CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 20 22 SNC
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Sheryl NICKNAME LAST Cole	Mi SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; PO Box 13; Austin TX;	STATE; ZIPCODE	Date Hand-delivered or Postmarked
change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 814-8795	EXTENSION	Receipt # Amount 3
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Robbie NICKNAME LAST Ausley	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; 3707 Laurel Ledge Ln; Austi	CITY: STATE; in TX; 78731	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 784-8971	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign freasurer appointment fofficeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 26 14 THROUGH	Month Day 12 / 31 /	Year
11 ELECTION	Month Day Year ELECTION TYPE 11 / 4 / 14 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if arry)	13 OFFICE SOUGHT (if known) Mayor	
	GO TO PAG	E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 A	CCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	POLITICAL COMMITTEES TO SUPPORT THE 'S OR OFFICEHOLDER'S KNOWLEDGE OR ECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,925		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 157.69		
	4. TOTAL	POLITICAL EXPENDITURE'S	\$ 89,244.92		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 452.21		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 1,600.00		
18 AFFIDAVIT					
		I swear, or affirm, under penalty of perjuis frue and correct and includes all informe under Title 15, Election Code.			
Notary Pu	N FRANKLIN blic, State of Texas mission Expires ber 17, 2018	Memory 11. Signature of Candidate	e or Officeholder		
	scribed before	me, by the said Shera Cole a.a. 20 5 , to certify which, witness my h	and and seal of office.		
Omn Hall Signature of officer admi		Am Franklin	No fara Title of officer administering oath		
1.g			\bigcup		

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	}	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/27/14	Louis Simms 6 Contributor address; City; State; Zip Code		25.00	
	750f Barcelona Dr; Austin	TX; 78752		
	·		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
10/28/14	Doyle Wilson	,	contribution (\$)	description (if applicable)
10/20/14	Contributor address; City; State; Zip Code		350.00	
	6649 White Marsh; Austin T	X; 78746	(If travel outside	,
Principal occur	pation / Job title (See Instructions)	Employer (See I		or lexas, complete scriedule 1)
	ltor	Employer (See 1	Sel	Lf employed
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution
10/28/1	David Burrell		contribution (\$)	description (if applicable)
4	Contributor address; City; State; Zip Code		350.00	· Company · Comp
	PO Box 12661; Austin TX; 7	8711	/If travel outside	of Texas, complete Schedule T)
Principal again	action / Job title /See instructions)	Employer /Sec. I		di Texas, complete ochedule 1)
Frincipal occup	pation / Job title (See Instructions) Finance Director	Employer (See I	instructions)	KAZI
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
10/28/14	Leisha Johnson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	6725 Hot Springs Dr; Austi	n TX; 78749		
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributorout-of-state PAC (ID#:	,	Amount of	In-kind contribution
Cana	Ranelle Meroney		contribution (\$)	description (if applicable)
10/28/14	Contributor address; City; State; Zip Code		50.00]
	PO Box 160746; Austin TX; 787	16	50.00	[
	FO BOX 100/40, AUSUR (A, 70/	10		
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
	······································			

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
10/28/14	Howell Beaver		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		100.00	
	4902 Travis County Cir; Aus 78735	stin TX;		
				of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
10/28/1	Fall harne of contributor		contribution (\$)	description (if applicable)
4	Andrea Stover		100.00	1
T	Contributor address; City; State; Zip Code		100.00	ŀ
	401 Congress Ave; Austin T	x; 78701		t.
	•		(If trave) outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or rexas, complete obricable ()
` <u>-</u>	-			
Date	Full name of contributor		Amount of	In-kind contribution
	Milton Washington		contribution (\$)	description (if applicable)
10/30/14	Contributor address; City; State; Zip Code		350.00	1
	11500 Oak Trl; Austin TX;	78753		l T
			(If travel outside	of Texas, complete Schedule T)
Principal occul	pation / Job title (See Instructions) Retired	Employer (See I	nstructions)	Retired
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Mary Jane & Bob Caudill		contribution (\$)	description (if applicable)
10/30/14	Contributor address; City; State; Zip Code		100.00	
	1701 N. Congress Ave; Austi	n TX; 78701		· ·
			/If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	l	or reves, complete contentie 1)
, == == =				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
10/30/1	Carol Fredericks		contribution (\$)	description (if applicable)
4	Contributor address; City; State; Zip Code		300.00	1
	305 E. 32nd St; Austin TX	. 78705		
	JUJ E. JEHO DE, AUSCIN IA	, .0,00	(If traval outeida	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	Retired			Retired
			_	

