bend Cv Austin, TX	K 78729-64	81			
					(if travel outside o	Texas, complete Schedule T)
1	pation / Job title (See Instructions	s)		· ·	oyer (See Instruction	s)
Vice Preside	nt			X	erox	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Gary & Lynne L. Newman				\$700.00	description (ii applicable)
	6. Contributor address:	City	State	ZiP Code	\$700.00	
	7811 RR 2338 Georgetown, TX 78	628				
					(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
President				Т	rio Development & En	titlements

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

(TDD 1-800-735-2989)

The I	nstruction Guide explains how to	complete	this form		Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole			÷	3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/23/2014	Adam Nims				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	100 Congress Ave Ste 225 Austin,	TX 78701-:	2713			
					(if travel outside of	Texas, complete Schedule T)
					oyer (See Instruction:	₹
Principal				T	rammell Crow Compar	ıy
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
05/19/2014	James Nortey				\$350.00	description (ii applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	2626 Stapleford Dr Cedar Park, TX	78613-761	12			
					(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Er				oyer (See Instruction:	s)	
Lawyer				A	ndrews Kurth	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution
06/12/2014	Kathy Nunn				\$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$330.00	
	PO Box 335 Austin, TX 78767-033	5				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occuj	pation / Job title (See Instructions	\$}			oyer (See Instruction	s)
Realtor			·	Se	elf-employed	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
05/31/2014	John V Nyfeler				\$250.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$250.00	
	3215 Hampton Rd Austin, TX 7870	05-2501				
					(if travel outside o	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction	s)
vice president / architect A				Aguirre Corp.		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 69				
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution
06/30/2014	Ron Opp				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$200.00	
	3874 Deer Valley Ln Maumee, OF	1 43537-916	5			
				14.4	(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emple	oyer (See Instruction	s)
Professor				U	niversity of Toledo	
4. Date	5. Full name of contributor	out-of-st	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Maryann Overath				\$50.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$30.00	
	1404 Crestwood Rd Austin, TX 78	722-1112				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		i -	oyer (See Instruction	s)
Attorney				S	elf	
4. Date	5. Full name of contributor	out-of-st	tate PAC _		7. Amount of	8. In-kind contribution
06/26/2014	Margaret R Owens				contribution \$200.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$200.00	
	7109 Geneva Dr Austin, TX 78723	3-1510				
					(if travel outside o	Texas, complete Schedule T)
•	pation / Job title (See Instruction	s)	<u>-</u>		oyer (See Instruction	s)
Volunteer Co	oordinator			T	ravis County	
4. Date	5. Full name of contributor	out-of-si	tate PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/23/2014	Joseph & Laverne J. Parker			•	\$700.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	PO Box 69 P.O. Box 69 Austin, T.	X 78767-006	59			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
attorney				L	aw Office of Joseph Pa	irker, Jr.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to		Total pages Schedule A: 69			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of	8. In-kind contribution
06/30/2014	Stefan Pharis				contribution	description (if applicable)
	6. Contributor address:	City Sta	ate Z	IP Code	\$100.00	
	2500 Homedale Dr Austin, TX 787	704-3837				
					(if travel outside o	Texas, complete Schedule T)
Principal occu	Principal occupation / Job title (See Instructions) 10 Emplo					5)
Architect				Pl	naris Design	
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of contribution	In-kind contribution description (if applicable)
06/10/2014	Brian & Shelle Pitman				\$700.00	description (ii applicable)
	6. Contributor address:	City Sta	áte Z	IP Code	\$700.00	
	9600 Bell Mountain Dr Austin, TX	78730-2713		ē		
					(if travel outside o	Texas, complete Schedule T)
· ·	pation / Job title (See Instruction	s)			oyer (See Instruction	s)
President/CC	00			In	dependence Title	
4. Date	Full name of contributor	out-of-state F	AC		7. Amount of contribution	In-kind contribution description (if applicable)
05/31/2014	Michael Polombo				\$250.00	description (ii applicable)
	Contributor address:	City St	ate 2	ZIP Code	\$250.00	
	PO Box 684277 Austin, TX 78768	-4277				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)		1	oyer (See Instruction	s)
Owner				Н	addingtons	
4. Date	5. Full name of contributor	out-of-state F	AC		7. Amount of contribution	In-kind contribution description (if applicable)
06/10/2014	Carol Polumbo				\$350.00	description (ii applicable)
	6. Contributor address:	City St	ate 2	ZIP Code	\$3.0.00	
	600 Congress Ave Stc 1800 Austir	ı, TX 78701-297	5			
	}				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
Attorney				McCall, Parkhurst & Horton LLP		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	nstruction Guide explains how to complete this form		Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole	:	3. ACCOUNT # (Et	hics Commission Filers)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
06/04/2014	Velva L Price		\$350.00	description (ii applicable)
	6. Contributor address: City State	ZIP Code		
	1601 Ridgemont Dr Austin, TX 78723-2552			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		oyer (See Instruction	
attorncy		C	lark, Miller & Campbe	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/27/2014	John & Shari Ramming		\$700.00	, , , , ,
	6. Contributor address: City State	ZIP Code		
	3413 Vintage Dr Round Rock, TX 78664-7902			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		oyer (See Instruction	-
CEO		R	amming Paving Compa	any
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/16/2014	Mark Ramseur		\$150.00	description (ii applicable)
	6. Contributor address: City State	ZIP Code	\$130.00	
	614 W Bartlett Dr Buda, TX 78610-3468			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	s)
Engineer		P	ape Dawson Engineers	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution	8. In-kind contribution
05/31/2014	Paul Raney		\$50.00	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$30.00	
	1026 Clayton Ln Austin, TX 78723-4200			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
Director of G	overnment Affairs	l N	falone Law	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 04/19/2013 www.ethics.state.tx.us

