CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commit 00081083		2 Total pages fil	led: 69
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
OFFICEHOLDER NAME	The Honorable	Sheryl N.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	01/16/2024	
		Cole				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 41				Receipt #	Amount
Change of Address	Austin, TX 78767					
	, tuotin, 170 To To				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Rev.	Joseph C.				
	NICKNAME	LAST		SUFFIX		
	INICIONALVIL	Parker		Jr.		
		runci		01.		
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	Γ / SUITE #; CITY	; STA	ATE; ZIP CODE
TREASURER ADDRESS	5918 Lookout Mountain	Dr.				
(Residence or Business)	Austin, TX 78731					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(512) 323-6605					
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
					appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024	│ ∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative Dis	strict 46		State Represen	tative District 46	
				1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 69

13 C / OH NAME	Cole, Sheryl N. (The	Honorable)	14 Filer ID (00081083	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 40.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 47,708.12
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 22,303.06
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$ 130,156.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Hor	norable Sheryl N. Cole	e
		Signature of	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

				3 of 69
18 FILER NAM	ME ryl N. (The Honorable)	19 Filer ID 00081083	(Ethics Com	mission Filers)
20 SCHEDUL	E SUBTOTALS SCHEDULE	00001000	SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	47,471.90
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	236.22
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	22,303.06
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. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,328.52
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	3,792.37

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/24 Rpt: 4/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081083	_
4	Date 09/26/2023	 Full name of contributor		7	Amount of Contribution (\$) \$200.0)
8	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions)			
•	-		Employer (See Instructions)		Assessed Countries (C)	
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#: Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code Houston, TX 77027)		Amount of Contribution (\$) \$1,000.0	0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		_
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Allen, Trista Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$263.4	7
	Principal occu	Fort Worth, TX 76133 pation / Job title (See Instructions)	Employer (See Instructions))		_
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: Amos, Stephen Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.06	– O
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions))		_
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Anderson, Greg Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$270.0	– O
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		_

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/24 Rpt: 5/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)			3	Filer ID (Ethics Commission 00081083	on Filers)
4	Date 09/22/2023	5 Full name of contributor Anderson, John6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$105.58
	Dringing occur	Austin, TX 78723		Employer (See Instructions	_		
8	Рппсіраї осси	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date 12/16/2023	Full name of contributor Anderson, John Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$31.89
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:)						
	11/15/2023	Assoc of Fire and Casualty Contributor address; City; Stat Austin, TX 78746	Companies of Texas	AFACT-PAC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/09/2023	Full name of contributor Ausley, Robbie Contributor address; City; Stat	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$131.89
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/05/2023	Full name of contributor Austin EMS Association PA Contributor address; City; Stat Austin, TX 78702)		Amount of Contribution (\$)	\$1,052.95
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/24 Rpt: 6/69	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Cole, Sheryl	N. (The Honorable)			00081083	
4	Date 11/15/2023	 Full name of contributor out-of-state PAC (ID#:_Austin Firefighters Association PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78752				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/26/2023	Baccus, Buck				\$105.58
		Contributor address; City; State; Zip Code				
		Wimberley, TX 78676				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/26/2023	Beall, Jonathan				\$200.00
		Contributor address; City; State; Zip Code				
	D: : 1	Austin, TX 78746		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/26/2023	Black, Albert				\$105.58
		Contributor address; City; State; Zip Code				
		Manor, TX 78653				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/15/2023	Blackridge				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/24 Rpt: 7/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)				3	Filer ID (Ethics Commission 00081083	on Filers)
4	Date 09/25/2023	5 Full name of contributor Booth, Suzanne6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu Vintner	Austin, TX 78746 pation / Job title (See Instruction	s)	9	Employer (See Instructions Bella Oaks	s)		
	Date 09/26/2023	Full name of contributor Bray, Timothy Contributor address; City; S Austin, TX 78751)		Amount of Contribution (\$)	\$37.16
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	<u>l</u> S)		
	Date 09/09/2023	Full name of contributor Brewer, Kathrin Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,052.95
	Deinainal accu	Austin, TX 78703			Franks on (Cook both sticks	<u></u>		
	Consultant	pation / Job title (See Instruction	5)		Employer (See Instructions Catch & Drive Solutions			
	Date 09/22/2023	Full name of contributor Brim, Jay Contributor address; City; S Austin, TX 78746)		Amount of Contribution (\$)	\$263.47
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	<u>1</u> S)		
	Date 09/19/2023	Full name of contributor Browder, Leslie Contributor address; City; S Austin, TX 78751	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$158.21
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	S	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form	1.	Total pages Schedule A1: Sch: 5/24 Rpt: 8/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)	3	Filer ID (Ethics Commission F 00081083	ilers)
4	Date 09/08/2023	 Full name of contributor out-of-state PAC (ID#:) 7	7 Amount of Contribution (\$)	\$263.47
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	- Tillcipai occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/28/2023	Full name of contributor out-of-state PAC (ID#: Burr, Lize Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$526.63
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#: Bylo Chacon, Jessica)	Amount of Contribution (\$)	\$1.00
		Contributor address; City; State; Zip Code Berkeley, CA 94704			
	Principal occu	<u> </u>	Employer (See Instructions)		
Date 08/19/2023		Full name of contributor out-of-state PAC (ID#: Bylo Chacon, Jessica Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$1.00
	Principal occu	Berkeley, CA 94704 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/15/2023	Full name of contributor	002089)	Amount of Contribution (\$)	\$250.00
		Washington, DC 20001			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		l .			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 6/24 Rpt: 9/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)				3	Filer ID (Ethics Commission 00081083	n Filers)
4	Date 11/03/2023	5 Full name of contributor Carpenter, Jim	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
_	Deirectional	Austin, TX 78738		_	For all 1997 (October 1997)			
8	real estate in	pation / Job title (See Instructions ovestor	5)	9	Employer (See Instructions Carpenter & Associates).	