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SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sci	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
10/30/14	Jeffery Archer		contribution (\$)	description (if applicable)
10/30/14	6 Contributor address; City; State; Zip Code		100.00	[]
	1705 Elmhurst Dr; Austin	TX; 78741	distance a containing	(Trust complete Colorada T
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
3 I mapar occup	ration 7 300 title (See instructions)	10 Employer (See		
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
10/30/14	Earl Hairston		contribution (\$)	description (if applicable)
	Contributor address; City; State: Zip Code		350.00	
	4106 Medical Pkwy; Austin	TX; 78756		
		I		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Retired	Employer (See I	Instructions)	Retired
Date	Full name of contributor)	Amount of	In-kind contribution
10/30/14	Abdul & Zarina Patel		contribution (\$)	description (if applicable)
10/30/14	Contributor address; City; State; Zip Code		150.00	
	915 W. Oltorf; Austin TX;	78704		
		T	(If travel outside	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions) Owner	Employer (See I	Instructions) Su	nrise mini-mart
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	William Kuykendall		contribution (\$)	description (if applicable)
10/30/14	Contributor address; City; State; Zip Code		200.00	
	106 E. 6th St; Austin TX;	78701		
	·		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Attorney	Employer (See l	Instructions)	elf employed
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
10/20/14	Frank & Lynn Cooksey		contribution (\$)	description (if applicable)
10/30/14	Contributor address; City; State; Zip Code		100.00	
	2208 Matthews Dr; Austin T	х;		
	78703			,
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Attorney	Employer (See	Instructions)	Self employed

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www.ethics.state.tx.us

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
10/30/14	Ron & Phuong Kampa		contribution (\$)	description (if applicable
	6 Contributor address; City; State; Zip Code		50.00	
	3902 Glengarry Dr; Austin	TX; 78731		
.				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
10/30/1	Linda Connor		contribution (\$)	description (if applicable
4	Contributor address; City; State; Zip Code		50.00	
	1307 McKinley Ave; Austin	TX; 78702		
			(if travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Retired	Employer (See I	nstructions) Ret	ired
Date	Full name of contributor		Amount of	In-kind contribution
10/30/14	Sharon Watkins		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		350.00	1
	4416 Ramsey Ave; Austin T	X; 78756		l I .
			(If travel outside	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions) Owner	Employer (See I	nstructions) Ch	ez Zee
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
10/20/14	Susan Morrison		contribution (\$)	description (if applicable
10/30/14	Contributor address; City; State; Zip Code		100.00	
	6005 Shoalwood Ave; Austin	TX; 78757		
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See)		
Date	Full name of contributor out-of-state PAC (ID#);)	Amount of	In-kind contribution
10/30/14	Linda Connor		contribution (\$)	description (if applicable
, -	Contributor address; City; State; Zip Code		150.00	
	1307 McKinley Ave; Austin	TX; 78702		i
			(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions) Retired	Employer (See I	nstructions)	tired

