## CANDIDATE/OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

## FORM C/OH Cover Sheet PG 1 & 2

	The C/OH Instruction	n Guide explains how t	o complete this form.	1. ACCC (Ethics Con	OUNT # Imission Filers)	2. Total page	es filed:
3	CANDIDATE/	MS/MRS/MR	FIRST		MI	OFFICE	USE ONLY
	OFFICEHOLDER		Sheryl			Date Received	
ļ	NAME	NICKNAME	LAST		SUFFIX		
			Cole				
4	CANDIDATE	ADDRESS /PO BOX:	APT/SUITE # CITY	' STAT	E: ZIP CODE	<b>-</b>	
4	CANDIDATE/ OFFICEHOLDER ADDRESS	PO Box 13	Austin	TX	78767	Date Hand-delivere	ate Postmarked
	Change of Address					:	UST 00
5	CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENS	SION	Receipt #	Z J BEI
	OFFICEHOLDER PHONE	(512) 814	1-8795				IN CITY C RECEIVED
6	CAMPAIGN	MS/MRS/MR	FIRST		MI	Date Processed	110 03 0,0
	TREASURER		Robbie			Date Imaged	CLERK
	NAME	NICKNAME	LAST		SUFFIX	Cate imaged	
			Ausley				
7	CAMPAIGN	STREET ADDRESS:	APT/SUITE#	CITY	STATE:	ZIP CODE	<u> </u>
	TREASURER ADDRESS (Residence or Business)	3707 Laurel Ledge Ln		Austin	TX	78731	
8	CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	SION		
6	TREASURER PHONE	(512) 784	1-8971				•
9	REPORT TYPE	January 15	30th day before election	_	Runoff Exceeded \$500 limit	☐ appointm	after campaign tresurer ent (officeholder only) ort (Attach- COH-FR)
10	PERIOD	Month Day	Year		Month	n Day Y	'ear
	COVERED	09/26/2014		IROUGH		10/25/2014	·
11	ELECTION	ELECTION DATE Month Day 1 I /04/2014	Year Prima	rv [	Runoff	☑ General	☐ Special
12	OFFICE	OFFICE HELD (if any)			13 OFFICE SOUC		

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-325-8506)

14 C/OH NAME	Sheryl Cole 1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE COLOR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION OF EXPENDITURES.	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE
,		
additional pages		
17 CONTRIBUTION TOTALS	1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$85.00
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$38,090.00
EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$255.60
	4 TOTAL POLITICAL EXPENDITURES	\$152,790,91
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$55,241.95
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00
18 AFFIDAVIT  AFFIX NOTARY	THOMAS A. GRAUZER Notory Public, State of Texas My Commission Expires November 19, 2018  STAMP / SEAL ABOVE  I swear, or affirm, under penalty of per is true and correct and includes all informe under Title 15 Election Code.  Signature of Candida	ormation required to be reported by
Sworn to and subsci	ribed before me, by the said Shery N. Cole	this the
Thu 1	20 14 to certify which, witness my hand and seal of office.	4 1 <i>li</i> a
Signature of officer and	ministering oath Printed name of officer administering oath Title o	of officer administering oath

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The I	nstruction Guide explains how to	complete	this form		Total pages Schedule A:     34	
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
10/22/2014	Hoover H. Alexander				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	1303 Comal St Austin, TX 78702-1	109				
:					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-si	tate PAC		7. Amount of	8. In-kind contribution
10/22/2014	Ada C. Anderson		_		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	5613 Palisade Ct Austin, TX 78731	-4508				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution
10/25/2014	Reginald & Hope Baptiste	_	_		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	1102 Ridgecrest Dr Austin, TX 787	46-2312				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	\$)		10 Emplo	oyer (See Instruction	s)
Surgeon				С	apital Surgeons	
4. Date	5. Full name of contributor	out-of-si	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
10/20/2014	K.C. Barner				\$50.00	description (ii applicable)
	Contributor address:	City	State	ZIP Code	\$30.00	
	106 E 6th St Ste 300 Austin, TX 78	701-3661				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction	s)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A

Th	ne Instruction Guide explains how t	Total pages Schedule A:     34				
2. FILER NAMI	E 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
10/22/2014	Joseph Barnes				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	7201 Levander Loop Austin, TX 7	8702-5102				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	cupation / Job title (See Instruction	is)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/11/2014	Robert & Laura Barnes				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	710 Vanguard St Lakeway, TX 78	734-4449				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	cupation / Job title (See Instruction	is)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
10/25/2014	Hubert Bell				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	170 Beaver St Austin, TX 78753-5	5528				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	cupation / Job title (See Instruction	is)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
10/24/2014	Gary Bellomy				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	4501 Colorado Xing Austin, TX 78	8731-4530				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	cupation / Job title (See Instruction	is)		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.

### SCHEDULE A

The	Instruction Guide explains how t	).	Total pages Schedule A:     34					
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		
10/09/2014	Wardaleen Belvin				contribution	description (if applicable)		
	6. Contributor address:	City	State	ZIP Code	\$350.00			
	801 W 5th St Austin, TX 78703-54	452						
					(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empl	10 Employer (See Instructions)			
4. Date	5. Full name of contributor	Out-of-	state PAC		7. Amount of	8. In-kind contribution		
10/18/2014	Karen Bowles	_			contribution	description (if applicable)		
	6. Contributor address:	City	State	ZIP Code	\$350.00			
	8100 Club Ct Austin, TX 78759-8	725						
					(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)		
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution		
10/10/2014	Karen & Michael Box	<del></del>			contribution	description (if applicable)		
	6. Contributor address:	City	State	ZIP Code	\$700.00			
	11824 Jollyville Rd Austin, TX 78	759-2300						
					(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)		
Owner			•	N.	like Box Agency			
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)		
10/08/2014	David Boyce				\$150.00	description (ii applicable)		
	6. Contributor address:	City	State	ZIP Code	\$150.00			
	502 Brookhaven Trl Austin, TX 78	8746-5453						
					(if travel outside o	Texas, complete Schedule T)		
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)		

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Revised 04/19/2013

P.O. Box 12070

## SCHEDULE A

					T	· · · ·
The	Instruction Guide explains how t	Total pages Schedule A:     34				
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
09/26/2014	Edward & Renee Butler	<del></del>			contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$700.00	
	301 Hillcrest Ct West Lake Hills, 7	ΓX 78746-5	491			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		1 '	oyer (See Instruction	s)
Philanthropis	t			В	utler Family Interest	
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
09/26/2014	Sheridan & Edward Butler				contribution \$350.00	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$330.00	
	10508 Wylie Dr Austin, TX 78748	3-3072				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
10/20/2014	Steve & Mollie Butler		_		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$50.00	
	905 Old Stonehedge St West Lake	Hills, TX 7	78746-3529	•		
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
10/10/2014	George Butts	_	_		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$100.00	
	4400 Michaels Cv Austin, TX 787	46-1602				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)

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## SCHEDULE A

The I	nstruction Guide explains how to complete this form	Total pages Schedule A:     34		
2. FILER NAME	Sheryl Cole	3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of	8. In-kind contribution
10/24/2014	Suzanna Caballero		contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$100.00	
	1805 Cresthaven Dr Austin, TX 78704-2752			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occuj	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	s) ·
4. Date	5. Full name of contributor out-of-state PAC	·	7. Amount of	8. In-kind contribution
10/08/2014	— — — — — — — — — — — — — — — — — — —		contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$350.00	
	1015 Norwood Park Blvd Austin, TX 78753-6608			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of	8. In-kind contribution
10/07/2014	Juleat Carapsl		contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$350.00	
	823 Congress Ave Austin, TX 78701-2405		<u> </u>	
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	s)
4. Date	Full name of contributorout-of-state PAC _		7. Amount of	8. In-kind contribution
10/25/2014	Nancy Cardenas		contribution	description (if applicable)
	6. Contributor address: City State	ZiP Code	\$50.00	
	4600 Elmont Dr Apt 1011 Austin, TX 78741-1768			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)