	Date 09/26/2023	Full name of contributor Casey, Daniel Contributor address; City; S)		Amount of Contribution (\$)	\$526.63
	Principal occu	AUSTIN, TX 78723-3421 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> ;)		
	•	`	,					
	Date 09/19/2023	Full name of contributor Cavazos, Perla Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$263.47
		Austin, TX 78702						
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	s)		
	Date 09/26/2023	Full name of contributor Cesaro, Peter Contributor address; City; S Austin, TX 78703	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$263.47
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>I</u> 5)		
	Date 09/27/2023	Full name of contributor Christopherson, Diane Contributor address; City; S Austin, TX 78722	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.95
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/24 Rpt: 10/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)		3	Filer ID (Ethics Commission 00081083	n Filers)
4	Date 09/14/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$526.63
_		Pflugerville, TX 78660	T	Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 09/17/2023	Full name of contributor out-of-state PAC (ID# Clarke, Margot Contributor address; City; State; Zip Code	:		Amount of Contribution (\$)	\$100.00
		Austin, TX 78731	T = 1 (0 1 1 ii	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 07/03/2023	Full name of contributor out-of-state PAC (ID# Clemmons, Jeffrey Contributor address; City; State; Zip Code	:		Amount of Contribution (\$)	\$500.00
		Austin, TX 78722				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID# Cobb, Gary Contributor address; City; State; Zip Code Austin, TX 78749			Amount of Contribution (\$)	\$263.47
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID# Cofer, George Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$131.89
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
			<u>I</u>			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/24 Rpt: 11/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)			3	Filer ID (Ethics Commission 00081083	n Filers)
4	Date 09/02/2023	5 Full name of contributor Coldiron, Barbara6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u> 		
	Date 09/26/2023	Full name of contributor Coldiron, Barbara Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
	Date 10/28/2023	Full name of contributor Cole, John Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,052.95
	Principal occu	Manassas, VA 20109 pation / Job title (See Instructions	s)	Employer (See Instructions Arcfield Inc.	<u> </u> ;)		
	Date 09/26/2023	Full name of contributor Coronado, Jim Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$131.89
	Principal occu	Austin, TX 78741 pation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u> ;)		
	Date 09/26/2023	Full name of contributor Cortez, Ana Contributor address; City; S Manor, TX 78653				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/24 Rpt: 12/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)			3	Filer ID (Ethics Commission 00081083	on Filers)
4	Date 09/26/2023	5 Full name of contributor Cumberbatch, Jennifer6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$52.95
•	Dringing! goog	Austin, TX 78705	2)	D. Employer (Co.) Instructions	_		
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date 09/26/2023	Full name of contributor Curtis, Matt Contributor address; City; S Austin, TX 78723	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> ;)		
	Date 09/12/2023	Full name of contributor Despenza, Valena Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$263.47
	Principal occu	Austin, TX 78757 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> ;)		
	Date 07/01/2023	Full name of contributor Dunn, Shari Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$21.37
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> ;)		
	Date 09/12/2023	Full name of contributor Farmer, Gary Contributor address; City; S Austin, TX 78746				Amount of Contribution (\$)	\$1,052.95
	Principal occu Title Insuran	pation / Job title (See Instruction:	5)	Employer (See Instructions Heritage Title Company			

	MONEI	ARY POLITICAL CONTRIBUTION	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/24 Rpt: 13/69	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Cole, Sheryl	N. (The Honorable)			00081083	
4	Date 09/26/2023	 Full name of contributor out-of-state PAC (ID#:_ Fitch, Julia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$105.58
		Austin, TX 78745				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/26/2023	Garza, Delia				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78749				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
_	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/15/2023	Gavenda, Beverly				\$5.58
		Contributor address; City; State; Zip Code				
		Austin, TX 78758				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/28/2023	Gerson, Lora Ann and Steve				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	09/22/2023	Graham, Ann				\$37.16
		Contributor address; City; State; Zip Code				
		Austin, TX 78751				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 11/24 Rpt: 14/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)		3	Filer ID (Ethics Commission 00081083	n Filers)
4	Date 10/13/2023	 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78747 pation / Job title (See Instructions)	9 Employer (See Instructions) (3)		
_	Date	Full name of contributor out-of-state PAC (ID		, 	Amount of Contribution (\$)	
	09/01/2023	Gullahorn, Jack Contributor address; City; State; Zip Code			Amount of Continuation (4)	\$263.47
	Principal occu	austin, TX 78714 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	T Illicipal occu	pation / Job title (See Instituctions)	Employer (See Instructions	•)		
	Date 12/15/2023	Full name of contributor	#:)		Amount of Contribution (\$)	\$52.95
		SUSTIN, TX 78750				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/26/2023	Full name of contributor			Amount of Contribution (\$)	\$131.89