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

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
10/30/14	Tours McDonald	,	contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code		150.00	<u> </u>	
	123 Saguaro Dr; Buda TX 7	8610			
			(If travel outside i	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Babette Ellis		contribution (\$)	description (if applicable)	
10/30/14	Contributor address; City; State; Zip Code		350.00		
	7107 Brodie Ln; Austin TX;	78745			
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions) Realtor	Employer (See I		lf employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	Vivan Ross-Bennett		contribution (\$)	description (if applicable)	
10/30/14	Contributor address; City; State; Zip Code		350.00		
	7804 Taranto Dr; Austin T	78729		<u> </u>	
	***		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions) Retired	Employer (See I	nstructions)	Retired	
Date	Full name of contributor out-of-state PAC (ID#:	} :	Amount of	In-kind contribution	
10/30/14	Beth Guillot		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		100.00		
	2216 Thornton Rd.; Austin	TX /8/04	ar.		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	and the least management,	Employer (occ)	risti dottorisy		
Date	Full name of contributor out-of-state PAC (ID#: Kenneth Willis)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/30/14	Contributor address; City; State; Zip Code		350.00		
	3103 Honey Tree Ln; Austin	TX 78746			
			(If travel outside of	of Texas, complete Schedule T)	
Principal occup	action / Job title (See Instructions)	Employer (See I	nstructions)	lis	
	-		··········		

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SCHEDULE A

The	Instruction Guide explains how to complete this for	n. Total pages Schedule A:
FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Date 10/30/14	5 Full name of contributorout-of-state PAC(ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable
-0,00,2	6 Contributor address; City; State; Zip Code 8818 Mountain Path Circle; Au 78759	
Principal occup	pation / Job title (See Instructions) 10	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date 10/30/14	Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
	Contributor address; City; State; Zip Code 6705 Hillcroft Dr; Austin TX; 78724	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 10/30/1	Full name of contributor out-of-state PAC (ID# Ara Merjanian	
4	Contributor address; City; State; Zip Code 3211 Hampton Rd.; Austin TX;	78705
Principal occup	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date	Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable
10/31/1 4	Contributor address; City: State; Zip Code 2426 Fairway Dr.; Austin TX; 75080	350.00
Principal occup		(If travel outside of Texas, complete Schedule T) Employer (See Instructions) McKamie Krueger
Date	Full name of contributor out-of-state PAC(ID#: David Featherston	Amount of In-kind contribution contribution (\$) description (if applicable
10/31/14	Contributor address; City; State; Zip Code 16200 Double Eagle Dr; Austin 78717	TX 50.00
		(If travel outside of Texas, complete Schedule T)

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date 10/31/1	5 Full name of contributorout-of-state PAC (ID#:_ Emma .Linn)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4	6 Contributor address; City; State; Zip Code 2400 Vista Ln; Austin TX;		200.00	
	78703		/If travel outside	i of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See.	·	or rexas, complete Schedule 1)
Date 10/31/1	Full name of contributor out-of-state PAC (ID# David & Dealy Herndon)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4	Contributor address; City; State; Zip Code 2903 Tarry Trl; Austin TX 7		150.00	
	2505 lully lil, Addelli ik /	0703		
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
10/31/1	Marjon Christopher		contribution (\$)	description (if applicable)
4	Contributor address; City: State; Zip Code 3307 Woodbriar Ln; Austin	TX;	100.00	
	78723		(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	or rexps, complete defeable 1)
Date	Full name of contributor [] out-of-state PAC (ID# Roberto Garcia)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/31/14	Contributor address; City; State; Zip Code	10700	100.00	
	PO Box 81356; Austin TX; 7	8/08		,
				of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
:	Bonny Gardner	,	contribution (\$)	description (if applicable)
11/1/14	Contributor address; City; State; Zip Code		100.00	
	3207 Kerbey Ln; Austin TX;	78703		<u> </u>
			(If travel outside o	 of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
FILER NAME		. <u> </u>	3 ACCOUNT # (E	thics Commission Filers)
l Date	5 Full name of contributorout-of-state PAC(ID#: Denise Davis		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
11/1/14	6 Contributor address; City; State; Zip Code		350.00	ĺ
	508 W. 14th St.; Austin TX 78701			<u> </u>
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) N/A	10 Employer (See I	nstructions)	N/A
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
11/1/14	Scotty Holman Contributor address; City; State; Zip Code		350.00	
	1751 County Rd 103; Llano 78643	TX;	(16 travial autoido	of Tayon, garanteta Cabadula T
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T) t Choice
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
11/1/14	Contributor address; City: State; Zip Code PO Box 50065; Austin TX; 78763		75.00	 -
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
11/1/14	Charles Hopkins		contribution (\$)	description (if applicable
11/1/14	Contributor address; City; State; Zip Code	D10-	100.00	
	1600 Copperhead Cv; Round I TX 78664	ROCK;	(If travel outside o	 - pf Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	•
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
11/1/14	Contributor address; City; State; Zip Code		350.00	
	1045 Elliott Ranch Rd.; Bu 78610	ıda TX;		 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Office Manager	Employer (See I	notructions)	rk Simpson

