CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commis 00081083	sion Filers)	 Total pages fil 6 	ed: 6
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI		JSE ONLY
OFFICEHOLDER	The Honorable	Sheryl N.				
NAME		5			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Cole				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #: CI	ΓΥ:	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER	P.O. Box 41	,	,			
MAILING ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78767				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
TREASURER NAME	Rev.	Joseph C.				
	NICKNAME	LAST		SUFFIX		
		Parker		Jr.		
6 CAMPAIGN	STREET ADDRESS (NO		Δρτ	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	5918 Lookout Mountair			<i>i</i> son <i>a</i> , son <i>a</i> , son <i>a</i> , son <i>a</i> , so <i>b</i> a	517	
ADDRESS						
(Residence or Business)						
	Austin, TX 78731					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER	(512) 323-6605	ONE NOMBER	EXTENSION			
PHONE	(312) 323-0003					
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff	15th day after car	npaign treasurer
					appointment (offic	ceholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	01/01/2023	TI	HROUGH	06/30/2023	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ar XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative D	istrict 46		State Representa		
		GO ⁻	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.us	6	Versio	on V3.5.1.a18ea2ca

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

13 C / OH NAME

15 NOTICE

FROM POLITICAL

COMMITTEE(S)

16 CONTRIBUTION

EXPENDITURE

CONTRIBUTION

OUTSTANDING

LOAN TOTALS

TOTALS

TOTALS

BALANCE

17 AFFIDAVIT

1.

2.

3.

4.

5.

6.

Additional Pages

FORM C/OH **COVER SHEET PG 2**

				2 of 66
Cole, Sheryl N. (The	Honorable)	14 Filer ID 00081083	(Ethics Co	mmission Filers)
candidate / officeholder	political contributions accepted or political expendi . These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or offici	ceholder's k	nowledge or
COMMITTEE TYPE	COMMITTEE NAME			
GENERAL				
—	COMMITTEE ADDRESS			
SPECIFIC				
	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRI	ESS		
1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS (OTHER TH	AN PLEDGES LOANS	. 1	
	EES OF LOANS, OR CONTRIBUTIONS MADE EL		, \$	0.00
	C AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAM	√S)	\$	1,099.38
3. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES		\$	3,152.87
4. TOTAL POLITIC	CAL EXPENDITURES		\$	15,822.01
5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$	108,043.52
6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	S OF THE LAST DAY	\$	0.00
	I swear, or affirm, under pena true and correct and includes under Title 15, Election Code The Ho	all information required	to be repor	
		of Candidate or Officeh		
	Signature	or Canuluale of Officer	UIUEI	

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

____, this the _ day

of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

S	UBT	OTALS - C/OH	CC	FORM C/OH OVER SHEET PG 3 3 of 66
	ER NAM	IE ryl N. (The Honorable)	19 Filer ID 00081083	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,099.38
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 15,822.01
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	iction Guide explains hov	v to complete this f	iorm.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/66	
2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)		
	'l N. (The Honorable)			00081083	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/21/2023	Anderson, Greg				\$48.74
	6 Contributor address; City; S	State; Zip Code			
	Austin, TX 78701				
8 Principal occu	upation / Job title (See Instructions	S)	9 Employer (See Instructions	s)	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/30/2023	Bulla, Dale				\$25.00
	Contributor address; City; S				
	Austin, TX 78750-7932				
Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	s)	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/19/2023	Bylo Chacon, Jessica				\$1.00
	Contributor address; City; S				
	Berkeley, CA 94704				
Principal occu	upation / Job title (See Instructions		Employer (See Instructions	<u>)</u>	
		s) 		5)	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/21/2023	Carrera, Raul V				\$26.63
	Contributor address; City; S	itate; Zip Code			
	Augtin TV 70700				
Dringing occu	Austin, TX 78722				
ΡΠΠΟΙΡΑΙ Ουυυ	upation / Job title (See Instructions	5)	Employer (See Instructions	5)	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/28/2023	Jones, Crystal				\$52.95
	Contributor address; City; S				
	Austin, TX 78723		_		
Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	s)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/66		
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Cole, Sheryl	N. (The Honorable)			00081083	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	 7	Amount of Contribution (\$)	
-	06/21/2023	Jones, Melissa	/	. 		\$105.58
	00/21/2020			ł		Ψ±00.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78703				
8	Principal occu		9 Employer (See Instructions	<u>ا</u>		
Ľ				<i>"</i>		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/25/2023	KPW PAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78768				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
		ļ				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2023	Massey, Barry				\$52.95
				ł		
		Austin, TX 78722				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		ļ				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/22/2023	Mcdonald, Stephanie				\$48.74
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78731				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ļ				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/19/2023 Rodriguez, Alyssa					\$105.58
	•••••	Contributor address; City; State; Zip Code	ł			
		San Marcos, TX 78666				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>الــــــــــــــــــــــــــــــــــــ</u>		
		, parlor / 202 and (200 and 12		''		
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	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this forn		Total pages Schedule A1: Sch: 3/3 Rpt: 6/66	
2	FILER NAME Cole, Sheryl	N. (The Honorable)		Filer ID (Ethics Commission Filers) 00081083	
4	-			7	Amount of Contribution (\$) \$126.63
		Austin, TX 78723-5444			
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions))	
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2023 Withrow, Anne Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$5.58
		Austin, TX 78721-1524			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 1/59 Rpt: 7/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date 01/26/2023	Payee name ARC System					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$368.00	12381 E. Cornell Ave. Aurora, CO 80014					
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Evnense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/31/2023	Adugna, Hawani					
	Amount (\$) \$250.00	Payee address;City;State;Zip Code31418 Hampton Bend Lane					
	DUDDOSE	Houston, TX 77070					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ement				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/29/2023	Airbnb					
	Amount (\$) \$1,334.04	Payee address; City; State; Zip Code 888 Brannan Street, 4th Floor					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense rge, to be reimbursed				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 2/59 Rpt: 8/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 06/30/2023	Payee name Bartlett's						
6	Amount (\$) \$217.56	7 Payee address; City; State; Zip Code .56 2408 W Anderson Ln Austin, TX 78757						
8	PURPOSE OF EXPENDITURE	OF End/Beverage Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/09/2023	Communities In Schools						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 3000 S I-35 Frontage Rd Suite 200 Austin, TX 78704						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/11/2023	Legislative Study Group						
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2910						
		Austin, TX 78768						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense				Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/59 Rpt: 9/66		Cole, Sheryl	N. (The Honoral	ole)				00081083	
4	Date	5	Payee name							
	01/23/2023		Luby's							
6	Amount (\$)	7	Payee address	; City;	State;	; Zip Co	le			
	\$36.95		1410 E Ande	rson Ln						
			Austin, TX 78	752						
8	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Bevera							plete Schedule T.
									officeholder living	j expense
							officeholder r	mee	eting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	lht		Office he	eld
	Date		Payee name							
	02/06/2023		Luby's							
	Amount (\$)		Payee address	; City;	State;	; Zip Co	le			
	\$44.83		1410 E Ande	rson Ln						
			Austin, TX 78	752						
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverag	ge Expense						plete Schedule T.
									officeholder living	j expense
							officeholder r	nee	eting	
			Condidate (Office						Office h	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	enolder name	C	Office sou	Int		Office he	eiu
	_	_								
	Date		Payee name							
	02/27/2023		Luby's							
	Amount (\$)		Payee address	; City;	State;	; Zip Co	le			
	\$15.31		1410 E Ande	rson Ln						
			Austin, TX 78	752						
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Bevera	ge Expense						plete Schedule T.
									officeholder living	g expense
							officeholder r	nee	eung	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	lht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 4/59 Rpt: 10/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date 03/27/2023	Payee name Luby's					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$35.20	1410 E Anderson Ln Austin, TX 78752					
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	OF Enod/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/10/2023	Luby's					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$40.21	1410 E Anderson Ln Austin, TX 78752					
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. itin, TX, officeholder living expense r meeting				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/17/2023	Luby's					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$41.17	1410 E Anderson Ln					
		Austin, TX 78752					
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	al autoida of Tayas, Complete Schedule T				
	EXPENDITURE		rel outside of Texas. Complete Schedule T. ttin, TX, officeholder living expense r meeting				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 5/59 Rpt: 11/66		Cole, Sheryl N. (The Honorable	?)				00081083
4	Date	5	Payee name				•	
	05/08/2023		Luby's					
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le		
	\$40.75		1410 E Anderson Ln					
			Austin, TX 78752					
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sche	edule)	b) Description	toi	de ef Teuros, Complete Sebadulo T
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. , officeholder living expense
						officeholder r		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	ht		Office held
	Date		Payee name					
	01/09/2023		Mailchimp					
	Amount (\$)		Payee address; City;	State;	Zip Coo	le		
	\$74.61 675 Ponce de Leon Ave NE, Ste. 5000							
			Atlanta, GA 30308					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expense		edule)			de of Texas. Complete Schedule T. officeholder living expense
						email softwa		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	ht		Office held
	Date		Payee name					
	02/09/2023		Mailchimp					
	Amount (\$)		Payee address; City;	State;	Zip Coo	le		
	\$85.28		675 Ponce de Leon Ave NE, St	te. 5000)			
			Atlanta, GA 30308		——————————————————————————————————————	4		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expense		edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	ht		Office held