	Principal occu	Austin, TX 78730 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 11/16/2023	Full name of contributor	#:)		Amount of Contribution (\$)	\$263.47
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions	 		
		, , , , , , , , , , , , , , , , , , , ,	, 3,5: (22355.			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/24 Rpt: 15/69	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Cole, Sheryl	N. (The Honorable)			00081083	
4	Date 09/15/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$526.63
		Wichita Falls, TX 76308				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID# HillCo PAC)		Amount of Contribution (\$)	\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701	_			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID# Holland, Leon Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$37.16
		Austin, TX 78750				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2023	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Dringing	Austin, TX 78701	Frankrije (Coo krativistie na	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	•)		
	Date 07/03/2023	Full name of contributor out-of-state PAC (ID# Inman, Bobby Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/24 Rpt: 16/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)		3	Filer ID (Ethics Commission 00081083	n Filers)
4	Date 11/10/2023	 Full name of contributor out-of-state PAC (ID# Inman, Bobby R. Contributor address; City; State; Zip Code 	:)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 09/17/2023	Full name of contributor out-of-state PAC (ID# Jechow, Madison Contributor address; City; State; Zip Code Austin, TX 78735			Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/23/2023	Full name of contributor	:)		Amount of Contribution (\$)	\$131.89
	Principal occu	AUSTIN, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 09/15/2023	Full name of contributor			Amount of Contribution (\$)	\$263.47
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID# Jones, Michael Contributor address; City; State; Zip Code Austin, TX 78723	<u> </u>		Amount of Contribution (\$)	\$263.47
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
			1			

	MONET	ARY POLITICAL CONTR	IBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this fo	rm.	1	Total pages Schedule A1: Sch: 14/24 Rpt: 17/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)			3	Filer ID (Ethics Commissio 00081083	n Filers)
4	Date 08/12/2023	 Full name of contributor out-of-star Jones, Michael Contributor address; City; State; Zip Cod 	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$210.84
8	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Ig	Employer (See Instructions)		
_	Date				,	Amount of Contribution (\$)	
	09/26/2023	Joseph, Brian	ate PAC (ID#: e			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/16/2023	Full name of contributor out-of-sta Khataw, Ali Contributor address; City; State; Zip Cod Austin, TX 78746	ate PAC (ID#:			Amount of Contribution (\$)	\$263.47
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/26/2023	Legacy 44	ate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2023	Lewis, Glenn)		Amount of Contribution (\$)	\$131.89
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			· ·				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	_E A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/24 Rpt: 18/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)			3	Filer ID (Ethics Commission 00081083	on Filers)
4	Date 09/26/2023	5 Full name of contributor Linebarger Goggan Blair6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78760 pation / Job title (See Instruction:	5)	9 Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor Lloyd Doggett for Congre Contributor address; City; S Austin, TX 78702	x out-of-state PAC (ID#: C			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor Lynch, Louise Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78749 pation / Job title (See Instruction	s)	Employer (See Instructions)		
	Date 09/23/2023	Full name of contributor Maier, Richard Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$526.63
	Principal occu	Austin, TX 78751 pation / Job title (See Instruction:	5)	Employer (See Instructions)		
	Date 11/18/2023	Full name of contributor Massey, Barry Contributor address; City; S Austin, TX 78722	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$131.89
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
		P22222		277777			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/24 Rpt: 19/69	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Cole, Sheryl	N. (The Honorable)			00081083	
4	Date 11/16/2023	Full name of contributor		7	Amount of Contribution (\$)	\$105.58
		Austin, TX 78722				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/15/2023	Massey, Barry				\$105.58
		Contributor address; City; State; Zip Code				
		Austin, TX 78722				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_ Mitchell, Terry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$526.63
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_ Mok, Amy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78731				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/16/2023	Moore, Craig				\$131.89
		Contributor address; City; State; Zip Code				
		Austin, TX 78727				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	rributions		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this form.		otal pages Schedule A1: ch: 17/24 Rpt: 20/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)		1	er ID (Ethics Commission)	on Filers)
4	Date 11/15/2023		of-state PAC (ID#: C00366559) Code	7 An	nount of Contribution (\$)	\$1,000.00
		Princeton, NJ 08540				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Date 09/26/2023	Full name of contributor X out- NRG Energy Inc PAC Contributor address; City; State; Zip	of-state PAC (ID#: <u>C00366559</u>) Code	An	nount of Contribution (\$)	\$1,000.00