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor		7	A 1.17 1
	L_1 out-of-state AC (IDA:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/1/14	Austin EMS PAC		·	
	6 Contributor address; City; State; Zip Code		350.00	
	5817 Wilcab; Austin TX; 78	721		
	·		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
11/0/14	William & Celia Mange		contribution (\$)	description (if applicable)
11/2/14	Contributor address; City; State; Zip Code			
	estimated actions of the control of		150.00	
	7104 Spurlock Dr.; Austin	TX; 78731		
	<u>-</u>	•	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of	In-kind contribution
	Terron McDonald		contribution (\$)	description (if applicable)
11/2/14	Contributor address; City; State; Zip Code			1
11/2/14	1900 Scofield Ridge Pkwy; A	Vuctin MV.	50.00	·
	78727	austin in;		I I
	70727		(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) e	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Chester Beattie		contribution (\$)	description (if applicable)
11/2/14	Contributor address; City; State; Zip Code		250.00	
	4900 N. Lamar Blvd.; Austin 7	rx; 78751		
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) 👝	Employer (See I		in Texas, complete deflegate 1)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	-	,	contribution (\$)	description (if applicable)
11/2/14	Nelda Spears Contributor address; City: State: Zip Code		100 00	
	Contributor address; City; State; Zip Code		100.00	
	5581 Airport Blvd.; Austin T	rx; 78751		
			(If travel outside o	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		s. reside, complete defledule ()

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: Jerry Heare)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/2/14	6 Contributor address; City; State; Zip Code		100.00	
	9015 Mountain Ridge Dr; Austi	n TX; 78759	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	-	
Date 11/2/14	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
, -,	Contributor address; City; State; Zip Code		100.00	
	400 West Anderson Ave.; Austi	n TX; 78664	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date 11/2/1	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4	Contributor address; City; State; Zip Code		350.00	
	1513 West 6th, Austin TX; 787	03	(If travel outside	i
Principal occup	pation / Job title (See Instructions) Therapist	Employer (See I	metm setiemn)	f employed
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2/14	Contributor address; City; State; Zip Code	.	300.00	
	206 E. 9th St.; Austin TX; 78			of Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ages Schedule E:
2 FILER NAME Sheryl Cole		-	3 ACCOU	JNT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$		\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
11/18/14	Sheryl Cole			1,600.00
6 Is lender a financial Institution?		Zip Code		10 Interest rate
YN	4101 Wildwood Ln; Austin TX	1; 78722		11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		L
Mayor Pro Tem		City of Austin		
14 Description of Coll	lateral	15 Check if personal funds were	e deposited	into political account
✓ none		Z		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		interest rate
YN				Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited	into political account
none	'			
GUARANTOR INFORMATION	Name of guarantor	<u> </u>		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupati	ion (See Instructions)	Emplayer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE		quirements.