			EXPENDITURE C	ATEGO	RIES FOR	8 BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave Gift/Awards/Memorials Expense Printing Expense Trave				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 6/59 Rpt: 12/66		Cole, Sheryl N. (The Honorable	e)				00081083		
4	Date 03/09/2023		Payee name Mailchimp							
6	Amount (\$)	7	Payee address; City;	State:	; Zip Co	de				
	\$85.28		675 Ponce de Leon Ave NE, Ste. 5000							
			Atlanta, GA 30308							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght		Office held		
	Date	F	Payee name							
	04/10/2023	1	Mailchimp							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$85.28		675 Ponce de Leon Ave NE, St Atlanta, GA 30308	e. 5000)					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Dffice Overhead/Rental Expens		edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		
	Date		Payee name							
	05/09/2023		Mailchimp							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$85.28	I	675 Ponce de Leon Ave NE, St	e. 5000)					
			Atlanta, GA 30308							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		iedule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 7/59 Rpt: 13/66	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	
	06/09/2023	Mailchimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$85.28	675 Ponce de Leon Ave NE, Ste. 5000	
		Atlanta, GA 30308	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T.
		email software	TX, officeholder living expense
			·
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/17/2023	Pappadeaux Seafood Kitchen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.87	6319 N Interstate Hwy 35	
	\$150.07	0313 Winterstate Hwy 35	
		Austin, TX 78752	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense eeting
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/30/2023	Pappadeaux Seafood Kitchen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.18	6319 N Interstate Hwy 35	
		Austin, TX 78752	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense	utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, 1	TX, officeholder living expense eeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	onponditore to benefit 0/01		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Exp Fees Office Overhead/Rental Expense Transportation Equipment & Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not set)			Equipment & Related Expense t strict			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/59 Rpt: 14/66		Cole, Sheryl	N. (The Honor	able)				00081083	
4	Date	5	Payee name							
	04/24/2023		Pappadeaux	Seafood Kitch	en					
6	Amount (\$)	7	Payee address	s; City;	State;	; Zip Co	de			
	\$87.45		6319 N Inters	state Hwy 35						
			Austin, TX 78	3752						
8	PURPOSE	(a)	Category (See	Categories listed at t	he ton of this sch	edule)	(b) Description			
	OF		Food/Bevera			cuulc)		el outs	ide of Texas. Corr	nplete Schedule T.
	EXPENDITURE								, officeholder living	g expense
							officeholde	r mee	eting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ght		Office h	eld
	Date		Payee name							
	01/09/2023		Pappasito's (Cantina						
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de			
	\$32.17		6513 I-35			•				
			Austin, TX 78	3752						
	PURPOSE OF	(a)		Categories listed at t	he top of this sch	edule)	(b) Description			
	EXPENDITURE		Food/Bevera	ge Expense					ide of Texas. Com , officeholder living	nplete Schedule T.
							officeholde			g expense
							onicentitide		eung	
	Complete ONLY if direct		Candidate/Office	aholder name		Office sour	aht		Office h	old
	expenditure to benefit C/OF						gnt		Oncen	eiu
_	Date									
	01/17/2023		Payee name Pappasito's (Cantina						
					.					
	Amount (\$)		Payee address	s; City;	State;	; Zip Co	de			
	\$31.17		6513 I-35							
			Austin, TX 78	3752						
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Bevera	ge Expense						nplete Schedule T.
							officeholde		, officeholder living	g expense
							Uniceriolue	11126	cully	
	Complete ONLV if direct	L,	Candidate/Offic	aholder name			aht		Office h	old
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			enviuel name	(Office sou	yrit		Unice h	ธเน