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### SCHEDULE A

The	Instruction Guide explains how t		Total pages Schedule A:     34				
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	
10/02/2014	Christopher Cavello				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	1500 Inglewood St Austin, TX 78	741-1142					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	is)		10 Empl	10 Employer (See Instructions)		
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
10/20/2014	Shawn & Bria Cirkiel	_	_		contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00		
	3208 Sunny Ln Austin, TX 78731-	-5434					
					(if travel outside o	Texas, complete Schedule T)	
Principal occu      Chef	pation / Job title (See Instruction	ıs)		1	oyer (See Instruction arkside Projects	s)	
4. Date	5. Full name of contributor		tate PAC		7. Amount of	8. In-kind contribution	
10/25/2014	Nicholas W. Classen		IMIETAC _		contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	6407 Cerro Cv Austin, TX 78731-	-			ļ		
					(if travel outside o	f Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empi	oyer (See Instruction	L	
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
10/13/2014	Lula Collins	_	-		contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$50.00		
	1001 Collinwood West Dr Apt 236	6 Austin, TX	78753-32	.09	ļ		
	,				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## SCHEDULE A

The	e Instruction Guide explains how	Total pages Schedule A:     34				
2. FILER NAME	E 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
10/25/2014	Bill Coon				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	6710 Vine St Austin, TX 78757-2	309				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	cupation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
10/25/2014	Susan Cooper	<del></del>	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2210 Onion Creek Pkwy Austin, T	Γ <b>Χ 7874</b> 7-14	85			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	cupation / Job title (See Instruction	ns) 		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
10/25/2014	Leslie & Darryl Corbin				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$100.00	
	16716 Trails End Cv Leander, TX	78641-5882	:			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	cupation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
10/01/2014	Dawn D. Coronado				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$200.00	
	5602 Palisade Ct Austin, TX 7873	31-4508				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	cupation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)

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Revised 04/19/2013

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.					Total pages Schedule A:     34		
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	
10/02/2014	John D. Cowman				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	1919 Overland Dr Leander, TX 786	41-2856					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	)		10 Empl	10 Employer (See Instructions)		
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
10/25/2014	Ken Craig				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	913B Sirocco Dr Austin, TX 78745	-3895					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
10/23/2014	Ashton & Jennifer Cumberbatch				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	3 Green Ln Austin, TX 78703-2515						
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	)		10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
10/25/2014	Mark J. Curry				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$300.00		
	111 Congress Ave Fl 2 Austin, TX	78701-4050	)				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	i)		10 Empl	oyer (See Instruction	s)	

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### SCHEDULE A

The	Instruction Guide explains how to complete this form.	Total pages Schedule A:     34		
2. FILER NAME	Sheryl Cole		3. ACCOUNT # (Et	hics Commission Filers)
4. Date	Full name of contributorout-of-state PAC			8. In-kind contribution
10/24/2014	Griffin Davis			description (if applicable)
	6. Contributor address: City State Z	IP Code	\$350.00	
	2604 Stratford Dr Austin, TX 78746-4623			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	s)
4. Date	Full name of contributor			8. In-kind contribution
10/24/2014	Jacqueline Davis		contribution	description (if applicable)
	6. Contributor address: City State Z	IP Code	\$250.00	
	9017 Camelback Dr Austin, TX 78733-3277			
			(if travel outside of	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	s)
4. Date	Full name of contributorout-of-state PAC			8. In-kind contribution
10/14/2014	Anthony Dennis		contribution	description (if applicable)
	6. Contributor address: City State 2	ZIP Code	\$100.00	
	2101 S Interstate 35 Ste 105 Austin, TX 78741-3818			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
4. Date	Full name of contributor		7. Amount of	8. In-kind contribution
10/10/2014	Niki M. Duncan		contribution	description (if applicable)
	6. Contributor address: City State 2	IP Code	\$100.00	
	5711 Meadow Crst Austin, TX 78744-4043			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
		1		

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## SCHEDULE A

The !	Instruction Guide explains how to complete this form.		Total pages School     34	edule A:
2. FILER NAME	Sheryl Cole		3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
10/07/2014	Tyra L. Duncan-Hall		contribution	description (if applicable)
	6. Contributor address: City State 2	IP Code	\$50.00	
	5203 Welcome Gln Austin, TX 78759-5612			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	s)
4. Date	Full name of contributor		7. Amount of	8. In-kind contribution
10/12/2014	Herb Dyer	•	contribution	description (if applicable)
	6. Contributor address: City State 2	IP Code	\$200.00	
	3803 Kenora Ct Austin, TX 78738-5010			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Empli	oyer (See Instruction	s)
4 Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
10/07/2014	Mary Earls		contribution	description (if applicable)
	6. Contributor address: City State 2	IP Code	\$100.00	
	505 Candlelight Ln San Marcos, TX 78666-7401			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor Out-of-state PAC	•	7. Amount of	8. In-kind contribution
10/02/2014	Squire Elliott		contribution	description (if applicable)
	6. Contributor address: City State 2	IP Code	\$125.00	
	PO Box 141423 Austin, TX 78714-1423			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
		1		

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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 form.				l <b>.</b>	Total pages School     34	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
09/30/2014	Eva Esparza				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	2106 Benwick Cir Austin, TX 787	23-1301				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emple	oyer (See Instruction	s) 
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/25/2014	David Evans	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$150.00	
	404 Westwood Ter Austin, TX 787	746-5354				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emple	oyer (See Instruction	s)
4 Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
10/25/2014	Kevin Fleming				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$500.00	
	14230 Fitzhugh Rd Austin, TX 78	736-6414				
					(if travel outside o	Texas, complete Schedule T)
Principal occu     President	pation / Job title (See Instruction	s)		1	oyer (See Instruction quare One	s)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/03/2014	Sherri Fleming				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$250.00	
	13119 Kellies Farm Ln Austin, TX	78727-313	9			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)

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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 form.				Total pages Schedule A:     34	
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	In-kind contribution
10/24/2014	Deborah Franklin			contribution	description (if applicable)
!	6. Contributor address: City Stat	te ZI	P Code	\$350.00	
į	13519 Briar Hollow Dr Austin, TX 78729-1911				
				(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-state PA	c		7. Amount of	8. In-kind contribution
10/25/2014	Cid Galindo			contribution \$350.00	description (if applicable)
	6. Contributor address: City Stat	te ZI	P Code	\$330.00	
	411 Brazos St Ste 99 Austin, TX 78701-3608				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-state PA	c		7. Amount of	8. In-kind contribution
10/25/2014	Jamie & James Gallovich			contribution	description (if applicable)
	6. Contributor address: City State	te ZI	P Code	\$100.00	
	4132 Willingham Ct Fort Worth, TX 76244-7692				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s) 
4. Date	5. Full name of contributorout-of-state PA	.c		7. Amount of	8. In-kind contribution
10/25/2014	Mr. & Mrs. William Gammon			contribution	description (if applicable)
	6. Contributor address: City Star	te ZI	P Code	\$700.00	
	3125 Hemphill Park Austin, TX 78705-2822				
				(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instructions)		· ·	oyer (See Instruction	s)
Insurance Ag	ent		S	elf-employed	