P.O. Box 12070

		03.12522	•
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees		raising Expense Transportation Equipment & Related Explication Contributions/Donations Made By Candidate/Officeholder/Political Communication (Rental Expense OTHER (enter a category not listed above	mittee
	The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule F: 7	2 FILER NAME	3 ACCOUNT # (Ethics Commission	Filers)
4 Date	5 Payee name		
10/27/14	Buying Time Media, LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
15,000.00	650 Massachusetts Ave; Washin	jton DC; 20001	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Television	
EXPENDITURE	Advertising		
	0 511 100 111	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
10/30/14	NGP VAN		
Amount (\$)	Payee address; City; State; Zip Code		
75.00	1101 15 St. NW; Washington DC	; 20005	
PURPOSE OF	Category (See categories listed at the top of this schedule)	' Description (If travel outside of Texas, complete Schedule T) software	
EXPENDITURE	Solicitation/Fundraising	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/	ОН		
Date	Payee name		
10/30/14	Austin Chronicle		
Amount (\$)	Payee address; City; State; Zip Code		
1,845.00	4000 N. IH-35; Austin TX; 787	51	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Print Ad	
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/30/14	Buying Time Media, LLC		
Amount (\$)	Payee address; City; State; Zip Code		
5,000	650 Massachusetts Ave; Washin	ngton DC: 20001	
•			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If Iravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Adversting	Television Check if Austin TX office holder living expense	
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held	
·	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/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/F	ontract Labor pising Expense trict Rental Expense	Loan Repayment/Rei Transportation Equip Contributions/Donatic Candidate/Officeh OTHER (enter a cate	ment & Related Expense
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name				
10/30/14	Chez Zee				
6 Amount (\$)	7 Payee address; City: Stat	ite; Zip Code			
280.37	5406 Balcones Dr; Aust	tin TX; 78	731		
8 PURPOSE	(a) Category (See categories listed at the top of			(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE		ļ	Endorsement a	announcement recep	ption
	Food/Beverage Expense	-	Check if A	Austin, TX, officeholder liv	ring expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date	Payee name				
11/3/14	Best Buy				
Amount (\$)	Payee address; City; Stat	ite; Zip Code			
55.13	1201 Barbara Jordan Bly	vd: Austin	TX; 78723		
PURPOSE	Category (See categories listed at the top of		 	(If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE				e minutes	·
	Office overhead		Check if A	Austin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ıt	Office held
Date	Payee name				
11/3/14	NGP VAN				
Amount (\$)	Payee address; City; Stat	te; Zip Code			A
400.00	1101 15 St. NW; Washing	gton DC; 20	005		
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description Softwa	(If travel outside of Texas, c are	complete Schedule T)
EXPENDITURE	Solicitation/Fundraising	ıg	Check if A	wstin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office sough	it	Office held
Date	Payee name				<u> </u>
11/3/14	The Villager				
Amount (\$)	Payee address; City; State	te; Zip Code			
504.00	4132 E. 12th St; Aust:	in TX; 7872	21		
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description Print	(If travel outside of Texas, a	complete Schedule Tj
EXPENDITURE	Advertising		Check if A	ustin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	t	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS	NEEDED	