	Deinsinal assu	Princeton, NJ 08540	Franks on (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Date 09/20/2023	Full name of contributor out- Pitman, Brian Contributor address; City; State; Zip	of-state PAC (ID#:) Code	An 	nount of Contribution (\$)	\$263.47
		Austin, TX 78730				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 12/18/2023	Reynolds, Joseph	of-state PAC (ID#:) Code		nount of Contribution (\$)	\$52.95
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l ns)		
	Date 09/22/2023	Richie, Carl	Of-state PAC (ID#:) Code	An	nount of Contribution (\$)	\$526.63
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	ns)		
			I			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/24 Rpt: 21/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)		3	Filer ID (Ethics Commission 00081083	n Filers)
4	Date 12/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$158.21
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 09/25/2023	Full name of contributor			Amount of Contribution (\$)	\$131.89
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_ Rose, Denise Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$526.63
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#:_Rose, Patrick Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/19/2023	Full name of contributor out-of-state PAC (ID#:_Rourke, Kelli Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$105.58
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/24 Rpt: 22/69	
2	FILER NAME	N. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081083	
4	Date 09/18/2023	 Full name of contributor		7	Amount of Contribution (\$) \$37.1	6
		Pflugerville, TX 78660				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/08/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,052.9	5
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		_
	Consultant	,	3 Point Partners	,		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_ Seidlits, Curtis Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$263.4	7
		Horseshoe Bay, TX 78657				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_Sharples, Syd Contributor address; City; State; Zip Code Austin, TX 78703)		Amount of Contribution (\$) \$105.5	8
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		_
	Date 09/16/2023	Full name of contributor out-of-state PAC (ID#:_Shea, Brigid Contributor address; City; State; Zip Code Austin, TX 78757			Amount of Contribution (\$) \$131.8	9
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 20/24 Rpt: 23/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)	3	Filer ID (Ethics Commission F 00081083	ilers)
4	Date 09/25/2023	 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$250.00
		Austin, TX 78757			
8	Principal occu	pation / Job title (See Instructions) 9 Empl	oyer (See Instructions)		
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$52.95
	Principal occu	Austin, TX 78752-2116 pation / Job title (See Instructions) Empl	oyer (See Instructions)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$105.58
	Principal occu		oyer (See Instructions)		
	Date 09/21/2023	Full name of contributor out-of-state PAC (ID#: Speck, Lawrence Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$)	\$263.47
	Principal occu	<u> </u>	oyer (See Instructions)		
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#: Taniguchi, Evan Contributor address; City; State; Zip Code Austin, TX 78705		Amount of Contribution (\$)	\$526.63
	Principal occu	pation / Job title (See Instructions) Empl	oyer (See Instructions)		

	MONET	ARY POLITICAL CONTRI	BUTIONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 21/24 Rpt: 24/69	
2	FILER NAME Cole, Sheryl	N. (The Honorable)		3	Filer ID (Ethics Commission 00081083	Filers)
4	Date 11/15/2023	 Full name of contributor out-of-state out-of-state out-of-state Texas Beverage Alliance Contributor address; City; State; Zip Code 	PAC (ID#:) 7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instr	uctions)		
	Date 09/02/2023	Full name of contributor out-of-state Texas Optometric PAC	PAC (ID#:		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See insti	uctions)		
	Date 09/26/2023	Full name of contributor out-of-state Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date 09/26/2023	Turner, Robert	PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date 09/09/2023	Tyree, Preston	PAC (ID#:		Amount of Contribution (\$)	\$131.89
	Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
			,			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A		
	The Instruc	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 22/24 Rpt: 25/69			
2	FILER NAME Cole, Sheryl N. (The Honorable)				3	Filer ID (Ethics Commission 00081083	on Filers)	
4	Date 11/15/2023	ate 5 Full name of contributor X out-of-state PAC (ID#: C00010470)		7	Amount of Contribution (\$)	\$1,500.00		
_	Delicalization	Washington, TX 20005		2 Faralana (Carlantus tiana	$\overline{\Gamma}$			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/10/2023 VOTE PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
	Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instruction			<u></u>				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/27/2023 Vallot, Colette Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$263.47		
		Dallas, TX 75219						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/22/2023	Full name of contributor Vaught, Tracy Contributor address; City; Sta Austin, TX 78731				Amount of Contribution (\$)	\$263.47	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2023 Walker, Nathaniel Contributor address; City; State; Zip Code Austin, TX 78752			Amount of Contribution (\$)	\$263.47			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			'					

	MONET	ARY POLITICAL CONTRIBUTI		E A1		
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 23/24 Rpt: 26/69		
2	FILER NAME Cole, Sheryl	FILER NAME Cole, Sheryl N. (The Honorable)			Filer ID (Ethics Commission 00081083	n Filers)
4	Date 09/26/2023	5 Full name of contributor out-of-state PAC (ID#:) Wardian, Gary 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Austin, TX 78766 pation / Job title (See Instructions)	9 Employer (See Instructions	.)		