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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 Schedule A:     34	
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
10/25/2014	Jesus & Quen Garza			contribution	description (if applicable)
	6. Contributor address: City	State	ZIP Code	\$300.00	
	5904 Quernus Cv Austin, TX 78735-5402				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-st	ate PAC		7. Amount of	8. In-kind contribution
10/13/2014	Laura Gass			contribution	description (if applicable)
	6. Contributor address: City	State	ZIP Code	\$100.00	
	1615 Lupine Ln Austin, TX 78741-1149				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-st	ate PAC		7. Amount of	8. In-kind contribution
09/26/2014	Douglas Gilliland			contribution	description (if applicable)
	6. Contributor address: City	State	ZIP Code	\$350.00	
	55 Main St Colleyville, TX 76034-2936				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emple	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-st	ate PAC	·	7. Amount of	8. In-kind contribution
10/25/2014	Deonette M. Goodspeed			contribution	description (if applicable)
	6. Contributor address: City	State	ZIP Code	\$200.00	
1	111 W Anderson Ln Ste E310 Austin, TX 7875	2-1119			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emple	oyer (See Instruction	s)

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## SCHEDULE A

The I	nstruction Guide explains how to complete this for	n.	Total pages School     34	edule A:
2. FILER NAME	Sheryl Cole	,	3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
10/22/2014	Ann Graham		contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$100.00	
	3004 Ammunition Dr Austin, TX 78748-1815			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor Out-of-state PAC		7. Amount of	8. In-kind contribution
10/01/2014	Barbara & Richard Grant		contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$700.00	
	6109 Rickey Dr Austin, TX 78757-4437			
	0107 Nickey Di Ausun, 1A 10/3/-11/3/		(if traval autoido o	Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Empl	over (See Instruction	<u> </u>
N/A		1 .	1/A	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
10/25/2014	Marcy & Samuel Hogan Greer	•	contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$500.00	
	2006 Wychwood Dr Austin, TX 78746-7800			
			(if travel outside o	Texas, complete Schedule T)
,	pation / Job title (See Instructions)	1	oyer (See Instruction	,
Attorney		A	lexander Dubose Jeffe	rson Townsend
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution	8. In-kind contribution
10/16/2014	Barbara Griffin		\$175.00	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$175.00	
	5221 Beeler St Pittsburgh, PA 15217-1003			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)

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### SCHEDULE A

The I	nstruction Guide explains how to complete this form.		Total pages Schedule A:     34	
2. FILER NAME	Sheryl Cole		3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
10/22/2014	John & Lorena Griffin  6. Contributor address: City State Z	IP Code	\$350.00	
	7905 Appomattox Dr Austin, TX 78745-6901		(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
10/10/2014	John and Mary L Hall  6. Contributor address: City State Z  8600 Young Ln Austin, TX 78737-3154	IP Code	\$350.00	description (if applicable)
!			(if travel outside o	Texas, complete Schedule T)
9. Principal occuj	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	5)
4. Date 10/07/2014	Full name of contributorout-of-state PAC  Mary Ellen Conroy Hall		7. Amount of contribution	8. In-kind contribution description (if applicable)
	6. Contributor address: City State Z	IP Code	\$100.00	
	196 Drury Ln Austin, TX 78737-4666		(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	s) 
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
10/09/2014	George Harrington		\$50.00	description (ii applicable)
	6. Contributor address: City State Z	IP Code		
	1115 W. 5th St. Austin, TX 78703-5301			
O. Drivering Labor		40 5 1	·	Texas, complete Schedule T)
a. Puncibal occul	pation / Job title (See Instructions)	TO Emple	oyer (See Instruction:	5)

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

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## SCHEDULE A

The I	nstruction Guide explains how to	complete	this form	, , , , , , , , , , , , , , , , , , ,	Total pages School     34	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
10/10/2014	Frederick A. Hawkins				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	3949 Lord Byron Cir Round Rock,	TX 78664-	3933			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/24/2014	Hopeton Hay		_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	19609 Stage Line Trl Pflugerville,	•		Zii 0000		
	19009 Stage Line 111 Pitugerville,	IA /6000-	2933			
O. Brinsi-al assur	nation ( lab sista (C ttation	-1		40 5		Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	5)		10 Empi	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
10/01/2014	James & Gayle Heath				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	107 Settlers Valley Dr Pflugerville.	TX 78660	-4900			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution
09/26/2014	William Herring		•		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$50.00	
	100 E. 38th St. Austin, TX 78705-1	512				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)

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### SCHEDULE A

The Instruction Guide explains how to complete this form.					Total pages Scho     34	edule A:
2. FILER NAME	Sheryi 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)
10/25/2014	Scott & Kimberly Hoff  6. Contributor address:	City	State	ZIP Code	\$100.00	
	1613 Meander Dr Austin, TX 7872	:1-1529			(if travel outside o	f Texas, complete Schedule T)
9. Principal occu	L pation / Job title (See Instruction:	s)		10 Empl	oyer (See Instruction	<u> </u>
4. Date 10/25/2014	Full name of contributor  Leon & Peggy Holland	Out-of-s	state PAC _		7. Amount of contribution \$25.00	In-kind contribution description (if applicable)
	6. Contributor address: 10705 Leafwood Ln Austin, TX 78	City 3750-3490	State	ZIP Code	\$25.00	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
09/26/2014	Todd Hotz				\$50.00	accompani (iii appinaano)
	6. Contributor address:	City	State	ZIP Code		
	6111 Highland Hills Dr Austin, TX	78731-410	)1			
					<u> </u>	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s) 
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/13/2014	Eric Howard				contribution \$175.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$175.00	
	281 Mystic Hollow Buda, TX 7861	10-3062				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)

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## SCHEDULE A

The Instruction Guide explains how to complete this form.				Total pages Scho     34	edule A:	
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
10/13/2014	David & Adelaide Huffstutler				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	3005 Bowman Ave Austin, TX 787	03-2251				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	3)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-st	tate PAC _		7. Amount of	8. In-kind contribution
10/25/2014	George-ann Hyams				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$100.00	
	627 San Lorenzo St Santa Monica,	CA 90402-1	1321			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	3)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution
10/20/2014	Edward Ishmael				contribution	description (if applicable)
!	Contributor address:	City	State	ZIP Code	\$350.00	
	2205 N Lamar Blvd Unit 225 Austi	n, TX 7870:	5-4938			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution
10/25/2014	Robena & John Jackson				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$200.00	
	5900 Rain Creek Pkwy Austin, TX	78759-5535	5			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
Public Advoc	acy			, G	roup Solutions RJW	

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## **SCHEDULE A**

The Instruction Guide explains how to complete this form.				Total pages Schedule A:     34	
2. FILER NAME	Sheryl Cole			3. ACCOUNT # (EI	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/15/2014	Madison Jechow			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$100.00	
	4507 Twisted Tree Dr Austin, TX 7	8735-6433			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	3)	10 Emp	loyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/25/2014	Sedora Jefferson			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$100.00	
	10740 Centennial Trl Austin, TX 78	3726-1467			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	3)	10 Emp	loyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC	<b>,</b>	7. Amount of	8. In-kind contribution
10/25/2014	Bobby Johns			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$50.00	
	1208 Statler Bend Dr Pflugerville, 7	ΓX 78660-4934			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)	10 Emp	loyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC	;	7. Amount of	8. In-kind contribution
10/13/2014	James R. Johnson			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$300.00	
	711 Churchill Farms Dr Georgetow	n, TX 78626-6320	•		
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	3)	10 Emp	loyer (See Instruction	s)

