

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 <i>22 SMC</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Sheryl Cole	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	PO Box 13; Austin TX; 78767		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	814-8795	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Robbie Ausley	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3707 Laurel Ledge Ln; Austin TX; 78731		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	784-8971	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	10	26	14
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		11	4
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known)		
		Mayor	
GO TO PAGE 2			

AUSTIN CITY CLERK
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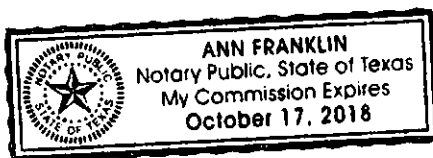
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,925
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 157.69
	4.	TOTAL POLITICAL EXPENDITURES	\$ 89,244.92
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 452.21
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,600.00

18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sheryl N Cole
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheryl Cole, this the 15th day of January, 2015, to certify which, witness my hand and seal of office.

Ann Franklin
Signature of officer administering oath

Ann Franklin
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Louis Simms 6 Contributor address; City; State; Zip Code 750 ^E Barcelona Dr; Austin TX; 78752	7 Amount of contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doyle Wilson Contributor address; City; State; Zip Code 6649 White Marsh; Austin TX; 78746	Amount of contribution (\$) 350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self employed	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Burrell Contributor address; City; State; Zip Code PO Box 12661; Austin TX; 78711	Amount of contribution (\$) 350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Finance Director		Employer (See Instructions) KAZI	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leisha Johnson Contributor address; City; State; Zip Code 6725 Hot Springs Dr; Austin TX; 78749	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ranelle Meroney Contributor address; City; State; Zip Code PO Box 160746; Austin TX; 78716	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** Date

10/28/14

5 Full name of contributor☐ out-of-state PAC (ID#:

Howell Beaver

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)**6** Contributor address; City; State; Zip Code4902 Travis County Cir; Austin TX;
78735

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

10/28/14

Full name of contributor

☐ out-of-state PAC (ID#:

Andrea Stover

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

401 Congress Ave; Austin TX; 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/14

Full name of contributor

☐ out-of-state PAC (ID#:

Milton Washington

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

11500 Oak Trl; Austin TX; 78753

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/30/14

Full name of contributor

☐ out-of-state PAC (ID#:

Mary Jane & Bob Caudill

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1701 N. Congress Ave; Austin TX; 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/14

Full name of contributor

☐ out-of-state PAC (ID#:

Carol Fredericks

Amount of
contribution (\$)

300.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

305 E. 32nd St; Austin TX; 78705

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffery Archer 6 Contributor address; City; State; Zip Code 1705 Elmhurst Dr; Austin TX; 78741	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Earl Hairston Contributor address; City; State; Zip Code 4106 Medical Pkwy; Austin TX; 78756	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Abdul & Zarina Patel Contributor address; City; State; Zip Code 915 W. Oltorf; Austin TX; 78704	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Sunrise mini-mart	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Kuykendall Contributor address; City; State; Zip Code 106 E. 6th St; Austin TX; 78701	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employed	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank & Lynn Cooksey Contributor address; City; State; Zip Code 2208 Matthews Dr; Austin TX; 78703	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employed	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron & Phuong Kampa 6 Contributor address; City; State; Zip Code 3902 Glengarry Dr; Austin TX; 78731	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 10/30/14 4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Connor Contributor address; City; State; Zip Code 1307 McKinley Ave; Austin TX; 78702	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Retired			
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharon Watkins Contributor address; City; State; Zip Code 4416 Ramsey Ave; Austin TX; 78756	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Chez Zee			
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Morrison Contributor address; City; State; Zip Code 6005 Shoalwood Ave; Austin TX; 78757	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Connor Contributor address; City; State; Zip Code 1307 McKinley Ave; Austin TX; 78702	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Retired			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joyce McDonald 6 Contributor address; City; State; Zip Code 123 Saguaro Dr; Buda TX 78610	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Babette Ellis Contributor address; City; State; Zip Code 7107 Brodie Ln; Austin TX; 78745	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self employed	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Vivan Ross-Bennett Contributor address; City; State; Zip Code 7804 Taranto Dr; Austin TX 78729	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beth Guillot Contributor address; City; State; Zip Code 2216 Thornton Rd.; Austin TX 78704	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth Willis Contributor address; City; State; Zip Code 3103 Honey Tree Ln; Austin TX 78746	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Willis	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jill & Phil Henderson 6 Contributor address; City; State; Zip Code 8818 Mountain Path Circle; Austin TX; 78759	7 Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barbara Scott Contributor address; City; State; Zip Code 6705 Hillcroft Dr; Austin TX; 78724	Amount of contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ara Merjanian Contributor address; City; State; Zip Code 3211 Hampton Rd.; Austin TX; 78705	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. & Mrs. Bill Krueger Contributor address; City; State; Zip Code 2426 Fairway Dr.; Austin TX; 75080	Amount of contribution (\$) 350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) McKamie Krueger	
Date 10/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Featherston Contributor address; City; State; Zip Code 16200 Double Eagle Dr; Austin TX 78717	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/31/14