_	Date 09/22/2023	Full name of contributor ut-of-state PAC (IDa		_	Amount of Contribution (\$)	\$131.89
	03/22/2020	Contributor address; City; State; Zip Code				Ψ101.03
	Principal occu	AUSTIN, TX 78731 ncipal occupation / Job title (See Instructions) Employer (See Instructions)				
	T Tillelpai occa	pation / oob title (oce moradions)	Employer (See mandenons	')		
	Date Full name of contributor out-of-state PAC (ID#:		#:)		Amount of Contribution (\$)	\$210.84
		Austin, TX 78731				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID: Whitaker, Victoria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$21.37
	Principal occu	Pflugerville, TX 78660 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID: Whitfield, John	#:)		Amount of Contribution (\$)	\$526.63
Contributor address; City; State; Zip Code Austin, TX 78759						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A		
	The Instru	ction Guide explains how	rm.	1	Total pages Schedule A1: Sch: 24/24 Rpt: 27/69			
2	FILER NAME Cole, Sheryl	N. (The Honorable)			3	Filer ID (Ethics Commission 00081083	on Filers)	
4	Date 09/26/2023	ate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$263.47		
		Austin, TX 78731						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/31/2023 Woodroffe, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$74.00			
	Austin, TX 78702		<u></u>					
Principal occupation / Job title (See Instructions) Employer (See Instruction				Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,316.11		
		Austin, TX 78746						
	Principal occu business ow	pation / Job title (See Instructions) ners		Employer (See Instructions self	5)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2023 Zuniga, Diana Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$158.21			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 28/69						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
Cole, Shery	l N. (The Honorable)		00081083						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$							
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution						
11/15/2023	Grant, Kathy		contribution (\$) description \$39.37 reception expenses						
	7 Contributor address; City; State; Zip Code		I gos. 37 Treception expenses						
			<u> </u>						
	Austin, TX 78701	1	Check if travel outside of Texas. Complete Schedule T.						
10 Principal occu	10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions)								
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1							
Date	Full name of contributor out-of-state PAC (ID#:	`	Amount of ! In-kind contribution						
11/15/2023	Hackney, Clint		contribution (\$) description						
11,10,2020	Contributor address; City; State; Zip Code		\$39.37 reception expenses						
	Continuation address, City, State, 21p Code		i i						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON							
	, , , , , , , , , , , , , , , , , , , ,	, ,, ,	, ,						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
	,	'							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)						
	,		(,)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1							
Doto	Full name of contributor		Amount of In land contribution						
Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description						
11/13/2023	Huberty, Dan		\$39.37 reception expenses						
	Contributor address; City; State; Zip Code								
			<u> </u>						
	Austin, TX 78701		l 🗖 i						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.						