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how t	Total pages Schedule A: 69					
2. FILER NAME	Sheryl Cole					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC			7. Amount of	8. In-kind contribution
05/14/2014	Dick & Sara Rathgeber					contribution	description (if applicable)
	6. Contributor address:	City	State	ZII	Code	\$700.00	
	2711 Hillview Dr Austin, TX 7870)3					
						(if travel outside of	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)			10 Emplo	oyer (See Instruction:	s)
Retired				}	R	etired	
4. Date	5. Full name of contributor	out-of-s	state PAC _			7. Amount of	8. In-kind contribution
06/27/2014	Daniel & Kari J. Reagan					contribution	description (if applicable)
	6. Contributor address:	City	State	ZII	P Code	\$700.00	
	1939 E Laird Dr Salt Lake City, U	T 84108-18	22				
						(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Empl					10 Emplo	oyer (See Instruction	s)
President					R	eagan Outdoor Adverti	ising
4. Date	5. Full name of contributor	Out-of-s	state PAC _			7. Amount of	8. In-kind contribution
06/19/2014	Frances & Jake Reagan					contribution	description (if applicable)
	6. Contributor address:	City	State	ZII	P Code	\$700.00	
	1475 E Federal Heights Dr Salt La	ike City, UT	84103-44	43			
						(if travel outside o	Texas, complete Schedule T)
Principal occu advertising	pation / Job title (See Instruction	ns)				oyer (See Instruction elf	s)
4. Date	5. Full name of contributor	out-of-s	state PAC			7. Amount of	8. In-kind contribution
06/19/2014	William & Lucy Reagan II	_				contribution	description (if applicable)
	6. Contributor address:	City	State	ZII	P Code	\$700.00	
	4100 McBrine Pl Austin, TX 7874	6-1928					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)			10 Empl	oyer (See Instruction	s)
advertising c	xecutive				R	eagan Advertising	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 69				
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/27/2014	William and Julia Reagan				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	1492 E Penrose Dr Salt Lake City,	UT 84103-	4467			
					(if travel outside of	Texas, complete Schedule T)
9. Principal occu	9. Principal occupation / Job title (See Instructions) 10 Emplo					s)
advertising				Sé	elf	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/23/2014	Jerry Reed				\$350.00	
	6. Contributor address:	City	State	ZIP Code	1	
	510 W 15th St Austin, TX 78701-	1512				
					(if travel outside o	Texas, complete Schedule T)
<u>-</u>	pation / Job title (See Instruction	ıs)			oyer (See Instruction	s)
President					evelopment 2000	
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/27/2014	Andrew R. Reese				\$350.00	description (if applicable)
,	6. Contributor address:	City	State	ZIP Code	\$330.00	
	100 Congress Ave Ste 780 Austin,	, TX 78701-	2721		ļ	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
real estate as	sociate			R	iverside Resources	
4. Date	5. Full name of contributor	Out-of-	state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
06/27/2014	Donald & Gina Reese				\$700.00	description (il applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	2914 Regents Park Austin, TX 787	746-7617				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empl	oyer (See Instruction	s)
Founder				R	iverside Resources	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The I	Instruction Guide explains how to	complete 1	this form		Total pages Sche 69	edule A:
2. FILER NAME	Sheryl Cole				3. ACCOUNT#(Et	nics Commission Filers)
4. Date	5. Full name of contributor	Out-of-sta	ate PAC		7. Amount of	8. In-kind contribution
06/05/2014	Robert & Grace Renbarger					description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
ı	4605 Charles Ave Austin, TX 7874	6-1000				
					(if travel outside of	Texas, complete Schedule T)
Principal occup					oyer (See Instruction:	
attorney	**************************************			Fı	ritz, Byrne, Head & Ha	rrison
4. Date	5. Full name of contributor	out-of-sta	ate PAC _		7. Amount of contribution	8. In-kind contribution
06/30/2014	Alejandro Reyna					description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	701 Brazos St Ste 450 Austin, TX	78701-2687				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
Project Engir	neer			Н	NTB Corporation	
4. Date	5. Full name of contributor	out-of-st	ate PAC		7. Amount of	8. In-kind contribution
06/20/2014	Dan R. Richards				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1403 Kent Ln Austin, TX 78703-38	818				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
Attorney				R	ichards, Rodriguez & S	skeith
4. Date	5. Full name of contributor	out-of-st	ate PAC _		7. Amount of	8. In-kind contribution
06/23/2014	Jim Ritts				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	PO Box 1566 Austin, TX 78767-15	566			1	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
Director				A	ustin Theatre Alliance	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	e Instruction Guide explains how t	Total pages Sche 69	edule A:			
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
06/20/2014	Sherrie & Frederick Robinson			contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	6011 Lonesome Valley Trl Austin	, TX 78731-	-375 l			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	upation / Job title (See Instruction	10 Emple	oyer (See Instruction	s)		
Agent				S	tate Farm	
4. Date	5. Full name of contributor	Qui-of-s	state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/20/2014	Kali P. Rourke				\$350.00	description (il applicable)
	6. Contributor address:	City	State	ZIP Code	3350.00	
	7112 Foxtree Cv Austin, TX 7875	0-7918				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	upation / Job title (See Instruction	ns)		I	oyer (See Instruction	s)
President				S	eedling Foundation	***
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Garrett Scales				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	609 Caribou Ridge Trl Pflugervill	e, TX 78660	0-3716		1	
	-				(if travel outside o	Texas, complete Schedule T)
· ·	upation / Job title (See Instruction	ns)		•	oyer (See Instruction	
Anesthesiol	ogist			C	aptial Anesthesiology	Association
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of contribution	8. In-kind contribution
06/27/2014	James Schissler				\$200.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$200.00	
	6556 Needham Ln Austin, TX 78	739-1512				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	upation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
Civil Engin	eer			Jo	ones & Carter	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 69				