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Revised 04/19/2013

P.O. Box 12070

### SCHEDULE A

The I	nstruction Guide explains how to complete this form.	Total pages Schedule A:     34		
2. FILER NAME	Sheryl Cole		3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
10/08/2014	Sondra Johnson		contribution	description (if applicable)
	6. Contributor address: City State Z	ZIP Code	\$50.00	
	11228 Terrace Meadow Way Manor, TX 78653-3870			:
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
10/19/2014	Crystal Jones		contribution	description (if applicable)
	6. Contributor address: City State 2	ZIP Code	\$50.00	
	4711 Carsonhill Dr Austin, TX 78723-6121	•		
		_	(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
10/03/2014	Bret Kadison		contribution	description (if applicable)
	6. Contributor address: City State 2	ZIP Code	\$100.00	
	3904 Sycamore Dr Austin, TX 78722-1230			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-state PAC	· · · · · · · · · · · · · · · · · · ·	7. Amount of	8. In-kind contribution
10/25/2014	Mary Alice Kaspar		contribution	description (if applicable)
	6. Contributor address: City State 2	ZIP Code	\$100.00	
	10521 Pointeview Dr Austin, TX 78738-5522			
	·		(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	s)

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Texas Ethics Commission

### SCHEDULE A

The Instruction Guide explains how to complete this form.				Total pages Schedule A:     34		
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	
10/25/2014	Chad Kimbell		•	contribution	description (if applicable)	
	Contributor address:	City State	ZIP Code	\$350.00		
	611 W Elizabeth St Austin, TX 787	04-2333				
			_	(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	)	10 Empl	10 Employer (See Instructions)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
10/23/2014	Forrest & Novy Kit			contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$700.00		
	4712 Avenue G Austin, TX 78751-3	3121				
		,		(if travel outside o	Texas, complete Schedule T)	
!	pation / Job title (See Instructions	)	1 '	10 Employer (See Instructions)		
Retired			<u> </u>	Retired		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)	
10/06/2014	Gregg William Knaupe			\$100.00	description (ii applicable)	
	6. Contributor address:	City State	ZIP Code	\$100.00		
	5204 Magdelena Dr Austin, TX 787	35-6376				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	)	10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
10/07/2014	Kate Kniejski			contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$50.00		
	1101 Grove Blvd Austin, TX 78741	-3437				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions	;)	10 Empl	oyer (See Instruction	s)	

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### SCHEDULE A

The Instruction Guide explains how to complete this form.				Total pages School     34	edule A:
2. FILER NAME	Sheryl Cole			3. ACCOUNT#(Et	hics Commission Filers)
4. Date	Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/03/2014	Scot W. Krieger			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$75.00	
	2905 Montebello Ct Austin, TX 7874	6-6816		:	
				(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)		10 Emple	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
09/26/2014	Melisa Leal Leal			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$100.00	
	24074 Durwood St. Austin, TX 7870-	4			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Empk	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/13/2014	Robert & Catherine Lee			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$700.00	
	8003 Moravian Cv Austin, TX 78759	-8721			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu Principal/Bro	pation / Job title (See Instructions) oker		,	oyer (See Instruction //A	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
09/28/2014	Sara and Jeff Leo			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$100.00	
	4109 McBrine Pl Austin, TX 78746-1	1928			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Empl	oyer (See Instruction	s)

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Austin, Texas 78711-2070

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

## SCHEDULE A

(TDD 1-800-735-2989)

The	instruction Guide explains how to	Total pages Schedule A:     34			
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
10/25/2014	Herman Lessard			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$350.00	
	1311 S Meadows Dr Austin, TX 787	58-4758			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/25/2014	Ann M. Lewis			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$50.00	
	6448 Highway 290 E. C103 Austin,	TX 78723			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	i	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/22/2014	Barry &Romi Lewis			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$100.00	
	  1509 Wild Cat Holw West Lake Hill	s, TX 78746-3640			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	1	10 Emple	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/14/2014	Tomasita Ligons			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$100.00	
	13110 Fieldgate Dr Austin, TX 7875	3-2053			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	į	10 Emple	oyer (See Instruction	s)

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### **SCHEDULE A**

nstruction Guide explains how to	complete	this form		Total pages Schedule A:     34	
Sheryl Cole				3. ACCOUNT # (Et	hics Commission Filers)
5. Full name of contributor	out-of-st	tate PAC _			8. In-kind contribution
Chuck Lipscomb				1	description (if applicable)
6. Contributor address:	City	State	ZIP Code	\$700.00	
5108 Bluffside Dr Austin, TX 7875	9-7111				
				(if travel outside o	Texas, complete Schedule T)
•	s)		·	•	s)
elopment			JI	E Dunn Construction	
5. Full name of contributor	Out-of-st	ate PAC _		7. Amount of	8. In-kind contribution
Mr. & Mrs. Janice Little					description (if applicable)
6. Contributor address:	City	State	ZIP Code	\$350.00	
1518 Pinehurst Ln Round Rock, TX	78664-614	17			
				(if travel outside o	Texas, complete Schedule T)
ation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s)
	<u> </u>		M	IcKesson	
5. Full name of contributor	out-of-st	tate PAC _		7. Amount of	8. In-kind contribution
Barry Lovelace					description (if applicable)
6. Contributor address:	City	State	ZIP Code	\$150.00	
2009 Mc Bee St Austin, TX 78723-	5483				
				(if travel outside o	Texas, complete Schedule T)
ation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction	s)
5. Full name of contributor	out-of-si	tate PAC		7. Amount of	8. In-kind contribution
Sharon Lowe				1	description (if applicable)
	0.1	State	ZIP Code	\$50.00	
6. Contributor address:	City	Olale	ZIF COUC		
<ol> <li>Contributor address:</li> <li>Scout Island Cir Austin, TX</li> </ol>	•		ZIF Code		
	•		Zir Code	(if travel outside o	Texas, complete Schedule T)
	Sheryl Cole  5. Full name of contributor Chuck Lipscomb 6. Contributor address: 5108 Bluffside Dr Austin, TX 7875 ation / Job title (See Instructions elopment 5. Full name of contributor Mr. & Mrs. Janice Little 6. Contributor address: 1518 Pinehurst Ln Round Rock, TX ation / Job title (See Instructions 5. Full name of contributor Barry Lovelace 6. Contributor address: 2009 Mc Bee St Austin, TX 78723- ation / Job title (See Instructions 5. Full name of contributor	Sheryl Cole  5. Full name of contributor	Sheryl Cole  5. Full name of contributor	5. Full name of contributor	Sheryl Cole  5. Full name of contributor

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## **SCHEDULE A**

The Instruction Guide explains how to complete this form.					Total pages Schedule A:     34	
2. FILER NAME	Sheryl Cole				3. ACCOUNT#(Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-sta	ate PAC _	_	7. Amount of	8. In-kind contribution
10/21/2014	Kathryn & Rod Lumpkin  6. Contributor address:  4204 Venado Dr Austin, TX 7873;	City 1-2021	State	ZIP Code	\$500.00	description (if applicable)
	,	. 2021			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s) ,		10 Emplo	oyer (See Instruction	
4. Date 09/26/2014	5. Full name of contributor Michele & Shaun R. Lynch 6. Contributor address:	out-of-sta	state	ZIP Code	7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)
9. Principal occu	2634 Cascade Falls Dr Austin, TX pation / Job title (See Instruction		<del></del>	10 Empk	(if travel outside o	Texas, complete Schedule T)
4. Date 10/09/2014	Full name of contributor     Willie Madison     Contributor address:	out-of-sta	State	ZIP Code	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
O. Principal con	11708 Press Phillip Way Manor, T			10 Emple	(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See instruction	15)		TO Emplo	oyer (See Instruction	5)
4. Date 10/04/2014	5. Full name of contributor Patty Martin	out-of-sta	ate PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
	Contributor address:     6305 Walebridge Ln Austin, TX 7	City 8739-1571	State	ZIP Code	\$350.00	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empk	oyer (See Instruction	s)