Filiopai occi	Employer (FOR NON-SOBICIAL) (See instructions)								
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)								
Continuators	Contributor 3 principal occupation (FOR 30DICIAE)								
Contributoria	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)								
Contributors	employer/law IIIII (FOR JODICIAL)	Law IIIII OI COIRIDUR	oi s spouse (ii aiiy) (FOR JUDICIAL)						
16	in a shill law from af a result.) (for a 1/200 1/200)								
ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
I									

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 29/69					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Cole, Shery	l N. (The Honorable)		00081083					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution						
11/15/2023	Kelley, Rusty		contribution (\$) description					
	7 Contributor address; City; State; Zip Code		\$39.37 reception expenses					
	Austin, TX 78701	i	Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution					
11/15/2023	Montford, John T.		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$39.37 reception expenses					
	, ,, ,							
			į į					
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution					
11/15/2023	Spilman, Tom		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$39.37 reception expenses					
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)					
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 1/35 Rpt: 30/69	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
	12/11/2023	Black Austin Democrats				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$295.29	P.O. Box 300142				
		Austin, TX 78703				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	EXI ENDITORE	Candidate/Officeholder/Political Committee				
		Ticket to event				
_	Computate ONLY if diseast	Condidate/Officeholder name				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	10/24/2023	Capital Area Progressive Democrats				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	P.O. Box 413				
		Austin, TX 78767				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	-	Candidate/Officeholder/Political Committee Contribution				
		Contribution				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·				
-	Data	Para and a second secon				
	Date 07/17/2023	Payee name Colleen's Kitchen				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.00	1911 Aldrich St STE 100				
		Austin, TX 78723				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Officeholder meeting				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
I						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/35 Rpt: 31/69	Cole, Sheryl N. (The Honorable) 00081083
4 Date	5 Payee name
07/24/2023	Colleen's Kitchen
6 Amount (\$) \$95.85	7 Payee address; City; State; Zip Code 1911 Aldrich St STE 100 Austin, TX 78723
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 ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/14/2023	Colleen's Kitchen
Amount (\$) \$56.30	Payee address; City; State; Zip Code 1911 Aldrich St STE 100
	Austin, TX 78723
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date 09/27/2023	Payee name Colleen's Kitchen
Amount (\$) \$42.32	Payee address; City; State; Zip Code 1911 Aldrich St STE 100
	Austin, TX 78723
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
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
-	Sch: 3/35 Rpt: 32/69	Cole, Sheryl N. (The Honorable)	
Ļ	<u> </u>		
4	Date	5 Payee name	
	11/13/2023	Colleen's Kitchen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$91.06	1911 Aldrich St STE 100	
		Austin, TX 78723	
8	PURPOSE		
١	OF		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Officeholder meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
١	expenditure to benefit C/OI		
_	Data	T 5	
	Date	Payee name	
	12/31/2023	DonateWay	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,368.72	PO Box 300781	
		Austin, TX 78703	
	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) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		online contribution processing fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
H	Date	Payon name	
	09/27/2023	Payee name Easy Tiger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,366.57	6406 N Interstate 35 Frontage Rd #1100	
		Austin, TX 78752	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Venue rental, food and beverage for event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/35 Rpt: 33/69	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	
	12/15/2023	Este Austin	
_	Amount (\$)	7 Payee address; City; State; Zip Code	
U	\$600.78	2113 Manor Rd	
	φ000.76	ZIIS Wallor Nu	
		A	
		Austin, TX 78722	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 dod/Beverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
			officeholder meeting
			3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
•	expenditure to benefit C/O		Cinice field
	Data		
	Date	Payee name	
	09/13/2023	Hank's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.26	5811 Berkman Dr	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.
		Officeholder n	TX, officeholder living expense
		Officeriolder	neeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<u> </u>	Office field
	Date	Payee name	
	09/22/2023	Hank's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.37	5811 Berkman Dr	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.
		Check if Austin, Officeholder in	TX, officeholder living expense
		Officeriolider if	needing
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/Ol		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 5/35 Rpt: 34/69	Cole, Sheryl N. (The Honorable)		00081083		
4	Date	5 Payee name		'		
	10/04/2023	Hank's				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$84.37	5811 Berkman Dr				
		Austin, TX 78723				
8	PURPOSE		(b)	Description		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	The state of the s		Check if Austin, TX, officeholder living expense		
				Officeholder meeting		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held		
	experientare to benefit 6/61	'				
	Date	Payee name				
	12/28/2023	Hank's				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$86.32	5811 Berkman Dr				
		Austin, TX 78723				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE			Check if Austin, TX, officeholder living expense		
				Officeholder meeting		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held		
	expenditure to benefit C/O		grit	Office field		
_	Data	Davis				
	Date 07/06/2023	Payee name Hyde Park Bar & Grill				
			-1-			
	Amount (\$)	Payee address; City; State; Zip Co 4206 Duval St	oae			
	\$48.05	4200 Duvai St				
		A T. 70754				
		Austin, TX 78751				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
				Officeholder meeting		
				- -		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held		
	expenditure to benefit C/O		-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services The Instruction Guide exp	_	s/Contract Labor	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 6/35 Rpt: 35/69	Cole, Sheryl N. (The Honorable)			00081083	
4	Date	5 Payee name				
	07/26/2023	Hyde Park Bar & Grill				
6	Amount (\$) \$44.97	7 Payee address; City; S 4206 Duval St Austin, TX 78751	State; Zip Code			
8	PURPOSE OF	(a) Category (See Categories listed at the top of the Food/Beverage Expense	his schedule) (b)	Description Check if travel of	outside of Texas. Comp	plete Schedule T.