SCHEDULE \mathbf{F}

	EVPENDITURE CATE	CODIEC COD DOV 6/	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicita Food/Beverage Expense Travel Polling Expense Travel	s/Wages/Contract Labor tion/Fundraising Expense In District Out Of District Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
11/4/14	Kevin Opp		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
2,800.00	1703 Antler Dr; Austin TX;	78741	
8 PURPOSE OF	(a) Category (See categories listed at the top of this sch	edule) (b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Salary	Check i	f Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	yht Office held
Date	Payee name		
11/6/14	Clive Bar		
Amount (\$)	Payee address; City; State; Zip	Code	
114.00	609 Davis St; Austin TX; 78		
PURPOSE OF	Category (See categories listed at the top of this sch		n (if travel outside of Texas, complete Schedule T)
EXPENDITURE	Food/Beverage		tion watch !Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office soug	
Date	Payee name		
11/7/14	Casey Prichard		
Amount (\$)	Payee address; City; State; Zip	Code	
2,250.00	7303 Woodhollow Dr; Austin	TX; 78731	
PURPOSE OF	Category (See categories listed at the top of this sch	edule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Salary		I Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	int Office held
Date	Payee name		
11/13/14	Kevin Opp		
Amount (\$)	Payee address; City; State; Zip	Code	
367.00	1703 Antler Dr; Austin TX;	78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the lop of this sch		n (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	ht Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking	EXPENDITURE CATEGO		
Consulting Expense Event Expense Fees	Legal Services Solicitation/ Food/Beverage Expense Travel In Di Polling Expense Travel Out	ges/Contract Labor Fundraising Expense istrict Of District head/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
			O NOSSER II (Etnics Commission) nors
4 Date	5 Payee name		
11/14/14	Genevieve Van Cleve		
6 Amount (\$)	7 Payee address; City; State; Zip Co.	de	
3,000.00	4104 Wildwood Rd; Austin TX;	78722	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	Consulting Expense	Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office soug	ht Office held
Date	Payee name		
11/14/14	Capital Area Progressive Demo	crats	
Amount (\$)	Payee address; City; State; Zip Co	de	
180.00	PO Box 413; Austin TX; 78767		
PURPOSE	Category (See categories listed at the top of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Membership expense	Check if	Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
11/18/14	Message, Audience, Presentati	on	
Amount (\$)	Payee address; City; State; Zip Cod	de	
4,575.00	2400 S. 4th St; Austin TX; 7	78704	
PURPOSE OF	Category (See categories listed at the top of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
11/18/14	Message, Audience, Presenta	tion	
Amount (\$)	Payee address; City; State; Zip Coo		
2,088.90	2400 S. 4th St; Austin TX;	78704	· · · · · · · · · · · · · · · · · · ·
	Category (See categories listed at the top of this schedule	e) Description Cards/st	n (If travel outside of Texas, complete Schedule T)
PURPOSE OF		0020070	cucional,
	Printing Expense	· -	Austin, TX, officeholder living expense

P.O. Box 12070

	EVDENDITUDE CATECODICO	FOR BOY (/-)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor aising Expense trict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this for	rm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		1
11/18/14	Message, Audience, Presentat:	ion	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
14,925.00	2400 S. 4th St; Austin TX;	78704	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	I	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	P-114v		
	Polling expense		ustin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Office held
Date	Payse name		
11/18/14	Message, Audience, Presentati	ion	
Amount (\$)	Payee address; City; State; Zip Code		
8,000.00	2400 S. 4th St; Austin TX; 78	3704	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expense TV production Check if Austin, TX, office holder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name		
11/18/14	Message, Audience, Presentat:	ion	
Amount (\$)	Payee address; City; State; Zip Code		
18,645.00	2400 S. 4th St; Austin TX; 78	3704	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description Maile	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing expense	_	ustin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name		
11/24/14	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
490.00	900 Blackson Ave; Austin TX;	78752	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF		_	stage
EXPENDITURE	Office overhead	l	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit Ca	Candidate / Officeholder name OH	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS I	NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out of Strict Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor draising Expense t district d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission File	rs)
4 Date	5 Payee name	-		
11/24/14	Clear Wireless			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
57.46	Dept. CH 14365; Palatine IL	60055		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		on (If travel outside of Texas, complete Schedule T)	
OF	, and the second		ternet	
EXPENDITURE	Office overhead		if Austin, TX, afficeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office soug	ght Office held	
Date	Payee name			
11/25/14	Casey Prichard			
Amount (\$)	Payee address; City; State; Zip Code			
295.00	7303 Woodhollow Dr; Austin 5	rx; 78731		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Salary	Check if	if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ght Office held	
Date	Payee name	, , , , , , , , , , , , , , , , , , , 		
11/26/14	Arthur Troilo III			
Amount (\$)	Payee address; City; State; Zip Code			
562.00	700 E. 11th ST; Austin TX; 7	8701		
PURPOSE	Category (See categories listed at the top of this schedule)	1	n (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Food/Beverage expense	· —	raising event reimbursement ifAuslin,TX, officeholderliving expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ght Office held	
Date	Payee name			
11/26/14	Message, Audience, Presentat	ion		
Amount (\$)	Payee address; City; State; Zip Code			
6,500.00	2400 S. 4th St; Austin TX 78	704		
PURPOSE	Category (See categories listed at the top of this schedule)	,	on (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Solicitation expense		11s if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office soug		
expenditure to benefit C/				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	S NEEDED	