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### SCHEDULE A

The	e Instruction Guide explains how to	o complete	this form	1.	1. Total pages Sch	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
10/16/2014	Tasha McCarter	<del></del>			contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$150.00	
	207 Montalcino Blvd Lakeway, TX	( 78734-508	38		•	
	<u></u>				(if travel outside o	Texas, complete Schedule T)
9. Principal occ	upation / Job title (See Instruction	s)		10 Emple	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/22/2014	Tracy McCormack				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	9804 Scenic Bluff Dr Austin, TX 7	8733-6035				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	upation / Job title (See Instruction	s)	<del></del>	10 Emple	yer (See Instruction	<u> </u>
4 Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/14/2014	Gwendolyn & Marshall McDade				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	13301 Rochester Ln Austin, TX 78	753-2059				
, i	,				(if travel outside o	Texas, complete Schedule T)
9. Principal occ	upation / Job title (See Instruction	s)	•	10 Emplo	oyer (See Instruction	s)
Division Di	rector			Т	exas Association of Sc	hool Boards
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of	8. In-kind contribution
10/10/2014	Tabitha McDaniel				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$150.00	
	2603 N Shields Dr Austin, TX 787	27-3123				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occ	upation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)

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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	this form	1.	Total pages School     34	edule A:	
2. FILER NAME	Sheryl Cole			" <del>-</del>	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	
10/24/2014	Edward & Cathy S. McHorse				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$300.00		
	5202 Turnabout Ln Austin, TX 787	31-5634					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	10 Employer (See Instructions)		
Community V	Volunteer			N	/A		
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
10/14/2014	Brad & Stephanie McKenzie				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$700.00		
	4525 Court Of St James Austin, TX	- : 78730-342	27				
		. , 0, 50 5 12	•		(if travel outside o	Texas, complete Schedule T)	
9. Principal occur	L	3)		10 Emple	oyer (See Instruction		
Controller	( )	,			anger Excavating	-,	
4. Date	5. Full name of contributor	Out-of-s	tate PAC	•	7. Amount of	8. In-kind contribution	
10/14/2014	Mark McKenzie		-		contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	9505 Scenic Bluff Dr Austin, TX 78	•	Oldio	-			
	9303 Scenic Bluit Dr Austin, 1 X 76	3/33-0030					
0. D-iil				40 51	,	Texas, complete Schedule T)	
9. Principal occuj	pation / Job title (See Instructions	s) 		10 Empi	oyer (See Instruction	s) 	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
10/25/2014	Latrice McVade				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$25.00		
	3701 Quick Hill Rd Apt 9108 Austi	in, TX 7872	28-1179				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	3)		10 Emple	oyer (See Instruction	s)	

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## **SCHEDULE A**

The	nstruction Guide explains how to complete this fo	orm.		Total pages Schedule A:     34	
2. FILER NAME	Sheryl Cole		-	3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC	;		7. Amount of	8. In-kind contribution
10/25/2014	Margaret Menicucci			contribution	description (if applicable)
	6. Contributor address: City State	e ZIP	Code	\$50.00	
	4600 Laurel Canyon Dr Austin, TX 78731-5206				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	1	0 Empk	oyer (See Instruction	s)
4. Date	5. Full name of contributor Out-of-state PAC	:		7. Amount of	8. In-kind contribution
09/26/2014	Steven Metcalfe			contribution	description (if applicable)
	Contributor address: City State	. 7ID	Code	\$50.00	
	,	- <u>-</u> !!	OUGC		
	4312 Rio Robles Dr Austin, TX 78746-1993				
0.0		14	<u> </u>	<u> </u>	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	1	U Emplo	oyer (See Instruction:	s)
4. Date	Full name of contributorout-of-state PAC	;		7. Amount of	8. In-kind contribution
10/25/2014	Hani & Soheir Michel			contribution	description (if applicable)
	Contributor address: City State	e ZIP	Code	\$200.00	
	10503 Tweedsmuir Dr Austin, TX 78750-3445				·
	,			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	1	0 Empk	oyer (See Instruction:	
4. Date	5. Full name of contributor Out-of-state PAC	<u>_</u>		7. Amount of	8. In-kind contribution
10/08/2014	Jessica P. Miles			contribution	description (if applicable)
10.00.201	6. Contributor address: City State	e ZIP	Code	\$100.00	
	1213 E Cuthbert Ave Midland, TX 79701-3645				
				(if travel outside or	Texas, complete Schedule T)
Principal occur	Loation / Job title (See Instructions)	1	0 Empk	oyer (See Instructions	
	,		•	• •	

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P.O. Box 12070

## **SCHEDULE A**

The	nstruction Guide explains how to	complete this	form.		Total pages Schedule A:     34	
2. FILER NAME	Sheryl Cole	<u> </u>			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
09/30/2014	Ken Mills	_			contribution	description (if applicable)
	Contributor address:	City Sta	nte Zi	P Code	\$150.00	
	5629 Tributary Ridge Dr Austin, TX	₹ 78759-5145				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	)		10 Empk	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of	8. In-kind contribution
10/13/2014	Barbara Mink				contribution	description (if applicable)
10/15/2014		Cir. Cr		D C	\$100.00	
	6. Contributor address:	City Sta	ite Zi	P Code		•
	1912 Speedway Austin, TX 78712-	1235				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	3)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of	8. In-kind contribution
10/21/2014	Ken Mitchell				contribution .	description (if applicable)
	6. Contributor address:	City Sta	ate Zi	IP Code	\$350.00	
	5012 Lansing Dr Austin, TX 78745	•				
	5012 Lansing Di Austin, 1A 76745	-1730				To a second to October 1 To
O. Britania di cana				40 5	l :	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction	s) 
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of	8. In-kind contribution
10/04/2014	Bruce T. Morrison	_			contribution	description (if applicable)
	6. Contributor address:	City Sta	ate Zi	P Code	\$350.00	
	4131 Spicewood Springs Rd Austin	, TX 78759-866	1			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	3)		10 Emplo	oyer (See Instruction	s)

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P.O. Box 12070

### **SCHEDULE A**

The	Instruction Guide explains how to		Total pages Schedule A:     34			
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
10/22/2014	Robert Mueller				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$200.00	
	605 W 10th St Austin, TX 78701-2	023				
				,	(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
10/10/2014	Harriet Murphy				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	3638 Quiette Dr Austin, TX 78754	-4927				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
10/25/2014	Hisham I. Musallam				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	2120 Loch Haven Dr Plano, TX 75	023-5231				
					(if travel outside o	i Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/25/2014	Alonzo & Marie Nelson		_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	2416 Bryan Glen St Wichita Falls,	TX 76308-	4734			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)