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/25/2014	Jurgen Schmandt				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	300 Bowie St Apt 3902 Austin, TX	78703-468	39			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	Principal occupation / Job title (See Instructions) 10 Em					s)
Professor En	neritus			ι	Iniversity of Texas	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Fred Schmidt				\$350.00	description (ii applicable)
	Contributor address:	City	State	ZIP Code	\$330.00	
	PO Box 1445 Austin, TX 78767-14	1 45				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emp	loyer (See Instruction	s)
CEO				\	Vild About Music	
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of contribution	8. In-kind contribution
05/23/2014	Will Schnier				\$250.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$250.00	
	815 Brazos St # 534 Austin, TX 78	701-2562				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		•	loyer (See Instruction	s)
Engineer				E	BIG RED DOG, Inc.	
4. Date	5. Full name of contributor	Oul-of-	state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/21/2014	Jason Schubert				\$350.00	idescription (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1603 Westover Rd Austin, TX 787	03-1913		·		
					(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruction	s)		1	loyer (See Instruction	s)
Accountant				l I	ЛFI	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to	complete	this form		Total pages Sche 69	edule A:
2. FILER NAME	Sheryl Cole					hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/19/2014	Shannon Sedwick 6. Contributor address:	City	State	ZIP Code	\$250.00	
	350 King Arthur Ct Austin, TX 787	746-5043			(if travel outside o	Texas, complete Schedule T)
l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				oyer (See Instructions sther's Follies	s)	
4. Date 06/30/2014	Full name of contributor B. R. Scntcrfitt	Out-of-s	_	710.0	7. Amount of contribution \$350.00	In-kind contribution description (if applicable)
	6. Contributor address: 300 W 6th St Austin, TX 78701-39	City 02	State	ZIP Code	(if travel outside o	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions	s)		1	oyer (See Instruction reenberg Traurig LLP	s)
4. Date 06/23/2014	5. Full name of contributorNancy W Shapiro6. Contributor address:1806 Barton Pkwy Austin, TX 7876	City 04-3210	state PAC _	ZIP Code	7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)
Principal occu Contractor	pation / Job title (See Instructions	s)			(if travel outside o oyer (See Instruction clf-cmployed	Texas, complete Schedule T)
4. Date 06/26/2014	Full name of contributor Mike & Toni Shea	Out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
	6. Contributor address: 4801 Broken Bow Pass Austin, TX	City . 78745-283	State	ZIP Code	\$700.00 (if travel outside o	Texas, complete Schedule T)
 Principal occu Executive Plant 	pation / Job title (See Instructions	s)		1	oyer (See Instruction XSW	s)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	e Instruction Guide explains how	to complete	e this form		Total pages School 69	edule A:	
2. FILER NAME	E Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-	state PAC _	·	7. Amount of	8. In-kind contribution	
06/11/2014	Stacey Sheridan				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$50.00		
	4231 Westlake Dr Austin, TX 787	46-1464					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occ	cupation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)	
Project Mar	nager			C	TA Architects		
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of	8. In-kind contribution	
06/19/2014	Molly Sherman				contribution \$50.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$50.00		
	8402 Cross Park Dr Austin, TX 78	3754-4595					
					(if travel outside o	Texas, complete Schedule T)	
,	cupation / Job title (See Instruction	15)			oyer (See Instruction	s)	
Chief Adva	encement Officer			A	ustin Recovery		
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution	
06/23/2014	Jane Dunn Sibley				\$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$550.00		
	2210 Windsor Rd Austin, TX 787	03-3115					
					(if travel outside o	Texas, complete Schedule T)	
	cupation / Job title (See Instruction	ıs)		1	oyer (See Instruction	s)	
Retired				R	Retired		
4. Date	Full name of contributor	Out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)	
06/23/2014	David & Nancy Siefken				\$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$330.00		
	7704 Kiva Dr Austin, TX 78749-2	916					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occ	cupation / Job title (See Instruction	15)		10 Empl	oyer (See Instruction	s)	
Director of	Director of Public Relations				McDonald Public Relations		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The I	Instruction Guide explains how to	complete	this form			Total pages Schedule A:	
IIIC	mandetion Guide explains now to	complete	uns ionn	•		69	
2. FILER NAME	Sheryl Cole					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	tate PAC _			7. Amount of	8. In-kind contribution
06/30/2014	Beverly S. Silas					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIF	Code	\$50.00	
	1843 Coronado Hills Dr Austin, TX	78752-211	16				
						(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		1	10 Emplo	oyer (See Instruction:	s)
President					В	everly Silas & Associa	tes
4. Date	5. Full name of contributor	Out-of-s	tate PAC _			7. Amount of contribution	In-kind contribution description (if applicable)
06/16/2014	Andrew Smith					\$350.00	, accompliant (ii application)
	6. Contributor address:	City	State	ZIF	Code	\$350.00	
	401 Congress Ave Ste 1850 Austin,	TX 78701	-3788				
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	Principal occupation / Job title (See Instructions)				10 Emplo	oyer (See Instruction:	s)
Director of L	easing				Pa	arkway	
4. Date	5. Full name of contributor	oul-of-s	tate PAC _			7. Amount of contribution	8. In-kind contribution description (if applicable)
06/28/2014	Gregory Smith					\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIF	Code	\$550.00	
	2709 Dagama Ct Cedar Park, TX 78	3613-5716					
						(if travel outside o	Texas, complete Schedule T)
· ·	pation / Job title (See Instructions)			•	oyer (See Instruction	
President & 0	CEO				A	ustin Revitalization Au	uthority
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of contribution	In-kind contribution description (if applicable)
05/16/2014	Stacy Smith					\$350.00	accomplian (ii applicable)
	6. Contributor address:	City	State	ZIF	Code	\$350.00	
	4104 Wildwood Rd Austin, TX 787	22-1122					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)			10 Emplo	oyer (See Instruction	s)
Vice Presider	nt				Intel		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