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	ees Office Overhead/Re bod/Beverage Expense Polling Expense fit/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 9/59 Rpt: 15/66		Cole, Sheryl N. (The Honorable)				00081083		
4	Date 02/21/2023	5	Payee name Pappasito's Cantina						
6	Amount (\$) \$50.36	7	Payee address; City; State; 6513 I-35	; Zip Co	de				
			Austin, TX 78752						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder meeting							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	03/06/2023		Pappasito's Cantina						
	Amount (\$) \$31.17		Payee address; City; State; 6513 I-35	; Zip Co	de				
			Austin, TX 78752						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	iedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense eting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
-	Date		Payee name						
	03/27/2023		Pappasito's Cantina						
	Amount (\$) \$46.11		Payee address; City; State; 6513 I-35	; Zip Co	de				
			Austin, TX 78752						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	iedule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense eting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 10/59 Rpt: 16/66		Cole, Sheryl N. (The Honorable)					00081083
4	Date	5	Payee name					
	04/10/2023		Pappasito's Cantina					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le		
	\$92.48		6513 I-35					
			Austin, TX 78752					
8	PURPOSE	(a)				(b) Description		
Ů	OF	[^(u)	Category (See Categories listed at the top of Food/Beverage Expense	of this sche	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		r oourbeverage Expense					, officeholder living expense
						officeholder r	nee	eting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	0	ffice sou	Jht		Office held
	Date		Payee name					
	04/17/2023		Pappasito's Cantina					
_	Amount (\$)		Payee address; City;	State:	Zip Co	le		
	\$48.11		6513 I-35					
			Austin, TX 78752					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						officeholder r	nee	eting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office sou	Int		Office held
	•	_						
	Date		Payee name					
	05/01/2023		Pappasito's Cantina					
	Amount (\$)		Payee address; City;	State;	Zip Co	le		
	\$50.36		6513 I-35					
			Austin, TX 78752					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						officeholder r	mee	eting
	Complete ONLY if direct		Candidate/Officeholder name	0	office sou	Jht		Office held
	expenditure to benefit C/Oł							

			EXPENDITURE CA	ATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper nmittee Legal Services The Instruction Guide 6		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 11/59 Rpt: 17/66		Cole, Sheryl N. (The Honorable)				00081083
4	Date	5	Payee name					
	06/05/2023		Pappasito's Cantina					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le		
	\$46.11		6513 I-35					
			Austin, TX 78752					
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense		,	Check if travel		ide of Texas. Complete Schedule T.
								, officeholder living expense
						officeholder ı	nee	eting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	06/12/2023		Pappasito's Cantina					
	Amount (\$)		Payee address; City;	State:	Zip Co	le		
	\$38.53		6513 I-35	,				
			Austin, TX 78752					
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description		ide of Taura Consulta Cabadala T
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						officeholder ı		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office held
	Date		Davias nama					
	06/20/2023		Payee name Pappasito's Cantina					
	Amount (\$)		Payee address; City;	Stato:	Zip Co	le		
	\$65.42		6513 I-35	Siale,		ie		
	\$00.4 <u>2</u>		0010100					
			Austin, TX 78752					
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description		
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						officeholder i		
								-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C)ffice sou	ht		Office held