	EXPENDITURE	1 000/Deverage Expense		<u>—</u>	TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office he	eld
	Date	Payee name				
	08/29/2023	Hyde Park Bar & Grill				
	Amount (\$)	Payee address; City; S	State; Zip Code			
	\$42.35	4206 Duval St				
		Austin, TX 78751				
	PURPOSE OF	(a) Category (See Categories listed at the top of the	his schedule) (b)	Description	outside of Toyloo Com	oloto Cobodulo T
	EXPENDITURE	Food/Beverage Expense			outside of Texas. Comp TX, officeholder living	
				Officeholder r		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name I	Office sought		Office he	eld
	Date	Payee name				
	10/27/2023	Hyde Park Bar & Grill				
	Amount (\$)	Payee address; City;	State; Zip Code			
	\$42.18	4206 Duval St				
		Austin, TX 78751				
	PURPOSE OF	(a) Category (See Categories listed at the top of the	his schedule) (b)	Description		
	EXPENDITURE	Food/Beverage Expense		ш	outside of Texas. Comp TX, officeholder living	
				Officeholder r		- p
					-	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office he	eld
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 7/35 Rpt: 36/69	Cole, Sheryl N. (The Honorable) Cole, Sheryl N. (The Honorable)
4	Date	5 Payee name
	12/14/2023	Hyde Park Bar & Grill
6	Amount (\$) \$74.79	7 Payee address; City; State; Zip Code 4206 Duval St
Ļ	DUDDOCE	Austin, TX 78751
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense 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/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/27/2023	Legislative Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	P.O. Box 5643
		Austin, TX 78763
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution for event
		Email distribution for event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2023	Legislative Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	P.O. Box 5643
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Email distribution for event
<u> </u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1: Sch: 8/35 Rpt: 37/69	2 FILER NAME Cole, Sheryl N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081083	
4	Date	5 Payee name	
	07/10/2023	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	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Email service	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			_
	Date	Payee name	
	08/09/2023	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.28	675 Ponce de Leon Ave NE, Ste. 5000	
		Atlanta, GA 30308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Email service	
		Email Service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
	Date	Payee name	
	09/11/2023	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.28	675 Ponce de Leon Ave NE, Ste. 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	-	Check if Austin, TX, officeholder living expense	
		Email service	
_	0 1: 0		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Emportante to benefit 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cor

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Gift/Awards/Memorials Ex Legal Services			se s/Contract Labor		OTHER (enter a	strict category not listed above)
	Credit Card Payment			The Instruction Guid	le explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 9/35 Rpt: 38/69		Cole, Shery	N. (The Honoral	ole)				00081083		
4	Date	5	Payee name								
	10/10/2023		Mailchimp								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$85.28			de Leon Ave NE,	Ste. 5000						
			Atlanta, GA	30308							
8	PURPOSE	(a)				(h)	Description				
ľ	OF	(۳)		e Categories listed at the nead/Rental Expe		(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overi	icaa/rteritai Expe	.1130		Check if Austin	, TX,	officeholder living	g expense	
							Email service)			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	11/09/2023		Mailchimp								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$85.28		675 Ponce o	de Leon Ave NE,	Ste. 5000						
			Atlanta, GA	30308							
	PURPOSE	(a)	Category (sc	e Categories listed at the	ton of this schodulo)	(b)	Description				
	OF	<u> </u>		nead/Rental Expe		`´		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			, , ,			ш		officeholder living	g expense	
							Email service	,			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	- CAPOTICITO TO BOTTOTIC GAOT	_									
	Date		Payee name								
	12/11/2023		Mailchimp								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$98.07		675 Ponce of	de Leon Ave NE,	Ste. 5000						
			Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Expe						plete Schedule T.	
	LAI LINDITORE								officeholder living	g expense	
							Email service)			
_	Complete ONLY if allower	<u> </u>	Condidate /Off	achaldar varra	Offi:	u ce le r			Off:	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	cenolaer name	Office so	ugnt			Office h	eia	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/35 Rpt: 39/69	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	12/11/2023	Mike Siegel Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 9123
		Austin, TX 78766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Para a sana
	07/10/2023	Payee name
L		Pappasito's Cantina
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.11	6513 I-35
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/14/2023	Pappasito's Cantina
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$50.11	6513 I-35
	Ψ30.11	0010 1 00
		Austin, TX 78752
L	PURPOSE	In .