(512) 463-5800

						ti an
The	Instruction Guide explains how to	o complete thi	is form.		Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	Full name of contributor	oul-of-state	PAC		7. Amount of	8. In-kind contribution
06/27/2014	Bertha M. Solomon				contribution	description (if applicable)
	6. Contributor address:	City S	State	ZIP Code	\$50.00	
	1516 Harding St Wichita Falls, TX	76301-7412				
					(if travel outside o	Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instruction	s)		· ·	oyer (See Instruction etired	s)
4. Date	5. Full name of contributor	Out-of-state	PAC		7. Amount of	8. In-kind contribution
06/30/2014	Brad Spies				contribution	description (if applicable)
00/30/2014	•	City C	`***	ZID Codo	\$350.00	
	6. Contributor address:	•	State	ZIP Code		
	507 Sabine St Apt 603 Austin, TX	78701-4182				
				1	<u> </u>	Texas, complete Schedule T)
· ·	pation / Job title (See Instruction	s)			oyer (See Instruction XSW	s)
Brand Develo	•					
4. Date	5. Full name of contributor	out-of-state	PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
06/30/2014	Ronald Lee and Denise Suman				\$700.00	description (if applicable)
	6. Contributor address:	City S	State	ZIP Code	\$700.00	
	4702 Broadhill Dr Austin, TX 7873	23-6104				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
Sales Manage	er			S	XSW	
4. Date	5. Full name of contributor	Out-of-state	PAC		7. Amount of	8. In-kind contribution
06/29/2014	Steve Swanson				contribution	description (if applicable)
	Contributor address:	City 5	State	ZIP Code	\$20.00	
	5000 Mission Oaks Blvd Austin, T	X 78735-6738				
					(if travel outside o	l Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
					etired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The I	nstruction Guide explains how to	complete	this form.		Total pages Schedule A: 69		
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-s	tate PAC			8. In-kind contribution	
06/30/2014	David Talbot	_	_	 -	contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$250.00		
	2500 Mountain View Dr Austin, TX	(78704-46	39				
					(if travel outside of	Texas, complete Schedule T)	
Principal occup Attorney	pation / Job title (See Instructions	5)		1	oyer (See Instructions G's Office	s)	
4. Date	5. Full name of contributor	out-of-s	tale PAC		7. Amount of	8. In-kind contribution	
06/22/2014	Darius Terrell	_			contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	11313 Aden Ct Austin, TX 78739-1	•	212.12				
	11313 Auen Ct Ausun, 17 70735-1	1369			(if travel outside o	Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions) 10 Emp					oyer (See Instruction	<u> </u>	
1 '	itions Architect	-,			ЗМ		
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution	
06/25/2014	Robin Thigpin	_	_		contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$75.00		
	4300 Tambre Bnd Austin, TX 7873	8-6790					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)	
Banker		~~~		V	Vells Fargo		
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution	
06/30/2014	Danny L. Thomas				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	 11721 Voelker Reinhardt Way Mar	юг, ТХ 786	553-3965				
	·				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	s)	· -	10 Empl	oyer (See Instruction	s)	
Constable				N	Manor Police		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to	complete	this form.		Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Eti	nics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
06/30/2014	Dwight Thompson		_		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$10.00	
	PO Box 5734 Austin, TX 78763-57	734				
				* •	(if travel outside of	Texas, complete Schedule T)
				oyer (See Instructions SCC	5)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
06/27/2014	Cheryl Tidwell	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	 1507 Pinehurst Ln Round Rock, TX	X 78664-61	47			
					(if travel outside of	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 Emp				10 Emplo	oyer (See Instructions	s)
Paralegal				N	/A	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/25/2014	Walter Timberlake				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	PO Box 292 Austin, TX 78767-029	92				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)		•	oyer (See Instruction	s)
Retired				R	etired 	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
06/27/2014	Dean & Marci Tomme				\$700.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	PO Box 467 Lampasas, TX 76550-	-0004				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)			oyer (See Instruction	s)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to	complete	this form.		Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Eti	nics Commission Filers)
4. Date	5. Full name of contributor	Out-of-st	ate PAC		7. Amount of	8. In-kind contribution
06/30/2014	Laura L. Toups				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	İ
	305 Le Grande Ave Austin, TX 787	04-1830				
					(if travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)			oyer (See Instructions	s)
Managing Pa	rtner			υ	rban Design Group	
4. Date	5. Full name of contributor	Out-of-st	ate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
06/11/2014	Nicki T. Tyler				\$150.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$130.00	
	1705 Bay Hill Dr Austin, TX 78746	-6249				
					(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)					oyer (See Instruction:	s)
Chairman of	the Board			St	tewart Title of Austin	
4. Date	5. Full name of contributor	out-of-st	ate PAC		7. Amount of	8. In-kind contribution
06/30/2014	Joe D Valenzuela				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$300.00	
	 1620 Shady Hillside Pass Round Ro	ck, TX 786	65-3822			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
Consultant				Se	elf-employed	
4. Date	5. Full name of contributor	ul-of-st	ate PAC		7. Amount of	8. In-kind contribution
05/16/2014	Genevieve Van Cleve				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	 4107 Wildwood Rd Austin, TX 787	22-1121				
					(if travel outside o	Texas, complete Schedule T)
9 Principal occu	<u> </u>				<u> </u>	· · · · · · · · · · · · · · · · · · ·
Jo. 1 Illicipal occu	pation / Job title (See Instructions	;)		10 Emplo	oyer (See Instruction:	s)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 69				