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## SCHEDULE A

The	Instruction Guide explains how to complete this form	Total pages Schedule A:     34			
2. FILER NAME	Sheryl Cole		3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution	
10/12/2014	Craig & Karen Nevelow		contribution	description (if applicable)	
	6. Contributor address: City State	ZIP Code	\$150.00		
	1504 Shannon Oaks Trl Austin, TX 78746-7347				
			(if travel outside o	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	10 Empl	10 Employer (See Instructions)		
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of	8. In-kind contribution	
10/16/2014	Sunny F. Ogunro		contribution	description (if applicable)	
	6. Contributor address: City State	ZIP Code	\$250.00		
	1109 Vanderbilt Cir Pflugerville, TX 78660-4788				
	1105 Valuetoni Cii Fridgelvine, 17/70000-7/00		/if traval autoido a	Tayas semplete Schodule T)	
9 Principal occu	L pation / Job title (See Instructions)	10 Empl	over (See Instruction	Texas, complete Schedule T)	
o. Timoipai occa	patient, see the (eee metaelens)	TO LITTE		<b>5</b> ,	
4. Date	5. Full name of contributor Out-of-state PAC		7. Amount of	8. In-kind contribution	
10/25/2014	Sonia & Christopher Okafor		contribution	description (if applicable)	
	6. Contributor address: City State	ZIP Code	\$350.00		
	835 N Pleasant Valley Rd Austin, TX 78702-3601				
	-		(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction		
4. Date	Full name of contributorout-of-state PAC	•	7. Amount of	8. In-kind contribution	
10/22/2014	Rosalind Oliphant		contribution	description (if applicable)	
	6. Contributor address: City State	ZIP Code	\$150.00		
	2805 Grand Mission Way Pflugerville, TX 78660-3434				
			(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)	

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### SCHEDULE A

The	nstruction Guide explains how to	complete this form	1.	Total pages School     34	Total pages Schedule A:     34	
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	
10/25/2014	Betty Oman			contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$100.00		
	5809 Kentucky Derby Austin, TX 78	3746-1140				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)	)	10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
10/16/2014	George Oswald			contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$50.00		
	4444 Sacred Arrow Dr Austin, TX 7	8735-6362	-	Ì		
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)		10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
10/25/2014	Mr. & Mrs. Katharina Pamiljans			contribution	description (if applicable)	
	Contributor address:	City State	ZIP Code	\$700.00		
	2301 Pinehurst Cv Austin, TX 7874	7-1224				
				(if travel outside o	Texas, complete Schedule T)	
Principal occup     Retired	pation / Job title (See Instructions)	)	I	oyer (See Instruction etired	s)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
10/25/2014	Shuronda Parks			contribution	description (if applicable)	
	Contributor address:	City State	ZIP Code	\$150.00		
	12401 Los Indios Trl Austin, TX 78	729-7958				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)	,	10 Emplo	oyer (See Instruction	s)	

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

## SCHEDULE A

The	Instruction Guide explains how t	o complete	this form	l.	1. Total pages Sch	Total pages Schedule A:     34	
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	
10/15/2014	Deena Perkins				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	4412 Sacred Arrow Dr Austin, TX	78735-6360	)				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occi	upation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
10/25/2014	Sade Pfeifer				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	815A Brazos St Apt 201 Austin, T	X 78701-25	02				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	upation / Job title (See Instruction	is)		10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
10/03/2014	Lynette Phillips				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	9012 Villa Norte Dr Austin, TX 78	3726-2357		•			
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	upation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
10/02/2014	Carl Pierce				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	221 W 6th St Ste 1800 Austin, TX	78701-3414	ļ				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	upation / Job title (See Instruction	ns)		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.

### SCHEDULE A

The	Instruction Guide explains how to o	complete this form	ı.	Total pages Schedule A:     34	
2. FILER NAME	Sheryl Cole			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	Full name of contributor	out-of-state PAC _		7. Amount of	8. In-kind contribution
10/07/2014	Mark Puzdrak			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$100.00	
	11109 Sierra Montana Austin, TX 78	759-4707			
·				(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/02/2014	Stephen A. Pyhrr	_		contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$350.00	
	10806 River Terrace Cir Austin, TX	78733-1711			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	Full name of contributor	out-of-state PAC _		7. Amount of	8. In-kind contribution
10/25/2014	John & Dorothy Reiser			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$155.00	
	900 W 18th St Apt B Austin, TX 787	01-1058			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
09/29/2014	Jonathan Rioux			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$350.00	
	807 W Lynn St 110 Austin, TX 7870	3-4780			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)

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## **SCHEDULE A**

The I	nstruction Guide explains how to complete th	nis form.	·	Total pages Sche     34	Total pages Schedule A:     34	
2. FILER NAME	Sheryl Cole	•		3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributorout-of-stat	e PAC		7. Amount of	8. In-kind contribution	
10/13/2014	Alan Roddy			contribution	description (if applicable)	
	6. Contributor address: City	State Z	IP Code	\$50.00		
	3127 Edgewater Dr Austin, TX 78733-1022					
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s) 	
4. Date	5. Full name of contributorout-of-stat	e PAC		7. Amount of	8. In-kind contribution	
10/16/2014	Edward Z. Safady			contribution	description (if applicable)	
	6. Contributor address: City	State Z	IP Code	\$100.00		
	807 Congress Ave Austin, TX 78701-2425					
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributorout-of-stat	e PAC		7. Amount of	8. In-kind contribution	
09/27/2014	Harlan Scott			contribution	description (if applicable)	
	6. Contributor address: City	State Z	IP Code	\$350.00		
	1000 marcos St 451 Austin, TX 78702					
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor out-of-stat	e PAC		7. Amount of	8. In-kind contribution	
10/22/2014	Richard Scott			contribution	description (if applicable)	
	6. Contributor address: City	State Z	IP Code	\$350.00		
	11328 Terrace Meadow Way Webberville, TX 78	8653-3871				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)	
			ł			

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## SCHEDULE A

The	Instruction Guide explains how to complete this form.		Total pages Scho     34	edule A:
2. FILER NAME	Sheryl Cole		3. ACCOUNT # (Et	hics Commission Filers)
4. Date	Full name of contributor		7. Amount of	8. In-kind contribution
10/04/2014	Wallace H. Scott		contribution	description (if applicable)
	6. Contributor address: City State Z	IP Code	\$350.00	
	3839 Bee Caves Rd Ste 205 West Lake Hills, TX 78746-531	8		
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor Out-of-state PAC		7. Amount of	8. In-kind contribution
10/15/2014	Clayton T. Shorkey		contribution	description (if applicable)
		IP Code	\$350.00	
	1925 San Jacinto Blvd Austin, TX 78712-1404			
	1725 San Jacob Biva / 185mi, 174 / 75/12 1 754		(if travel outside o	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	
o. Timo.par oood	patient, cos inte (cos mendencie)	l C Empi		<b>-</b> ,
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of	8. In-kind contribution
10/14/2014	Amelia Sondgeroth		contribution	description (if applicable)
	_	IP Code	\$100.00	
	2638 Barton Hills Dr Austin, TX 78704-4508			,
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	· · · · · · · · · · · · · · · · · · ·
		<u> </u>		
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
10/10/2014	Lawrence Speck		\$350.00	description (if applicable)
	6. Contributor address: City State Z	IP Code	Ψ.50.00	
	800 W 5th St Apt 1102 Austin, TX 78703-5446			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Empk	oyer (See Instruction	s)