5 Full name of contributor ☐ out-of-state PAC (ID#:
Emma Linn

7 Amount of
contribution (\$)
200.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
2400 Vista Ln; Austin TX;
78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/31/14

Full name of contributor ☐ out-of-state PAC (ID#:
David & Dealy Herndon

Amount of
contribution (\$)
150.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2903 Tarry Trl; Austin TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/31/14

Full name of contributor ☐ out-of-state PAC (ID#:
Marjon Christopher

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3307 Woodbriar Ln; Austin TX;
78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/31/14

Full name of contributor ☐ out-of-state PAC (ID#:
Roberto Garcia

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

PO Box 81356; Austin TX; 78708

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/1/14

Full name of contributor ☐ out-of-state PAC (ID#:
Bonny Gardner

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3207 Kerbey Ln; Austin TX; 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Denise Davis 6 Contributor address; City; State; Zip Code 508 W. 14th St.; Austin TX 78701	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) N/A	
Date 11/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scotty Holman Contributor address; City; State; Zip Code 1751 County Rd 103; Llano TX; 78643	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Sale		Employer (See Instructions) 1st Choice	
Date 11/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Head Contributor address; City; State; Zip Code PO Box 50065; Austin TX; 78763	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) e		Employer (See Instructions)	
Date 11/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Hopkins Contributor address; City; State; Zip Code 1600 Copperhead Cv; Round Rock; TX 78664	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Valerie Sampson Contributor address; City; State; Zip Code 1045 Elliott Ranch Rd.; Buda TX; 78610	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Mark Simpson	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/1/14

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Austin EMS PAC

6 Contributor address; City; State; Zip Code

5817 Wilcab; Austin TX; 78721

7 Amount of
contribution (\$)

350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/2/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

William & Celia Mange

Contributor address; City; State; Zip Code

7104 Spurlock Dr.; Austin TX; 78731

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Terron McDonald

Contributor address; City; State; Zip Code

1900 Scofield Ridge Pkwy; Austin TX;
78727

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) e

Employer (See Instructions)

Date

11/2/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Chester Beattie

Contributor address; City; State; Zip Code

4900 N. Lamar Blvd.; Austin TX; 78751

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) e

Employer (See Instructions)

Date

11/2/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Nelda Spears

Contributor address; City; State; Zip Code

5581 Airport Blvd.; Austin TX; 78751

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/2/14

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Jerry Heare

6 Contributor address; City; State; Zip Code

9015 Mountain Ridge Dr; Austin TX; 78759

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/2/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Michael & Cynthia Clement

Contributor address; City; State; Zip Code

400 West Anderson Ave.; Austin TX; 78664

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jenesta Sturup

Contributor address; City; State; Zip Code

1513 West 6th, Austin TX; 78703

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Therapist

Employer (See Instructions)

Self employed

Date

11/2/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ilean Galloway

Contributor address; City; State; Zip Code

206 E. 9th St.; Austin TX; 78701

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Sheryl Cole

3 ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

11/18/14

7 Name of lender

Sheryl Cole

☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

1,600.00

6 Is lender
a financial
institution?

Y

N**8** Lender address; City; State; Zip Code

4101 Wildwood Ln; Austin TX; 78722

10 Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)