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/19/2014	Robert Wade	<u> </u>	_		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$100.00	
	17825 Silent Harbor Loop Pflugervi	lle, TX 78	660-2258			
					(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Engineer				I	oyer (See Instruction BM	s)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
06/28/2014	James F. Walsh				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	7124 Quimper Ln Austin, TX 78749	9-1949				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	5)		10 Emple	oyer (See Instruction	s)
General Man	ager			В	arton Creek Resort & 5	Spa
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of	8. In-kind contribution
05/29/2014	Milton G. Washington				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$150.00	
	 11500 Oak Trl Austin, TX 78753-28	842				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	i)		1	oyer (See Instruction	s)
Accounts Ex	aminer			Т	exas Comptroller	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Gwendolyn & Stephen H. Webb				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
	2640 Barton Hills Dr Austin, TX 78	704-4508				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	.)			oyer (See Instruction	s)
Attorney				l v	Vebb & Webb	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	complete	this form	,	Total pages Sche 69	edule A:	
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-s	tate PAC _		* *	8. In-kind contribution	
06/19/2014	Melba Whatley				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	PO Box 5623 Austin, TX 78763-56	23					
			_		(if travel outside of	Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)		· ·	oyer (See Instruction:	s)	
investments				С	larite Holdings		
4. Date	Full name of contributor	aut-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)	
06/24/2014	Matt & Lauren Whelan				\$700.00	description (ii applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00		
	1805 Elton Ln Austin, TX 78703-29	915					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)		1	oyer (See Instruction	s)	
Principal				L	ive Oak Gottesman	<u></u> .	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)	
05/18/2014	Yvette Cole Whitaker				\$300.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$500.00		
	3814 Black Crickett Ct Humble, TX	77396-16	03				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)	
Teacher			,	Т	imbers Elementary		
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
06/30/2014	Scott & Rachel M. Wilcox				contribution \$700.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	3700.00		
	2507 Cascade Dr Austin, TX 78757-2107						
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	•)		10 Emplo	oyer (See Instruction	s)	
Chief Technical Officer					sxsw		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 69							
2. FILER NAME	Sheryl Cole					3. ACCOUNT # (Et	hics Commission Filers)		
4. Date	5. Full name of contributor	out-of-s	state PAC		-	7. Amount of	8. In-kind contribution		
06/23/2014	Beatrice Williams					contribution	description (if applicable)		
	Contributor address:	City	State	ZIP	Code	\$150.00			
	1602 Andrews Dr Wichita Falls, TX	X 76301-13	01						
						(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	pation / Job title (See Instructions	3)		1	0 Emplo	oyer (See Instruction:	s)		
Retired					R	etired	,		
4. Date	5. Full name of contributor	out-of-s	state PAC _			7. Amount of	8. In-kind contribution		
06/30/2014	Calvin & Sophia Williams					contribution	description (if applicable)		
	Contributor address:	City	State	ZIP	Code	\$700.00			
	2424 Silent Brook Trail Austin, TX	78723							
						(if travel outside of	Texas, complete Schedule T)		
9. Principal occu	pation / Job title (See Instructions	s)		1	0 Empl	oyer (See Instruction	s)		
Owner					R	elief Enterprise			
4. Date	5. Full name of contributor	out-of-s	state PAC _			7. Amount of	8. In-kind contribution		
06/25/2014	Brent Williamson					contribution	description (if applicable)		
	Contributor address:	City	State	ZIP	Code	\$100.00			
	3401 Fritz Hughes Park Rd Austin,	TX 78732	-1613						
						(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	pation / Job title (See Instructions	s)		1	0 Emplo	oyer (See Instruction	s)		
Realtor					В	rent Williamson Real E	Estate		
4. Date	5. Full name of contributor	out-of-s	state PAC			7. Amount of	8. In-kind contribution		
06/30/2014	Leslie & Christopher Wingo	_	_			contribution	description (if applicable)		
	Contributor address:	City	State	ZIP	Code	\$700.00			
	2222 Rio Grande Building C El Pas	so, TX 7996	01						
						(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	pation / Job title (See Instructions	s)	•	1	0 Emple	oyer (See Instruction	· · · · · · · · · · · · · · · · · · ·		
Partner		· · · · · · · · · · · · · · · · · · ·					Sanders/Wingo		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The I	Instruction Guide explains how to	Total pages Schedule A: 69				
2. FILER NAME	Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/25/2014	Susan Wise				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	1604 Bridgeway Dr Austin, TX 78	704-4970				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		'	yer (See Instruction	s)
Consultant				Se	elf-employed	
4. Date	Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/30/2014	Reagan Wood				contribution \$250.00	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$230.00	
	5602 Jim Hogg Ave Apt B Austin,	TX 78756-	1314			
					(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			10 Emplo	oyer (See Instruction	s)	
Investor				R	eagan Wood Acquisition	ons
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
06/30/2014	Terry Woodroffe				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	3001 Lyons Rd Austin, TX 78702-	3638				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction:	s)		·	oyer (See Instruction	s)
Writer				Si	elf-employed	
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
06/24/2014	Howard & Mary Yancy				contribution \$700.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$700.00	
					1	!
	100 Skyline Dr West Lake Hills, T.	X 78746-36	509			
	100 Skyline Dr West Lake Hills, T	X 78746-36	509		(if travel outside o	Texas, complete Schedule T)
9. Principal occu	100 Skyline Dr West Lake Hitls, T. pation / Job title (See Instructions			10 Empk	(if travel outside o	·