			EX	PENDITURE CATEG	ORIES FOR	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event E Fees Food/Be Gift/Awe nmittee Legal Se	kpense werage Expense ırds/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	ayment/Reimburseme erhead/Rental Expens pense kpense /ages/Contract Labor	nt e	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/59 Rpt: 18/66		Cole, Sheryl N. (1	he Honorable)				00081083	
4	Date 06/20/2023	5	Payee name Pappasito's Canti	na					
6	Amount (\$) \$55.74		Payee address; 6513 I-35 Austin, TX 78752		te; Zip Co	de			
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Food/Beverage E	ories listed at the top of this XPENSE	schedule)		istin, TX,	ide of Texas. Com , officeholder living Əting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght		Office he	eld
	Date		Payee name						
	06/27/2023		Paylor, Michael						
	Amount (\$) \$500.00		Payee address; 13600 Glen Mark Manor, TX 78653	Dr	ıte; Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Salaries/Wages/C	ories listed at the top of this Contract Labor	schedule)		istin, TX,	ide of Texas. Com , officeholder living ent	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght		Office he	eld
	Date 06/27/2023		Payee name Salinas, Jake						
	Amount (\$) \$500.00		Payee address; 1200 W.40th St. #		ite; Zip Co	de			
			Austin, TX 78756						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Salaries/Wages/C	ories listed at the top of this Contract Labor	schedule)		ivel outsi istin, TX,	ide of Texas. Com , officeholder living ent	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office O Polling B Printing Salaries	verhea Expense Expense (Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/59 Rpt: 19/66		Cole, Sheryl N. (The Honorable)					00081083	
4	Date	5	Payee name						
	06/28/2023		Salt Traders						
6	Amount (\$)	7	Payee address; City; St	ate; Zip C	ode				
	\$281.26	\$281.26 2850 N Interstate Hwy 35							
			Round Rock, TX 78681						
8	PURPOSE	(a)	Category (See Categories listed at the top of this		(b)	Description			
-	OF		Food/Beverage Expense	scriedule)	()		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	ı, ТХ,	officeholder living	expense
						officeholder r	nee	eting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught			Office he	eld
	Date		Payee name						
	06/06/2023		Southwest Airlines						
	Amount (\$)		Payee address; City; St	ate; Zip C	ode				
	\$870.96		2702 Love Field Drive	аю, <u>-</u> р с	ouo				
	\$610.00								
			Dallas, TX 75235						
	PURPOSE OF		Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE		Travel Out of District			Check if travel		de of Texas. Com officeholder living	
						airfare to Wa			expense
								Igton DO	
	Complete ONLY if direct		andidate/Officeholder name	Office so	uaht			Office he	ald
	expenditure to benefit C/OI			Onice Sc	uyin			Onice ne	nu
	_	-							
	Date		Payee name						
	06/21/2023		Southwest Airlines						
	Amount (\$)		Payee address; City; St	ate; Zip C	ode				
	\$712.95		2702 Love Field Drive						
			Dallas, TX 75235						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
			Travel Out of District	· · · · · ,		Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							officeholder living	
						mistaken cha	arge	e, to be reiml	bursed
	Complete ONLY if direct		andidate/Officeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 14/59 Rpt: 20/66		Cole, Sheryl N. (The Honorabl	e)				00081083		
4	Date	5	Payee name							
	06/07/2023		State Bar of Texas							
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	le				
-	\$240.00	1	8504 S Congress Ave	,						
			5							
			Austin, TX 78745							
	DUDDOSE	<u> </u>			i					
8	PURPOSE OF		Category (See Categories listed at the to	p of this sche	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Fees					officeholder living expense		
						dues				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	06/16/2023		State Plaza Hotel							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$786.14		2117 E St NW							
			Washington, DC 20037							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Travel Out of District	pp of this sch	edule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct		andidate/Officeholder name	C	Dffice soug	ht		Office held		
	expenditure to benefit C/OI									
-	Date		Payee name							
	02/21/2023		Susan Harry Consulting							
-	Amount (\$)	<u> </u>	Payee address; City;	State	; Zip Coo					
	\$450.00		Po Box 301074	Sidle,	, Ζιρ Ου	ie				
	\$430.00		FO B0X 301074							
			Austin, TX 78703							
	PURPOSE OF		Category (See Categories listed at the to	op of this sch	edule)	(b) Description				
	EXPENDITURE		Consulting Expense					de of Texas. Complete Schedule T. officeholder living expense		
						Compliance				
-	Complete ONLY if direct	<u>ا</u>	andidate/Officeholder name	ſ	Office soug	ht		Office held		
	expenditure to benefit C/OI			C	211100 3000	, inc				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:							
4	Sch: 15/59 Rpt: 21/66	Cole, Sheryl N. (The Honorable) 00081083						
4	Date	5 Payee name						
	01/26/2023	TX House LGBTQ Caucus						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$800.00	PO Box 2910						
		Austin, TX 78768						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
-	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		dues						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/25/2023	Texas Women's Health Caucus						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	PO Box 2910						
		Austin, TX 78768						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		dues						
	Complete ONIL V if direct	Candidata/Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	_							
	Date	Payee name						
	05/24/2023	Total Wine and More						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$633.19	1201 Barbara Jordan Blvd #900						
		Austin, TX 78723						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Committee chair gift						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/59 Rpt: 22/66	Cole, Sheryl N. (The Honorable)	00081083
4	Date 05/30/2023	Payee name Uber Eats	
6	Amount (\$) \$113.15	 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103 	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/27/2023	Uber Pass	
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel of Check if travel of Ch	uutside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/27/2023	Uber Pass	
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400	
		Ssan Francisco, CA 94103	
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 17/59 Rpt: 23/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 04/26/2023	Payee name Uber Pass						
6	Amount (\$) \$9.99	 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103 						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/26/2023	Uber Pass						
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/26/2023	Uber Pass						
	Amount (\$) \$9.99	Payee address;City;State; Zip Code1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	B Filer ID (Ethics Commission Filers)					
	Sch: 18/59 Rpt: 24/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 01/05/2023	5 Payee name Uber						
6	Amount (\$) \$16.84	7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
8	PURPOSE OF EXPENDITURE	OF Travel In District						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/05/2023	Uber						
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103 State; Zip Code						
	PURPOSE OF EXPENDITURE		Itside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/05/2023	Uber						
	Amount (\$) \$14.80	Payee address;City;State;Zip Code1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reint Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Salaries/Wages/Contra The Instruction Guide explains how to complete this	I Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tct Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 19/59 Rpt: 25/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 01/11/2023	5 Payee name Uber						
6	Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/11/2023	Uber						
	Amount (\$) Payee address; City; State; Zip Code \$13.25 1455 Market St #400 Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		rription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense Share					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/13/2023	Uber						
	Amount (\$) \$8.97	Payee address; City; State; Zip Code 1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense share					
ļ	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 20/59 Rpt: 26/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date	Payee name						
	01/13/2023	Uber						
6	Amount (\$) \$12.88	7 Payee address; City; State; Zip Code 1455 Market St #400						
		Ssan Francisco, CA 94103						
8	PURPOSE OF EXPENDITURE	OF Travel In District						
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
01/17/2023 Uber								
	Amount (\$)Payee address;City;State;Zip Code\$7.681455 Market St #400							
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/17/2023	Uber						
	Amount (\$) \$1.00	Payee address;City;State;Zip Code1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 21/59 Rpt: 27/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 01/17/2023	5 Payee name Uber						
6	Amount (\$) \$11.21	7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description 							
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
01/17/2023 Uber								
	Amount (\$) \$11.83	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description	uutside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/17/2023	Uber						
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Transmit Food/Beverage Expense Polling Expense Transmit y - Gift/Awards/Memorials Expense Printing Expense Transmit					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 22/59 Rpt: 28/66		Cole, Sheryl N. (The Honorable)					00081083
4	Date	5	Payee name					
	01/18/2023		Uber					
6	Amount (\$) \$9.18	7 Payee address; City; State; Zip Code 1455 Market St #400						
			Ssan Francisco, CA 94103					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held
	Date		Payee name					
	01/19/2023		Uber					
Amount (\$) Payee address; City; State; Zip Code								
	\$11.87		1455 Market St #400 Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Travel In District	nis sched	lule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held
	Date		Payee name		_			
	01/19/2023		Uber					
	Amount (\$) \$9.27		Payee address; City; S 1455 Market St #400	State;	Zip Coo	e		
			Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Travel In District	nis sched	lule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 23/59 Rpt: 29/66	ole, Sheryl N. (The Hond	orable)		00081083			
4	Date	ayee name						
	01/19/2023	ber						
6	Amount (\$) \$1.00	 7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103 						
8	PURPOSE			(b) Decerintian				
o	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 							
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	ayee name						
	01/20/2023	ber						
	Amount (\$)	ayee address; City;	State; Zip Co	de				
	\$31.53	455 Market St #400 san Francisco, CA 94103	3					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at ravel In District	the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sou	ght	Office held			
	Date	ayee name						
	01/20/2023	ber						
	Amount (\$) \$1.00	ayee address; City; 455 Market St #400	State; Zip Co	de				
		san Francisco, CA 94103	3					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at ravel In District	the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 24/59 Rpt: 30/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 01/24/2023	5 Payee name Uber						
6								
6	Amount (\$) \$11.06	7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
	DUDDOCE							
8	OF EXPENDITURE							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/24/2023	Uber						
Amount (\$) Payee address; City; State; Zip Code								
	\$4.72	1455 Market St #400 Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/24/2023	Uber						
	Amount (\$) \$9.68	Payee address; City; State; Zip Code 1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)					
	Sch: 25/59 Rpt: 31/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 01/26/2023	5 Payee name Uber						
6	Amount (\$) \$9.99	7 Payee address; City; State; Zip Code \$9.99 1455 Market St #400 Ssan Francisco, CA 94103						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/30/2023	Uber						
	Amount (\$) \$9.71	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description	itside of Texas. Complete Schedule T. FX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/30/2023	Uber						
	Amount (\$) \$9.35	Payee address; City; State; Zip Code 1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhae Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expen	se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 26/59 Rpt: 32/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date	Payee name	•					
	01/30/2023	Jber						