Mayor Pro Tem

13 Employer (See Instructions)

City of Austin

14 Description of Collateral☒ none**15** Check if personal funds were deposited into political account☒**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☒ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/27/14	5 Payee name Buying Time Media, LLC	
6 Amount (\$) 15,000.00	7 Payee address; City; State; Zip Code 650 Massachusetts Ave; Washington DC; 20001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Television <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/30/14	Payee name NGP VAN	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1101 15 St. NW; Washington DC; 20005	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising	Description (If travel outside of Texas, complete Schedule T) software <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/30/14	Payee name Austin Chronicle	
Amount (\$) 1,845.00	Payee address; City; State; Zip Code 4000 N. IH-35; Austin TX; 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Print Ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/30/14	Payee name Buying Time Media, LLC	
Amount (\$) 5,000	Payee address; City; State; Zip Code 650 Massachusetts Ave; Washington DC; 20001	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adversting	Description (If travel outside of Texas, complete Schedule T) Television <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14		5 Payee name Chez Zee			
6 Amount (\$) 280.37		7 Payee address; City; State; Zip Code 5406 Balcones Dr; Austin TX; 78731			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Endorsement announcement reception <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/14		Payee name Best Buy			
Amount (\$) 55.13		Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd; Austin TX; 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office overhead		Description (If travel outside of Texas, complete Schedule T) Phone minutes <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/14		Payee name NGP VAN			
Amount (\$) 400.00		Payee address; City; State; Zip Code 1101 15 St. NW; Washington DC; 20005			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation/Fundraising		Description (If travel outside of Texas, complete Schedule T) Software <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/14		Payee name The Villager			
Amount (\$) 504.00		Payee address; City; State; Zip Code 4132 E. 12th St; Austin TX; 78721			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Print Ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/4/14		5 Payee name Kevin Opp			
6 Amount (\$) 2,800.00		7 Payee address; City; State; Zip Code 1703 Antler Dr; Austin TX; 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salary		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/6/14		Payee name Clive Bar			
Amount (\$) 114.00		Payee address; City; State; Zip Code 609 Davis St; Austin TX; 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) Election watch <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/7/14		Payee name Casey Prichard			
Amount (\$) 2,250.00		Payee address; City; State; Zip Code 7303 Woodhollow Dr; Austin TX; 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salary		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/13/14		Payee name Kevin Opp			
Amount (\$) 367.00		Payee address; City; State; Zip Code 1703 Antler Dr; Austin TX; 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salary		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/14/14		5 Payee name Genevieve Van Cleve			
6 Amount (\$) 3,000.00		7 Payee address; City; State; Zip Code 4104 Wildwood Rd; Austin TX; 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/14		Payee name Capital Area Progressive Democrats			
Amount (\$) 180.00		Payee address; City; State; Zip Code PO Box 413; Austin TX; 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Membership expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/14		Payee name Message, Audience, Presentation			
Amount (\$) 4,575.00		Payee address; City; State; Zip Code 2400 S. 4th St; Austin TX; 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/14		Payee name Message, Audience, Presentation			
Amount (\$) 2,088.90		Payee address; City; State; Zip Code 2400 S. 4th St; Austin TX; 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Cards/stationary <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/18/14		5 Payee name Message, Audience, Presentation			
6 Amount (\$) 14,925.00		7 Payee address; City; State; Zip Code 2400 S. 4th St; Austin TX; 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Polling expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/14		Payee name Message, Audience, Presentation			
Amount (\$) 8,000.00		Payee address; City; State; Zip Code 2400 S. 4th St; Austin TX; 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T) TV production <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/14		Payee name Message, Audience, Presentation			
Amount (\$) 18,645.00		Payee address; City; State; Zip Code 2400 S. 4th St; Austin TX; 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing expense		Description (If travel outside of Texas, complete Schedule T) Mailer <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/24/14		Payee name USPS			
Amount (\$) 490.00		Payee address; City; State; Zip Code 900 Blackson Ave; Austin TX; 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office overhead		Description (If travel outside of Texas, complete Schedule T) Postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/24/14	5 Payee name Clear Wireless	
6 Amount (\$) 57.46	7 Payee address; City; State; Zip Code Dept. CH 14365; Palatine IL; 60055	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office overhead	(b) Description (If travel outside of Texas, complete Schedule T) Internet <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/25/14	Payee name Casey Prichard	
Amount (\$) 295.00	Payee address; City; State; Zip Code 7303 Woodhollow Dr; Austin TX; 78731	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/26/14	Payee name Arthur Troilo III	
Amount (\$) 562.00	Payee address; City; State; Zip Code 700 E. 11th ST; Austin TX; 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage expense	Description (If travel outside of Texas, complete Schedule T) fundraising event reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/26/14	Payee name Message, Audience, Presentation	
Amount (\$) 6,500.00	Payee address; City; State; Zip Code 2400 S. 4th St; Austin TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation expense	Description (If travel outside of Texas, complete Schedule T) Calls <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/8/14		5 Payee name Premiere Political Consulting			
6 Amount (\$) 819.84		7 Payee address; City; State; Zip Code 4805 Woodview Ave; Austin TX; 78756			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Solicitation expense		(b) Description (If travel outside of Texas, complete Schedule T) calls <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/24/14		Payee name Clear Wireless			
Amount (\$) 57.46		Payee address; City; State; Zip Code Dept. CH 14365; Palatine IL; 60055			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office overhead		Description (If travel outside of Texas, complete Schedule T) Internet <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/24/14		Payee name Kevin Opp			
Amount (\$) 208.76		Payee address; City; State; Zip Code 1703 Antler Dr; Austin TX; 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T) Facebook ad reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/30/14		Payee name NGP VAN			
Amount (\$) 150.00		Payee address; City; State; Zip Code 1101 15 St. NW; Washington DC; 20005			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation/Fundraising		Description (If travel outside of Texas, complete Schedule T) email overage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

BANK RECONCILIATION

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

Name of candidate, officeholder or campaign committee: Sheryl Cole

For each checking, savings or other financial institution account maintained during 2014, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Prosperity Bank

Type of account: Checking Account

The beginning balance: 0

The ending balance: 452.21

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

Date	Payee	Amount

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

Date of receipt	Contributor	Amount

Amount of interest or dividends earned: _____

SCHEDULE ATX. 4 - attach to form C/OH (C&E)
Reference 2-2-25, Austin City Code

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