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The	Instruction Guide explains how to	complete this f	orm.		Total pages Schedule A: 69	
2. FILER NAME	Sheryl Cole		·		3. ACCOUNT#(Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PA	c		7. Amount of	8. In-kind contribution
06/16/2014	Kent & Lora Zarbock				contribution	description (if applicable)
	6. Contributor address:	City Stat	te ZI	P Code	\$700.00	
	7105 W Rim Dr Austin, TX 78731	-2062			,	
					(if travel outside of	Texas, complete Schedule T)
· ·	pation / Job title (See Instruction	s)		•	oyer (See Instruction:	s)
Division Pres	sident			D	.R. Horton	···
4. Date	Full name of contributor	out-of-state PA	.c		7. Amount of contribution	In-kind contribution description (if applicable)
06/23/2014	Gary E Zausmer				\$250.00	description (it applicable)
	Contributor address:	City Stat	te ZI	P Code	\$230.00	
	401 Congress Ave Austin, TX 787	01-4071				
					(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)					oyer (See Instruction	s)
Attorney				W	/instead	
4. Date	5. Full name of contributor	out-of-state PA	.c		7. Amount of	8. In-kind contribution
06/24/2014	Diana & Victor Zuniga				contribution \$700.00	description (if applicable)
	6. Contributor address:	City Sta	te ZI	P Code	\$700.00	
	300 Bowie St Apt 3301 Austin, TX	78703-4679				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)			oyer (See Instruction	s)
President/Ov	vner		 	In	westors Alliance, Inc.	
4. Date	5. Full name of contributor	out-of-state PA	.c		7. Amount of	In-kind contribution description (if applicable)
06/24/2014	Gloria Zuniga				contribution \$350.00	idescription (if applicable)
	6. Contributor address:	City Sta	te ZI	P Code	\$350.00	
	300 Bowie St Apt 3301 Austin, TX	78703-4679				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
Retired				R	etired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense 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 Travel Out Of District Candidate/Officeholder/Political Committee Event Expense Polling Expense 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 3 ACCOUNT # (Ethics Commission Filers) 0000 1564 Shenyl 4 Date Spears 5/29 7 Payee address: City; State; Zip Code 6 Amount (\$) 606 W. 17th St. Austin TX , 78701 2250 NC 201E +9A (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Salaries | Wages **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH NGP VAN Ce [1] 14 City; State; Zip Code Amount (\$) 1101 15th St NW Suite 500; Awashington DC 20005 400.00 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF solicitation (fundraising EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH message, Audience Presentation Payee address; City; State; Zip Code 6/1/14 Amount (\$) 2400 S. 4th St, Austin TX; 78704 250.00 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Event Expense Camera operator **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Message, Audience, Presentation 6/1/14 Amount (\$) 2400 5. 4th St; Austin TX; 78704 105,00 Category (See categories listed at the top of this schedule) **PURPOSE** All equipment rental Event Expense **EXPENDITURE** Candidate / Officeholder name Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Complete ONLY if direct expenditure to benefit C/OH **Advertising Expense**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