6	Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 1455 Market St #400						
		Ssan Francisco, CA 94103						
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
02/06/2023 Uber								
Amount (\$) Payee address; City; State; Zip Code								
	\$1.00	455 Market St #400 Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/06/2023	Jber						
	Amount (\$) \$12.80	Payee address; City; State; Zip Code 455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share					
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 27/59 Rpt: 33/66	Cole, Sheryl N. (The Honorable)	00081083						
4	Date	Payee name							
	02/09/2023	Uber							
6	Amount (\$) \$11.29	7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103							
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	OF Travel In District Check if travel outside of Texas. Complete Schedule T.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
02/09/2023 Uber									
Amount (\$) Payee address; City; State; Zip Code									
	\$1.00	1455 Market St #400 Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/09/2023	Uber							
	Amount (\$) \$10.47	Payee address;City;State;Zip Code1455 Market St #400							
		Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Tr. Food/Beverage Expense Polling Expense Tr. y - Gift/Awards/Memorials Expense Printing Expense Tr.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 28/59 Rpt: 34/66		Cole, Sheryl N. (The Honorable)					00081083	
4	Date	5	Payee name						
	02/10/2023		Uber						
6	Amount (\$)	7	Payee address; City; S	State; Z	Zip Cod	e			
	\$1.00		1455 Market St #400						
			Ssan Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedu	ıle) (b) Description			
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.	
							ı, TX	, officeholder living expense	
						ride share			
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Offic	ce soug	nt		Office held	
	Date		Payee name						
	02/10/2023		Uber						
	Amount (\$)		Payee address; City; S	State; Z	Zip Cod	e			
	\$15.48 1455 Market St #400								
			Ssan Francisco, CA 94103						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis schedu	ıle)	b) Description			
	EXPENDITURE		Travel In District				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
						ride share	., .,		
	Complete ONLY if direct		candidate/Officeholder name	Offi	ce soug	ht		Office held	
	expenditure to benefit C/OI				5				
⊢	Date		Payee name						
	02/13/2023		Uber						
	Amount (\$)		Payee address; City; S	State: 7	Zip Cod	<u>م</u>			
	\$11.15		1455 Market St #400	futo, z		0			
	φ11.10		1400 Market St #400						
			Ssan Francisco, CA 94103						
	PURPOSE OF		Category (See Categories listed at the top of th	nis schedu	ıle)	b) Description			
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.	
						ride share	ι, ΙΧ.	, officeholder living expense	
						nue share			
	Complete ONL V if direct	Ļ	andidate/Officeholder name	Offi	ce soug	ht		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			UIII	ce soug	111		Onice neiu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Transmit Food/Beverage Expense Polling Expense Transmit y - Gift/Awards/Memorials Expense Printing Expense Transmit					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 29/59 Rpt: 35/66		Cole, Sheryl N. (The Honorable)					00081083
4	Date	5	Payee name					
	02/13/2023		Uber					
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode			
	\$1.00		1455 Market St #400					
			Ssan Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		
	OF		Travel In District	onouulo)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense
						ride share		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	02/15/2023		Uber					
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode			
	\$9.36		1455 Market St #400	-, -				
	\$0.00							
			Ssan Francisco, CA 94103					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
						ride share	, 17,	
	Complete ONLY if direct		candidate/Officeholder name	Office sou	l Jaht			Office held
	expenditure to benefit C/OF			0	.g			
-	Date		Payee name					
	02/15/2023		Uber					
				o: Zin Co	ada			
	Amount (\$)			e; Zip Co	Jue			
	\$1.00		1455 Market St #400					
			Ssan Francisco, CA 94103		-			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
							, TX,	, officeholder living expense
					1	ride share		
				~ //:	Ļ			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
		•						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Polling Printir Salari	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense Ilaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME 3				Filer ID (Ethics Commission Filers)		
	Sch: 30/59 Rpt: 36/66		Cole, Sheryl N. (The Honorable)					00081083	
4	Date	5	Payee name						
	02/15/2023	Uber							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$28.45	1455 Market St #400							
		Ssan Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description			
	OF	OF Travel In District Check if travel outside of Texas. Complete Schedule T.				ide of Texas. Complete Schedule T.			
	EXPENDITURE	EXPENDITURE Check if Austin, TX, officeholder living expense					, officeholder living expense		
						ride share			
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held								
	Date		Payee name						
	02/15/2023		Uber						
	Amount (\$) Payee address; City; State; Zip Code								
	\$1.00 1455 Market St #400								
			Ssan Francisco, CA 94103						
	PURPOSE OF	(a)	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE		Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		ride share							
	Complete ONLY if direct		candidate/Officeholder name	Office	soua	ht		Office held	
	expenditure to benefit C/OF			0	Joug			0	
Date Pavee name									
	02/16/2023		Payee name Uber						
Amount (\$)			Payee address; City; State; Zip Code						
	\$11.91 1455 Market St #400								
	Ssan Francisco, CA 94103								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	0	b) Description			
	EXPENDITURE	Travel In District						ide of Texas. Complete Schedule T.	
							ı, ТХ,	, officeholder living expense	
						ride share			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 31/59 Rpt: 37/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date 02/21/2023	Payee name Uber					
6	Amount (\$) \$12.97	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/21/2023	Uber					
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/24/2023	Uber					
	Amount (\$) \$12.49	Payee address; City; State; Zip Code 1455 Market St #400					
		Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ittee Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 32/59 Rpt: 38/66	ole, Sheryl N. (The Honorable)		00081083		
4	Date 02/24/2023	ayee name ber				
6	Amount (\$) \$18.46	ayee address; City; State; 455 Market St #400 san Francisco, CA 94103	Zip Code			
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ravel In District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held		
	Date	ayee name				
02/27/2023 Uber						
	Amount (\$) \$11.29	ayee address; City; State; 455 Market St #400 san Francisco, CA 94103	Zip Code			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ravel In District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held		
	Date	ayee name				
	02/28/2023	ber				
	Amount (\$) \$9.27	ayee address; City; State; 455 Market St #400	Zip Code			
		san Francisco, CA 94103				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ravel In District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 33/59 Rpt: 39/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date	Payee name	•				
	03/01/2023	Uber					
6	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103					
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/02/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$9.73	\$9.73 1455 Market St #400 Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/02/2023	Uber					
	Amount (\$) Payee address; City; State; Zip Code \$12.02 1455 Market St #400						
		Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
ļ	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 34/59 Rpt: 40/66		Cole, Sheryl N. (The Honorable	e)				00081083
4	Date	5	Payee name					
	03/06/2023		Uber					
6	Amount (\$) \$9.37		Payee address; City; State; Zip Code 1455 Market St #400					
			Ssan Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel In District	o of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held
	Date		Payee name					
	03/06/2023		Uber					
	Amount (\$) Payee address; City; State; Zip Code							
	\$12.86		1455 Market St #400 Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel In District	o of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	Iht		Office held
	Date		Payee name					
	03/06/2023		Uber					
	Amount (\$) \$1.00	I	Payee address; City; 1455 Market St #400	State	; Zip Coo	le		
			Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel In District	o of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	Jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 35/59 Rpt: 41/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date 03/06/2023	Payee name Uber					
6	Amount (\$) \$13.66	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/07/2023	Uber					
	Amount (\$) \$8.71	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	 A) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel of 	outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/07/2023	Uber					
	Amount (\$) \$1.00	Payee address;City;State;Zip Code1455 Market St #400					
		Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 36/59 Rpt: 42/66		Cole, Sheryl N. (The Honorable)				00081083
4	Date	5	Payee name				
	03/08/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de		
	\$13.25		1455 Market St #400				
			Ssan Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description		
-	OF		Travel In District	edule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense
					ride share		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	03/08/2023		Uber				
	Amount (\$)	-	Payee address; City; State;	Zip Co	de		
	\$9.49		1455 Market St #400	, _, _,			
	\$0.10						
			Ssan Francisco, CA 94103				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel In District	edule)	Check if Austin		de of Texas. Complete Schedule T. officeholder living expense
					ride share		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	03/08/2023		Uber				
	Amount (\$)		Payee address; City; State;	; Zip Co	de		
	\$1.00		1455 Market St #400				
			Ssan Francisco, CA 94103				
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Travel In District				de of Texas. Complete Schedule T. officeholder living expense
					ride share	, 17,	oncenoider living expense
					nue shale		
		Ľ	rendidete/Officeholder		abt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ynt		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 37/59 Rpt: 43/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date	Payee name					
	03/08/2023	Uber					
6	Amount (\$) \$12.12	Payee address;City;State;Zip Code1455 Market St #400					
		Ssan Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/08/2023	Uber					
	Amount (\$) \$7.21	Payee address; City; State; Zip Code 1455 Market St #400					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/09/2023	Uber					
	Amount (\$) \$9.07	Payee address;City;State;ZipCode1455 Market St #400					
		Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Offi Poll Prin Sala	ice Over ling Exp nting Exp aries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 38/59 Rpt: 44/66		Cole, Sheryl N. (The Honorable)					00081083
4	Date	5	Payee name					
	03/13/2023		Uber					
6	Amount (\$)	7	Payee address; City; St	ate; Zij	p Coc	le		
	\$1.00		1455 Market St #400					
			Ssan Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	o o o b o du l o)		(b) Description		
-	OF		Travel In District	s schedule,)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living expense
						ride share		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	ht		Office held
	Date		Payee name					
	03/13/2023		Uber					
_	Amount (\$)		Payee address; City; St	ate; Zij	n Coc	le		
	\$10.87 1455 Market St #400							
	\$10.01							
			Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Travel In District	s schedule))			ide of Texas. Complete Schedule T.
						ride share	ι, TΧ,	, officeholder living expense
						nue snare		
	Complete ONLY if direct		andidate/Officeholder name	Office	e soug	bt		Office held
	expenditure to benefit C/OF			Onice	e soug	in t		Once neid
_	Data							
	Date 03/13/2023		Payee name Uber					
	Amount (\$)			ate; Zij	p Coc	le		
	\$9.38		1455 Market St #400					
			Ssan Francisco, CA 94103					
	PURPOSE OF		Category (See Categories listed at the top of this	s schedule))	(b) Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
						ride share	1, IX,	, officeholder living expense
						The state		
_	Complete ONL V if direct	Ļ	andidato/Officobolder pame	Office		ht		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Onice	e soug	li it		Onice neid