	<u> </u>			
	EXPENDITURE CATEGO	ORIES FO	DR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor			n Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District			nsportation Equipment & Related Expense
Consulting Expense Event Expense		District ut Of District		ntributions/Donations Made By Candidate/Officeholder/Political Committee
Fees			· _	HER (enter a category not listed above)
	The Instruction Guide explains		•	, 1g.:, , , , , , , , ,
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
				,
4 Date	5 Payee name			
12/8/14	Premiere Political Consul	lting		
6 Amount (\$)	7 Payee address; City; State; Zip C	ebo		
819.84	4805 Woodview Ave; Austin TX	7875	6	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	lule) (t	b) Description (If tra	evel outside of Texas, complete Schedule T)
OF EXPENDITURE		į	calls	
	Solicitation expense		Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	I	Office sought	Office held
expenditure to benefit C/C	ЭН		~	
Date	Payee name			·
12/24/14	Clear Wireless			
Amount (\$)	Payee address; City; State; Zip C	Code		
Anodin (Ф)	rayoo addidda, City, Cigie, Lip C	2006		
57.46	Dept. CH 14365; Palatine	IL; 6	0055	
PURPOSE	Category (See categories listed at the top of this schedu	lute)	Description (If tra	avel outside of Texas, complete Schedule T)
OF			Interne	t
EXPENDITURE	Office overhead		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	OH .			
Date	Payee name			
12/24/14	Kevin Opp			
Amount (\$)	Payee address; City; State; Zip C	Code		
,				
208.76	1703 Antler Dr; Austin T	X; 787	41	
	Category (See categories listed at the top of this schedu	hule)	Description //tre	avel outside of Texas, complete Schedule T)
PURPOSE	Caragory (See caregories listed at the top of this schedu	ruie)	, ,	ad reimbursement
OF EXPENDITURE	Advertising expense		_	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C			<u> </u>	
Date	Payeo pame	• • • •		
Date	Payee name			
12/30/14	NGP VAN			
Amount (\$)	Payee address; City; State: Zip C	Jode		
150.00	1101 15 01 257 11	~-	20005	
150.00	1101 15 St. NW; Washingto	on DC;		
PURPOSE	Category (See categories listed at the top of this sched	dule)	•	avel outside of Texas, complete Schedule T)
OF			email or	_
EXPENDITURE	Solicitation/Fundraising			n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH		Office sought	Office held
1 2 4 4 2 4	ATTACH ADDITIONAL COPIES OF	F THIS SC	HEDULF AS NE	EDED
	ALIMONADINONAL OOFICO OF			

Office of the City Clerk, 20.36

BANK RECONCILIATION

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

Name of candidate, officeholder	or campaign committee: <u>She</u>	eryl Cole
For each checking, savings or other following information indicated.		t maintained during 2014, enter the on, use a copy of this schedule.
The name of the financial institut	ion: Prosperity Bank	
Type of account: Checking Acc	cout	
The beginning balance: 0		· · · · · · · · · · · · · · · · · · ·
The ending balance: 452.21		·
Enter the following information f December 31:	or checks issued on that acco	ount that have not cleared by
Date	Payee	Amount
Enter the following information for by the contributor's financial inst		ntions and deposited but dishonored
Date of receipt	Contributor	Amount
,		
Amount of interest or dividends of Office of the City Clerk, 20.36		Ethics Review Commission 10/16/2012

Page I of 2

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

A listing of checks received that have not been deposited into any account by December 31:

Date of receipt	Contributor	Amount