SCHEDULE F

(512) 463-5800

Loan Repayment/Reimbursement

Accounting/Banking		n/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In C Polling Expense Travel Out	District Contributions/Donations Made By t Of District Candidate/Officeholder/Political Committee
Fees	- ·	erhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains I	now to complete this form.
1 Total pages Schedule F:	Shery Cole	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name Message, Audience	- , Presentation
6 Amount (\$)	7 Payee address: City; State; Zip C	ode
128.82	2400 S. 4+4 St. , A.	stin TX; 78704
8 PURPOSE	(a) Category (See categories listed at the top of this schedu	ule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage_Expens	se Annoucement food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 6 2 14	Payee name Kevin OPP	
Amount (\$)	Payee address; City; State; Zip C	code
22 20.00	2700 Carnanion L	n, Austin TX 78704
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	salaries / Wages	Salary
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held
Date 4/3/14	Payee name Austin World	of Rentals
Amount (\$)	Payee address; City; State; Zip C	
279.83	5812 Trade Conter	Dr. #300, Austin TX, 78744
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Announcement Tent
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held
G /5 /14	Payee name Schlot2KY'S	
Amount (\$)	Payee address: City; State; Zip C	ode
64.94	218 Lamar Blud	; Austin TX; 78704
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Beverage	Finance Conte lunch
Complete ONLY if direct expenditure to benefit C/s	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Pollting Expense Travel Out O	of District Candidate/Officeholder/Polit ead/Rental Expense OTHER (enter a category not in	lated Expense By ticał Committee
1 Total pages Schedule F:	2 FILER NAME Shemil Cole	3 ACCOUNT # (Ethics Co	•
4 Date (e/11/14	5 Payee name Harland Clarke	Check Order	
6 Amount (\$)	7 Payee address; City; State; Zip Cod		
30.05	1893/ Laureage Or	r; San Antonio TX	, 78249
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Sc	:hedule T)
OF EXPENDITURE	Accounting Banking	check order	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office	e held
Date	Payee name		
G/12/14	Google Voice		
Amount (\$)	Payee address; City; State; Zip Coc		
10.00	http://www.google.co	an)	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sc	:hedule T)
EXPENDITURE	office overhead	phone number	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office	e held
O 13/14	Office Depot		·
Amount (\$)	Payee address; City; State; Zip Cod	le	
8.65	2101 S. Lamar Blue	d, Austin TX, 7870	34
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sc	:hedule T)
EXPENDITURE	office overhead	Binders	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office	e held
Date	Payee name	_	
6/18/14	Joan Brook. P	hotography	
Amount (\$)	Payee address; City; State; Zip Cod	•	
75.00	5103 Lea Cove,	Austin TX, 78731	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sc	:hedule T)
EXPENDITURE	Event Expense	thotography	
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought Office	e held
	ATTACH ADDITIONAL COPIES OF T	HIS 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

P.O. Box 12070

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)

(512) 463-5800

	The instruction Guide explains how to	complete this form.			
1 Total pages Schedule F:	Shery/ Cole		3 ACCOUNT # (Ethics Commission Filers)		
4 Date (20/14	Message, Audience,	Presenta	tion		
6 Amount (\$)	7 Payee address; City; State; Zip Code				
75.00	2400 S. 4+5 St., Austi	n tx, 7	18704		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra-	vel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense	Mailchi	mp		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
6/20/14	Payee name Message, Audience, Payee address, City; State; Zip Code	Presentati	ion		
Amount (\$)	Payee address City; State; Zip Code				
425.00	2400 s. 4+4 St, Austi	in TX,7	8704		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra-	vel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Event Expense	Photogr	aphy		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date 6/20/14	Payee name Message, Audience, Payee address: City: State: Zip Code	Presental	rion		
Amount (\$)	Payee address; City; State; Zip Code				
300.00	2400 S. 4+4 St., Hust	or, xt vi	3704		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Event Expense	Photogra	phy		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
C/21/14	Message, Audience	Present	hation		
Amount (\$)	Payee address; City; State; Zip Code				
75.00	2400 S. 4th St., Austi	in TX;	7870 4		
PURPOSE	Category (See categories fisted at the top of this schedule)		vel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense	Mailchi	imp		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Name of candidate/officeholder:	Shery	Cole	
	- 1		

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler		Occupation	Employer	Total Amount Bundled
Richard Maier	704 E. 45" 1/2 st. Austin TX, 78751	Vice President	O.R. Horton	\$10,025
Jody L. Hayeman	1808 Boston Phuy Austi TX 78709	Allogney	Self-employed	\$ 4,100
		/		

	ne of	Address	Occupation	Employer	Contribution	Bundler
	tributor				Amount	
	Carlfon	4504 E Ropal Strings Awatin TX 78746	President	C.C. Carlton Industrio	\$ 700	Richard Maier
David	esa Morgan	Austin TX, 78,746 9014 Brinstone Co. Austin TX, 78,717	5 1. A.	Rondall Jones + Assectato	1	Richard Majer
John	Collins	LINE WILL ALL THE COOLS		Rondall Jones 4 Assaultes		Richard Maier
Bill		1251 Country road Georgetown TX, 78633		Benton + Associates		Richard Majer
Horo	ld Chapman	122 121 110		Chapman Audi Excuste		Richard Moier
Bob Debl	oic Finley	11502 Hove tr. Austil TX. 78726		Greater Austin Developme		Richard Maier
John Shar		13413 Vintuge Dr. Round Rock TX, 78664		Ramming Paving Co.	\$700	Richard Majer
Dem Marci	1 Tomme	PO BOX 167 Lampures TX, 76550	Vice President	DNT Construction	\$700	Richard Moier