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 39/59 Rpt: 45/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date	Payee name					
	03/13/2023	Uber					
6	Amount (\$) \$1.00	 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103 					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/14/2023	Uber					
	Amount (\$) \$10.48						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/20/2023	Uber					
	Amount (\$) \$1.00	Payee address;City;State;Zip Code1455 Market St #400					
		Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
_	Sch: 40/59 Rpt: 46/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date 03/21/2023	5 Payee name Uber					
6	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400					
_		Ssan Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		ıtside of Texas. Complete Schedule T. FX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/21/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$9.40	1455 Market St #400 Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/27/2023	Uber					
	Amount (\$) \$1.00	Payee address;City;State;Zip Code1455 Market St #400					
		Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	-	Filer ID (Ethics Commission Filers)			
-	Sch: 41/59 Rpt: 47/66	Cole, Sheryl N. (The Honorable)	00081083			
4	Date 03/27/2023	Payee name Uber				
6	Amount (\$)	Payee address; City; State; Zip Code				
Ū	\$9.17	1455 Market St #400				
		Ssan Francisco, CA 94103				
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/27/2023	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.52	1455 Market St #400 Ssan Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/27/2023	Uber				
	Amount (\$) \$11.16	Payee address;City;State;Zip Code1455 Market St #400				
		Ssan Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. "X, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	P FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 42/59 Rpt: 48/66	Cole, Sheryl N. (The Honorable)	00081083			
4	Date	Payee name				
	03/27/2023	Uber				
6		Payee address; City; State; Zip Code				
	\$13.21	1455 Market St #400				
		Ssan Francisco, CA 94103				
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
		ride share				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/27/2023	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$6.72	1455 Market St #400				
		Ssan Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/30/2023	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.00	1455 Market St #400				
		Ssan Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 43/59 Rpt: 49/66	Cole, Sheryl N. (The Honorable)	00081083						
4	Date	Payee name							
	03/31/2023	Uber							
6	Amount (\$) \$14.20	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103							
8	PURPOSE	O Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel In District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/03/2023	Uber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1.00	1455 Market St #400 Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/03/2023	Uber							
	Amount (\$) \$10.65	Payee address;City;State; Zip Code1455 Market St #400							
		Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	FILER NAM	ИЕ				3	Filer ID	(Ethics Commission Filers)
	Sch: 44/59 Rpt: 50/66		ryl N. (The Honorab	ole)				00081083	
4	Date 04/03/2023	Payee nam Uber	ie						
6	Amount (\$) \$11.16		ress; City; ket St #400 ncisco, CA 94103	State;	Zip Cod	e			
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	0	office soug	ht		Office he	eld
	Date	Payee nam	ie						
	04/05/2023	Uber							
	Amount (\$) \$1.00		ress; City; ket St #400 ncisco, CA 94103	State;	Zip Cod	e			
	PURPOSE OF EXPENDITURE		(See Categories listed at the t	top of this sche	edule) (ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	0	office soug	ht		Office he	eld
	Date	Payee nam	le						
	04/05/2023	Uber							
	Amount (\$) \$17.49	Payee add 1455 Mar	ress; City; ket St #400	State;	Zip Cod	e			
		Ssan Frar	ncisco, CA 94103						
	PURPOSE OF EXPENDITURE) Category Travel In I	(See Categories listed at the I District	top of this sche	edule)			ide of Texas. Com , officeholder living	
ļ	Complete ONLY if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	0	office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp tee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 45/59 Rpt: 51/66		ole, Sheryl N. (The Honorabl	e)				00081083		
4	Date	5 Pá	ayee name							
	04/05/2023	U	per							
6		7 Pá	ayee address; City;	State;	Zip Coo	le				
	\$11.23	14	1455 Market St #400							
		S	san Francisco, CA 94103							
8	PURPOSE	(a) Ca	ategory (See Categories listed at the to	p of this sch	edule)	(b) Description				
	OF EXPENDITURE		avel In District		,	Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE						ı, ТХ,	, officeholder living	expense	
						ride share				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ididate/Officeholder name	C	Office soug	lht		Office he	eld	
	Date	Pá	ayee name							
	04/12/2023	U	ber							
	Amount (\$)	Pá	ayee address; City;	State:	Zip Co	le				
	\$15.41		155 Market St #400	,						
	·									
		S	san Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to avel In District	op of this sch	edule)			ide of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office he	ld	
-	Date	Pa	ayee name							
	04/13/2023		per							
	Amount (\$)	Pá	ayee address; City;	State:	Zip Co	le				
	\$8.45		155 Market St #400	,						
		S	san Francisco, CA 94103							
	PURPOSE OF		ategory (See Categories listed at the to	op of this sch	edule)	(b) Description		ide of Tours	alata Cabadula T	
	EXPENDITURE	Tı	avel In District					ide of Texas. Com , officeholder living		
	Complete ONLY if direct	Car	ndidate/Officeholder name	C	Office soug	Iht		Office he	ld	
	expenditure to benefit C/OF									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 46/59 Rpt: 52/66	Cole, Sheryl N. (The Honorable)	00081083						
4	Date	Payee name							
	04/19/2023	Uber							
6	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St #400							
		Ssan Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	OF Travel In District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/20/2023	Uber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$9.97	1455 Market St #400 Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/20/2023	Uber							
	Amount (\$) \$10.47	Payee address; City; State; Zip Code 1455 Market St #400							
		Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Offi Poll bense Prin Sala	ce Overhe ing Expen ting Exper aries/Wage	nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 47/59 Rpt: 53/66		Sheryl N. (The Honorabl	le)				00081083	``````````````````````````````````````
4	Date 04/20/2023	5 Payee Uber	name						
6	Amount (\$) \$15.58	1455	address; City; Market St #400 Francisco, CA 94103	State; Zij	Code				
8	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the to I In District	op of this schedule)	(b)			ide of Texas. Com , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	Office	e sought	i		Office he	eld
	Date	Payee	name						
	04/21/2023	Uber							
	Amount (\$) \$19.58	1455	address; City; Market St #400 Francisco, CA 94103	State; Zij	Code				
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the to I In District	op of this schedule)	(b)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	Office	sought	:		Office he	eld
	Date	Payee	name						
	04/21/2023	Uber							
	Amount (\$) \$8.48		address; City; Market St #400	State; Zij	Code				
		Ssan	Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the to I In District	op of this schedule;	(b)			ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	Office	e sought	I		Office he	eld