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## SCHEDULE A

The Instruction Guide explains how to complete this form.				Total pages Schedule A:     34	
2. FILER NAME	Sheryl Cole	. 100		3. ACCOUNT # (Et	hics Commission Filers)
4. Date 09/26/2014	Full name of contributor     Donald & Loraine L. Stuart     Contributor address:	out-of-state PAC City State	ZIP Code	7. Amount of contribution \$200.00	In-kind contribution     description (if applicable)
Principal occu	4105 Long Champ Dr Austin, TX 7 pation / Job title (See Instructions		10 Empl	(if travel outside o	f Texas, complete Schedule ⊤) s)
4. Date 10/25/2014	<ul><li>5. Full name of contributor</li><li>Tim &amp; Kasey Tekippe</li><li>6. Contributor address:</li><li>13521 Coleto Creek Trl Austin, TX</li></ul>	out-of-state PAC  City State 78732-2073	ZIP Code	7. Amount of contribution \$100.00	In-kind contribution description (if applicable)
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	5)	10 Emp	oyer (See Instruction	s)
4. Date 10/25/2014	5. Full name of contributor  Darius Terrell  6. Contributor address:  11313 Aden Ct Austin, TX 78739-1	out-of-state PAC  City State	ZIP Code	7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	3)	10 Emp	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/18/2014	Kenneth Thompson  6. Contributor address:  10 W End Ave New York, NY 100.	City State 23-7826	ZiP Code	contribution \$350.00	description (if applicable)  Texas, complete Schedule T)
9. Principal occu	Pation / Job title (See Instructions	3)	10 Emp	oyer (See Instruction	<u> </u>

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## SCHEDULE A

The I	The Instruction Guide explains how to complete this form.				Total pages School     34	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
10/25/2014	Betty J. Trent				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	2822 Wooldridge Dr Austin, TX 78	3703-1956				:
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emple	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution
10/25/2014	Charles & Margaret Urdy				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	7311 Hartnell Dr Austin, TX 78723	3-1520				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-st	tate PAC _		7. Amount of	8. In-kind contribution
10/16/2014	Gary Valdez				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$150.00	
	7126 Valburn Dr Austin, TX 78731	-1819				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	5)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-si	tate PAC		7. Amount of	8. In-kind contribution
10/25/2014	Doryne Valentine	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	   4306 Kilgore Ln Austin, TX 78727	-5950				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)

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### **SCHEDULE A**

The Instruction Guide explains how to complete this form.					Total pages Scho     34	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 _		7. Amount of	8. In-kind contribution
10/09/2014	Dan Van Cleve				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	3401 W Parmer Ln Austin, TX 7872	27-4153				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution
10/25/2014	Ray & Sally Vaughn	_			contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	10108 Pinehurst Dr Austin, TX 7874	47-1301				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
10/25/2014	Russell & Michelle Wachter				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$400.00	
	3127 E Rocky Slope Dr Phoenix, AZ	Z 85048-83	322			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
10/25/2014	Robert Wade				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	17825 Silent Harbor Loop Pflugervi	lle, TX 786	560-2258			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	)		10 Emplo	oyer (See Instruction	s)

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## **SCHEDULE A**

The Instruction Guide explains how to complete this form.					Total pages Schedule A:     34	
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
10/25/2014	R.P. Walker				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$100.00	
	355 Heritage Dr Austin, TX 78737	-2606				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)	<u>.</u>	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
10/10/2014	Mr. & Mrs. Alan Ware				contribution	description (if applicable)
	Contributor address:	City	State	ZiP Code	\$700.00	
	2206 Hartford Rd Austin, TX 7870	3-3127				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
Realtor				5	12 Realty	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
10/25/2014	Craig Watson				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZiP Code	\$350.00	
	10087 Circleview Dr Austin, TX 7	8733-6306				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
10/07/2014	Caroline & Ralph Weston				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$100.00	
	400 McCurdy Cv Austin, TX 7873	2-2479				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
Attorney				D	on W. Kothmann & A:	ssociates

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

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## **SCHEDULE A**

The	Instruction Guide explains how t	o complete	this form		Total pages Sch     34	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
10/07/2014	Caroline & Ralph Weston				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	400 McCurdy Cv Austin, TX 7873	32-2479				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empl	oyer (See Instruction	s)
Attorney				D	on W. Kothmann & A	ssociates
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
10/10/2014	E.A. Whitfield				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	6800 Kings Point Ln. Austin, TX	78723				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
10/02/2014	Herlinda A. Wilkinson				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$200.00	
	8713 Coastal Dr Austin, TX 78749	9-4918				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC	<u>.</u>	7. Amount of	8. In-kind contribution
09/26/2014	Talley J. Williams	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	6801 Gabion Dr Austin, TX 78749	9-4172				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)

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P.O. Box 12070

## SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to	Total pages Scho     34	edule A:		
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
10/04/2014	Victor G. Winston			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$200.00	
	1000 Heritage Center Cir Ste 105 Ro	ound Rock, TX 7866	1-4463		
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	i e	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/25/2014	Bob & Brenda Woody			contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$700.00	
	310E 6th St. Austin, TX 78701				
	5102 our ot. Hussin, Th. 70701			(if travel outside o	Texas, complete Schedule T)
9. Principal occur	I pation / Job title (See Instructions)	<u> </u>	10 Emplo	oyer (See Instruction	
Entrepreneur	•			elf-employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
10/25/2014	James Wu	_		contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$100.00	
	13284 Pond Springs Rd Austin, TX 1	-			
	To 20 Troine opinings that the same, 172			(if travel outside o	Texas, complete Schedule T)
9. Principal occur	lpation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	
,	,		·		·
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
09/27/2014	Xuechen Yang	_		contribution	description (if applicable)
	Contributor address:	City State	ZIP Code	\$100.00	
	   11125 Avery Station Loop Austin, T	X 78717-5051			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	yer (See Instruction	<u> </u>

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### SCHEDULE A

The Instruction Guide explains how to complete this form.					1. Total pages Sch	edule A:	
2. FILER NAME Sheryl Cole					ACCOUNT # (Ethics Commission Filers)		
4. Date 09/27/2014	5. Full name of contributor Xuechen Yang 6. Contributor address: 11125 Avery Station Loop Austin	□ out-of-s City , TX 78717-	State	ZIP Code	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
					(if travel outside o	Texas, complete Schedule T)	
9. Principal o	ccupation / Job title (See Instruction	ns)		10 Emp	loyer (See Instruction	s)	
4. Date 10/22/2014	<ul><li>5. Full name of contributor</li><li>Linda K. Young</li><li>6. Contributor address:</li><li>7000 Timarou Ter Austin, TX 787</li></ul>	City	State PAC	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
					(if travel outside o	Texas, complete Schedule T)	
9. Principal od	ccupation / Job title (See Instruction	ns)		10 Emp	loyer (See Instruction	s)	

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

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Complete ONLY if direct expenditure to benefit C/OH Office sought

Office held

### **POLITICAL EXPENDITURES**

. P.U. BOX 12070

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Glft/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict ental Expense	Loan Repayment/Reimbu Transportation Equipment Contributions/Donations It Candidate/Officeholde OTHER (enter a category	t & Related Expense Made By r/Political Committee
Total pages Schedule F:	2 FILER NAME	orbigue neg to	p		ing and the second seco
Tiolal pages scriedule F.	Sherry (01	<u>e</u> .		3 ACCOUNT # (Eth	ics Commission Filers)
9/30/14	5 Payee name VICTORY W	lission	iany		
Amount (\$)	7 Payée address; City; St	ate; Zip Code			
50.00	2300 Cante	erpuny	S+, A	istin TX	78702
PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, comp	lete Schedule T)
OF EXPENDITURE	Ponation		Check!f	Austin; TX, officeholder living a	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office soug	ht	Office held
18/12/14	Payes name NGP				
Amount (\$)	l control of the cont	ate; Zip Code			
400.00	1101 15th St	NW, W	Jashing	ston DC 2	2005
PURPOSE	Category (See categories listed at the top	o of this schedule)		(If travel outside of Texas, comp	riete Schedule T)
OF EXPENDITURE	solicitation f	undralsim		Austin, TX, officeholder living e	opense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name		Office soug	ht	Office held
Date ,	Payee name ,				
10/2/14	Kevin Op	P			
Amount (\$)		ate; Zip Code			
2800.00	1703 Anther	Dr. A.	istin.	TX 78	141
PURPOSE OF	Category (See categories listed at the to	of this achadule)	Description	(If travel outside of Texas, comp	niete Schedule T)
EXPENDITURE	Salary		Check if	Austin, TX, officeholder living	expense