Name of candidate/officeholder:	Shervl	Cole	

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled

Name of	Address	Occupation	Employer	Contribution	Bundler
Contributor				Amount	
		Aresident +	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	h	0 1 N M
Cynthia McGlauflin	Georgehun TX, 78628	CEO	DNT Construction	\$ 700	Richard Maier
Brent +	400 Talkeeting Lr.		_	,	Lat Aug
Poppy Jones	Ceder Park TX, 78613	Owner	Randall Jones + Associ.	S /00	Richard Maier
1	12 a Taberry Vay			_	Richard Majer
Sam Dawson	San Antonio TX 78230	CH)	Pape Dawson Enginas	\$ 220	Kichaid Mille.
Eugene Dawson	Day To a D		Pape Dawson Engineers		Richard Maier
	1202 Ga alon 4		'		
Janes Lampasona	Austro TX 78756	Marketing Maritz	National Instruments	\$ 220	Richard Maier
	614 W. Boutlett Dr.	9			! 1
Mark Ragseur	Buda TX, 78610	Engineer	Page Danson Engineers	\$150	Richard Maier
	7705 Blue Liky O.)		0.1 1
Oustin Guss	Austi TX 78759	Engineer	Pape Dayson Engineers	7 32	Richard Moier
	7800 Shool Creek Blud.	~	i '		Richard Maier
James Huffcut	Austra IX 78757	Engineer	Pape Dawson Engineers	\$120	INICHAYO MIAIRE

Name of candidate/officeholder:	Shen	1 Cole		
	<u> </u>	•	· -	
	,			

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled

Name of	Address	Occupation	Employer	Contribution	Bundler
Contributor				Amount	
Buruell +	1905 Cononero Or.		D.K. Horton	t -	0.1 1
Terri McClendon	Austin TX, 78746	Realton	Prealtoc	\$700	Richard Maier
	2208 Rail Catorce A.	Architectural		k	
Stevyn Heminy	Austin TX, 78746	Design	D.R. Horton	\$350	Richard Maier
	8001 Bay wood Dr.	Construction		L _	a . N
Share Goodman	Austin TX, 78759	Minager	D. R. Harton	\$300	Richard Maier
Kent +	7105 W. Rim Dr.	Ú	1	λ -	and a
Lora Zarbak	Austin TX, 78731	División President	D.R. Horton	\$ 700	Richard Majer
0 -	2301) Capital & TV.		1	ka	
Claudia Crocker	Aushis TX 78746	Attorney	Self-employed	\$350	Jody Hagemann
,	4816 Shoul Creek Blud	/,	T 1	L	
Rachel Knox	Austin TX , 78756	Principal	HTH Capital	\$350	Jody Hagemann
	5300 Marsh Creek D.	Director of	·	٠ ـ ـ ا	a/ \\
Theresa Canchola	Austin TX, 78759	government Affairs	Waterstone Development	7320	Jody Hagemann
	5300 Morsh Creek Dr.		- 01	x >~~	
Morcos Canchola	Austin TX, 78759	Owner	Barfly's	\$ 350	Jody Hagemann
	-		1		1

Name of candidate/officeholder:	Sherry	Cole	

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled

Name of	Address	Occupation	Employer	Contribution	Bundler			
Contributor				Amount				
Cay &	7811 R.R. 2338 Grosphun TX, 78628	Day Oak	Trio Development + +14.	\$ 7m	Jody Haneman			
Lyme Newman		i	•	i	Judy Hagemann			
Nancy Sietken	7704 Kiva Or. Austin TX 78749	Public Relations	McDorald Robbic Relates	\$350	Jody Hagemann			
Jeny Reed	510 W. 15th St. Austin TX, 78701	0 0 1	Development 2000	1 1 _	Jody Hagemann			
Nany Shapiro	1806 Barton Pray Austin TX, 78704	Contractor	Self-employed		Jody Hagemann			
Patricle & Scrah Hudson	12014 Wychiff Cn. Aushh TX, 78727	Attorney	McLeon + Howard		Judy Hagemann			
Michael Ciback	1904 Lorchmont Or. Author TX, 78704	Attorney	Wills & Estate Low	\$350	Jody Hagemann			
	,	/						
<u></u>								

Lobbyists)	employed by	, or compensate	d to lobby by: (1) an	y Bundler identified	Bundler identified in Section 1 above, (2)		
		_					
	· ·		<u>-</u>				
		·				2	
	Lobbyists)	Lobbyists) employed by	Lobbyists) employed by, or compensate	Lobbyists) employed by, or compensated to lobby by: (1) an	Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified	Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified in Section 1 about business association through which the Bundler does business, or (3) the Bundler's employer.	

STATE OF TEXAS VERIFICATION

I certify that the total amount bundled on my behalf in the campaign period by all partners, shareholders, principals, employees, and persons who conduct business through a business association that is subject to City Code, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit set by City Charter, Article III, Section 8(A)(1) for the entire business association.

Note: It is important to remember that contributions to you are from the <u>actual donor</u>, <u>not</u> from the individual who solicited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the contributor.

Signature of Affiant