			EXPENDITURE C	ATEGORIES F	OR BO	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:			•	•		3	Filer ID	(Ethics Commission Filers)
-	Sch: 48/59 Rpt: 54/66		N. (The Honorable	?)			ľ	00081083	(
4	Date 04/24/2023	Payee name Uber							
6	Amount (\$) \$24.32	Payee address 1455 Market Ssan Francis		State; Zip	Code				
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	Office s	ought			Office he	eld
	Date	Payee name							
	04/24/2023	Uber							
	Amount (\$) \$1.00	Payee address 1455 Market	St #400	State; Zip	Code				
	PURPOSE OF EXPENDITURE		SCO, CA 94103 e Categories listed at the top trict	of this schedule)	(b)			de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	Office s	ought			Office he	ld
	Date	Payee name		-					
	05/05/2023	Uber							
	Amount (\$) \$3.64	Payee address 1455 Market		State; Zip	Code				
		Ssan Francis	sco, CA 94103						
	PURPOSE OF EXPENDITURE	Category _{(See} Travel In Dis	e Categories listed at the top trict	of this schedule)	(b)			de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	Office s	ought			Office he	ld

		EXPENDITURE CA	TEGORIES FOR B	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission Filers)		
	Sch: 49/59 Rpt: 55/66	ole, Sheryl N. (The Honorable)			00081083		
4	Date 05/15/2023	ayee name ber					
6	Amount (\$) \$10.49	ayee address; City; 155 Market St #400 san Francisco, CA 94103	State; Zip Code				
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held		
	Date	ayee name					
	05/15/2023	ber					
	Amount (\$) \$8.56	ayee address; City; 455 Market St #400 san Francisco, CA 94103	State; Zip Code				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top o	f this schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held		
	Date	ayee name					
	05/15/2023	ber					
	Amount (\$) \$10.48	ayee address; City; 155 Market St #400	State; Zip Code				
		san Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top o avel In District	f this schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense		
ļ	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 50/59 Rpt: 56/66	Cole, Sheryl N. (The Honorable)	00081083						
4	Date	Payee name							
	05/15/2023	Uber							
6	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St #400							
		Ssan Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	Travel In District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/16/2023	Uber							
	Amount (\$) \$9.02	Payee address;City;State;Zip Code\$9.021455 Market St #400							
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/24/2023	Uber							
	Amount (\$) \$10.43	Payee address;City;State;ZipCode1455 Market St #400							
		Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 51/59 Rpt: 57/66		Cole, Sheryl N. (The Honorable	e)				00081083		
4	Date	5	Payee name							
	05/24/2023		Uber							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le				
	\$1.00		1455 Market St #400							
			Ssan Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top			(b) Description				
Ū	OF		Travel In District	of this sch	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense		
						ride share				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	Jht		Office held		
	Date		Payee name							
	05/25/2023	I	Uber							
_	Amount (\$)	-	Payee address; City;	State:	Zip Co	1e				
	\$5.31	I	1455 Market St #400	olule,	, Zip 00					
	ΦΟ.Ο1	\$5.51 1455 Market St #400								
			Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel In District	o of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
			andidate (Office helder name			- la 4				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Ĺ	Office sou	Int		Office held		
⊢	Date		Payee name							
	05/30/2023		Uber							
	Amount (\$)		Payee address; City;	State.	; Zip Co	10				
	\$9.57	I	1455 Market St #400	State,	, zip co					
	49.07		1435 Market St #400							
			Ssan Francisco, CA 94103							
	PURPOSE OF		Category (See Categories listed at the top	o of this sch	edule)	(b) Description	ou:+	ide of Toylog, Complete Cabadula T		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense		
-	Complete ONLY if direct	<u> </u>	andidate/Officeholder name		Office sou	iht		Office held		
	expenditure to benefit C/Oł					,				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Imittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 52/59 Rpt: 58/66		Cole, Sheryl N. (The Honorable	e)				00081083		
4	Date	5	Payee name							
	05/30/2023		Uber							
6	Amount (\$)		Payee address; City; State; Zip Code							
	\$9.00		1455 Market St #400							
			Ssan Francisco, CA 94103							
8	PURPOSE OF		Category (See Categories listed at the top	o of this sch	edule)	(b) Description				
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense		
						ride share	, 17,			
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held		
	Date		Payee name							
	05/30/2023		Uber							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$1.00		1455 Market St #400		•					
			Ssan Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.		
							, TX,	, officeholder living expense		
						ride share				
			tandidata (Office helder verse							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jnt		Office held		
╞─	Date		Payee name							
	05/30/2023		Uber							
	Amount (\$)		Payee address; City;	State [.]	; Zip Co	le				
	\$6.31		1455 Market St #400	otato,	, <u> </u>					
	+0.01									
			Ssan Francisco, CA 94103							
	PURPOSE OF		Category (See Categories listed at the top	o of this sch	edule)	(b) Description		ide of Touron Complete Ontentials T		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense		
						ride share	, 17,	, oncentrate hving expense		
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	(Office sou	aht		Office held		
	expenditure to benefit C/OI					-				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Od/Beverage Expense Office Overhead/Rental Expense Gitl/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 53/59 Rpt: 59/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date	Payee name						
	05/30/2023	Uber						
6	Amount (\$) \$9.27	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/30/2023	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$11.03	1455 Market St #400 Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/30/2023	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3.00	1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Sevenad/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
-	Sch: 54/59 Rpt: 60/66	Cole, Sheryl N. (The Honorable)	00081083				
4	Date 05/31/2023	Payee name Uber					
6	Amount (\$) \$1.00	Payee address;City;State;Zip Code1455 Market St #400Ssan Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/01/2023	Uber					
	Amount (\$) \$5.31	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/01/2023	Uber					
	Amount (\$) \$11.91	Payee address;City;State; Zip Code1455 Market St #400					
		Ssan Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense box Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 55/59 Rpt: 61/66	Cole, Sheryl N. (The Honorable)	00081083						
4	Date 06/01/2023	Payee name Uber							
6	Amount (\$) \$10.25	7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/07/2023	Uber							
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	(b) Description Travel In District	outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date Payee name								
	06/08/2023	Uber							
	Amount (\$) \$11.06	Payee address;City;State;Zip Code1455 Market St #400							
		Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 56/59 Rpt: 62/66	Cole, Sheryl N. (The Honorable)	00081083					
4	Date	Payee name						
	06/13/2023	Uber						
6	Amount (\$) \$20.48	7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/14/2023	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12.93	1455 Market St #400 Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/14/2023	Uber						
	Amount (\$) \$43.30	Payee address;City;State;ZipCode1455 Market St #400						
		Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awa Legal Se	verage Expense rds/Memorials Expense	Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:					3	Filer ID (Ethics Commission Filers)
	Sch: 57/59 Rpt: 63/66	Cole, Sheryl N. (T	he Honorable)				00081083
4	Date	ayee name					
	06/14/2023	Jber					
6	Amount (\$)	ayee address;	City; State	; Zip Code	9		
	\$11.01	455 Market St #4	100				
		Ssan Francisco, C	CA 94103				
8	PURPOSE	ategory (See Catego	pries listed at the top of this sch	hedule) (I) Description		
		ravel In District				outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					ı, TX,	, officeholder living expense
					ride share		
9	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officehold	er name (Office sough	nt		Office held
	Date	ayee name					
	06/15/2023	Jber					
	Amount (\$)	ayee address;	City; State	; Zip Code	2		
		2		;, zip cout	5		
	\$13.92 1455 Market St #400						
		san Francisco, C	CA 94103				
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Travel In District	pries listed at the top of this sch	hedule) (I			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officehold	er name (Office sough	nt		Office held
	Date	ayee name					
	06/15/2023	Jber					
	Amount (\$)	ayee address;	City; State	; Zip Code	e		
	\$20.19	455 Market St #4	100				
		Ssan Francisco, C	CA 94103				
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Travel In District	ories listed at the top of this sch	hedule) (I			ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONLY if direct	ndidate/Officehold	er name (Office sough	nt		Office held
	expenditure to benefit C/Oł						
-							