Date Payee name nitec 10131 City, State; Zip Code 152592, Austin 55.00 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE -Director OF EXPENDITURE Check if Austin, TX, officeholds Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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Candidate / Officeholder name

# **POLITICAL EXPENDITURES**

## SCHEDULE F

	EXPENDITURE	ATEGORIES	FOR BOY R(a)		
Advertising Expense	PS 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Salaries/Wages/Co			
Accounting/Banking		Solicitation/Fundrai		Loan Repayment/Reimbursement	
Consulting Expense	m - commercial and			Transportation Equipment & Related Expense	<b>&gt;</b>
Event Expense		Travel In District		Contributions/Donations Made By	
Fees		Travel Out Of Distr		Candidate/Officeholder/Political Committe	10
1 645		Office Overhead/Re		OTHER (enter a category not listed above)	
	The Instruction Guide e	xplains how to c	omplete this for	m.	
1 Total pages Schedule F:	2 FILER NAME				
				3 ACCOUNT # (Ethics Commission File	rs)
	Sheryl Cole	•		,	
4 Date	5 Pavee name				<del></del>
10010 11.	Clasias				
10/6/14	Staples			÷	
6 Amount (\$)	7 Payee address; City: State	: Zip Code			
100	Say, Gala	, mp code			
(287)	AUSTIN TX				
0 2.01	MO 24146 11/				
	(0) (0-40	<del></del>			
8 PURPOSE OF	(a) Category (See categories listed at the top of	this schedule)	(b) Description (	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	- 00	1	Milita	Supplies	
LAP LINDI I ORE	office oir them	A I			
	17.00 0 00.100	<u></u>	CheckifAu	ustin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	• 1	Office sought	Office held	***************************************
expenditure to benefit C/C	)H		<b>-</b>		
Date	Payee name	•			
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Amount (\$)	Payee address; City; State	; Zip Code			
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300.00	1103 00,1000	D-1 D-0	1102411	11110100	
PURPOSE	Category (See categories listed at the top of	45/	#	and the second s	
OF	l	Inie schedule)	Description (	If trevel outside of Texas, complete Schedule T)	
EXPENDITURE	salaries wages				
	and les mordes		Check if Au	stin, TX, officeholder living expense	-
Complete ONLY if allege	Condidate (Officebalder as				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	ı
experientile to benefit C/O					
Date	Payee name	•		•	
10/8/14	Cocey Prich	400			
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Amount (\$)	Payee address; City; State	Zip Code			
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3350.00	1303 Wood 1	mall on	Dr. Hu	Stin TX 78731	
00,00		· - • • • • • •		2 10131	
	Category /Sep enterprise links and the		Danciella	W. A	$\neg$
PURPOSE	Category (See categories listed at the top of	tras schedule)	rescription (	If travel outside of Texas, complete Schedule T)	
OF	salaries   wages				
EXPENDITURE		١	CheckifAu	istin, TX, officeholder living expense	
Complete Call V. of all	Candidate / Officeholder name				
Complete ONLY if direct expenditure to benefit C/O	<ul> <li>★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★</li></ul>	•	Office sought	Office held	
expenditure to benefit C/O					
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Date	Payee name	•	~ '		
10/14/14	woll paxyt	en in	Busi	no c s	
Amount (\$)		<u> </u>	<u>uws</u> ,	1>>	
Amount (\$)	Payee address; City; State	Zip Code			- 1
T- 8 - 1		A			1
- 50.00 I	1901 N. Lama	C War	stin	TX 78705	١.
		1 6 4 3	. · · ·		_ {
D. 10000-	Category (See categories listed at the top of	this schedule)	Description /	If travel outside of Texas, complete Schedule T)	一
PURPOSE	American and the second				i
OF EXPENDITION	Event expense	2	_ Tic	kets	- 1
EXPENDITURE	- vari	· 1	Checkif Au	stin, TX, officeholder living expense	1
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	-
expenditure to benefit C/C			oo oougrit	Control of the contro	1
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	ATTACH ADDITIONAL COP	PIES OF THIS SO	CHEDULEASN	EEDED	

## **POLITICAL EXPENDITURES**

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Legal Services

P.U. DOX 12070

Food/Beverage Excense

Salaries/Wages/Contract Lebor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Event Expense		ut Of District	Contributions/Donations Made By Candidate/Officaholder/Political Committee
Fees		verhead/Rental Expense	OTHER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guide explains 2 FILER NAME	how to complete this fo	
r rows pagoo aostoació s	Shew! (ale	•	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	Za *	
10/14/14	South Austin	Democr	a+(
6 Amount (\$)	7 Payee address; City; State; Zip	Code	~, 2
180.00	POBOX 152592,	Austin T	× 78715
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched	dule) (b) Description	(If travel outside of Texes, complete Schedule T)
EXPENDITURE	Solicitation		bership dues
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name		
10/15/14	Buying Time	, L_L_C	
Amount (\$)	Payee address; City; State; Zip		
111,978.00	650 Massachusetts	Are DW,	Washington DC 2000
PURPOSE OF	Category (See categories listed at the top of this sched		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Adventising		levision
Complete ONLY if direct	Candidate / Officeholder name		ustin, TX, officeholder living expense
expenditure to benefit C/O		Office sough	t Office held
Date	Payee name		
10/23/14	Best Buy		
Amount (\$)	Payee address; City; State; Zip C	Code	
55.13	Austin TX		,
PURPOSE	Category (See categories listed at the top of this sched		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Overhead		ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date	Payee name		
10 24/14	Clear Home		
Amount (\$)	Payee address: City; State; Zip C	ode	
57.46	Dept. CH 14365,	Palatine I	?L 60055
PURPOSE	Category (See categories listed at the top of this sched	ule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office merband	1 —	terret
	Candidate / Officeholder name	<del></del>	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office soughi	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS I	WEEDED
	Controller and Application of Section 1		

# POLITICAL EXPENDITURES

#### SCHEDULE F

**Advertising Expense** Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	man and the second seco	avel Out Of District	Candidate/Officeholder/Political Committee
1 403		fice Overhead/Rental Expense	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	plains how to complete this for	
1 Total pages ocheuse r.	Shemy Co	we.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10 24/14	5 Payee name  Boying Tim	e, LLEGA	RIGHT Marine To the
6 Amount (\$) 7 Payee address: City; State; Zip Code			
10,000.00	650 Massachuse	45 Are NW, v	Nushington DC 20001
8 PURPOSE OF	(a) Category (See categories listed at the top of the	is schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising		LUISION ustin, TX, official holder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date 10/24/14	Message Auc	lience, Preso	entation
Amount (\$)	Payee address; U City, State;	Zip Code	
14.925.00	2400 5. 4th St, Austin TX 78704		
PURPOSE	Category (See categories listed at the top of this	s schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	polling expense	☐ CheckifA	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	t Office held
Date	Payee name		
10 24/14	Message, Aud	ience, Prese	ntation
Amount (\$)	Payee address; City; State;	Zip Code	
6,663.90	2400 5-4+h St.	Austin TX	18704
PURPOSE	Category (See categories listed at the top of thi	19 25 - 1	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing expens	e Vare	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	t Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Žip Code	
PURPOSE OF	Category (See categories listed at the top of thi	s schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	, ,	Check If Au	estin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
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