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 58/59 Rpt: 64/66	Cole, Sheryl N. (The Honorable)	00081083						
4	Date 06/21/2023	5 Payee name Uber							
6	Amount (\$) \$13.72	 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/21/2023	Uber							
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/22/2023	Uber							
	Amount (\$) \$10.90	Payee address;City;State;Zip Code1455 Market St #400							
		Ssan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Loan Repayment/Reinbursement Fees Office Overhaed/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F		•		·	3	Filer ID	(Ethics Commission Filers)
1	Sch: 59/59 Rpt: 65/66		2 FILER NAME 3 Filer ID (Emics C Cole, Sheryl N. (The Honorable) 00081083						
4	Date 06/23/2023	5 Payee name Uber							
6	Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 1455 Market St #400 Ssan Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ht		Office he	ld
	Date	F	Payee name						
	06/26/2023	ι	Jber						
	Amount (\$) \$16.85	1	Payee address; City; L455 Market St #400 Ssan Francisco, CA 94103	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the to Travel In District	p of this sch	edule)			de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ht		Office he	ld
	Date	F	Payee name						
	06/26/2023		Jber						
	Amount (\$) \$14.75		Payee address; City; L455 Market St #400	State;	Zip Coo	le			
			Ssan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Fravel In District	p of this sch	edule)			de of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ht		Office he	ld

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction C	Guide explains how to complete	1 Total pages Schedule T: Sch: 1/1 Rpt: 66/66	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Cole, Sheryl N.	(The Hond	orable)	00081083	
4 Name of Contribut	or / Corpor	ation or Labor Organization / Pledgor /Paye	·	
Southwest Airlin	es			
5 Contribution / Exp	enditure rep	ported on:		
Schedule A2		Schedule B Schedule B(J)	Schedule C2	Schedule D X Schedule F1
Schedule F2		Schedule F4	Schedule H	Schedule COH-UC
6 Dates of Travel	1	of person(s) traveling		
		Sheryl (Rep.)		
	1	ure city or name of departure location		
06/13/2023	Austin			
	1	ation city or name of destination location		
06/13/2023	Washi	ington, DC		
10 Means of transpor	tation	11 Purpose of travel (including name of co	onference, seminar, o	r other event)
Commercial Airp	olane	attend White House Summit on Re	eproductive Rights	
1				