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder meeting
1		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
_	Sch: 11/35 Rpt: 40/69	Cole, Sheryl N. (The Honorable) 00081083	
4	Date	5 Payee name	
	09/25/2023	Pappasito's Cantina	
6	Amount (\$) \$42.70	7 Payee address; City; State; Zip Code 6513 I-35	
		Austin, TX 78752	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Officeholder meeting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/20/2023	Pappasito's Cantina	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.11	6513 I-35	
		Austin, TX 78752	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayes Complete Schedule T	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Officeholder meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	Π
	09/15/2023	Planned Parenthood of Greater Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	201 E. Ben White Blvd, Building B	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Candidate/Officeholder living expense Candidate/Officeholder	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		ing Expe ries/Wa(Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
	Credit Card F dyment			The Instruction Gui	de explains how t	o com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 12/35 Rpt: 41/69		Cole, Shery	N. (The Honora	ıble)					00081083		
4	Date	5	Payee name									
	11/28/2023		Progress Te	exas								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	e					
	\$250.00		PO Box 132				-					
	4200.00		. 0 20% 202									
			Dollar TV 3	7F212								
		_	Dallas, TX 7			1						
8	PURPOSE OF	(a)		e Categories listed at the		(k	b)	Description				
	EXPENDITURE			s/Donations Mad Officeholder/Politi				브		de of Texas. Con officeholder livin	nplete Schedule T.	
			Cariuluale/C	/inceriolaei/Politi	icai Committee			Donation	,,	omoonolaar IIVIII	g expense	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	souat	ht			Office h	eld	
	expenditure to benefit C/OI					9-						
\vdash	Date	Г	Daylog races									
	09/28/2023		Payee name Salinas, Jak	.0								
	Amount (\$)		Payee addres	•	State; Zip	Code	е					
	\$1,000.00		7600 W000	Hollow Dr #1009	9							
			Austin, TX 7	8731								
	PURPOSE OF	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(t	b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract Lal	bor			-		de of Texas. Con officeholder livin	nplete Schedule T.	
								Salary supple			y expense	
								odidi'y odppio	,,,,,	,		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office	soua!	ht			Office h	eld	
	expenditure to benefit C/OI		Jan 14 14 14 14 14 14 14 14 14 14 14 14 14		J5	ooug.				J	0.0	
-	Data	_										
	Date 11/01/2023		Payee name Salinas, Jak									
	Amount (\$)		Payee addres		State; Zip	Code	е					
	\$200.00		7600 W000	Hollow Dr #1009	9							
			Austin, TX 7	8731								
	PURPOSE OF	(a)		e Categories listed at the		(k	b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract Lal	bor			ш		de of Texas. Con officeholder livin	nplete Schedule T.	
								Salary supple			y expense	
								J Gappie		·		
\vdash	Complete ONLY if direct	L	Candidate/Offic	ceholder name	Office	SOLIGE	ht			Office h	eld	
	expenditure to benefit C/OI		Janarado O III	Januar Harrie	Onice	Jougi				J.1100 11	···	
_												
l												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 13/35 Rpt: 42/69	Cole, Sheryl N. (The Honorable)		00081083	
4 Date	5 Payee name		•	
11/30/2023	Salinas, Jake			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$200.00	7600 Wood Hollow Dr #1009			
	Austin, TX 78731			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	_	avel outside of Texas. Co	
		Salary sup	ustin, TX, officeholder livii onlement	ig expense
		calaly car	Sp. 6	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office I	neld
expenditure to benefit C/O		3		
Date	Payee name			
12/29/2023	Salinas, Jake			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$200.00	7600 Wood Hollow Dr #1009			
	Austin, TX 78731			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	<u> </u>	
OF	Salaries/Wages/Contract Labor		avel outside of Texas. Co	mplete Schedule T.
EXPENDITURE			ustin, TX, officeholder livi	ng expense
		Salary sup	pplement	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office	and
Complete <u>ONLY</u> if direct expenditure to benefit C/O		gni	Office h	ieiu
D-1-	T _			
Date 10/05/2023	Payee name Susan Harry Consulting			
	· ·	-1-		
Amount (\$) \$2,700.00	Payee address; City; State; Zip Co PO Box 301074	ade		
φ2,700.00	FO BOX 301074			
	Austin TV 70702			
	Austin, TX 78703	42		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if tr	l avel outside of Texas. Co	mplete Schedule T.
EXPENDITURE	Consulting Expense		ustin, TX, officeholder livi	•
		<u>F</u> undraisir	ng consulting	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office h	neld
expenditure to benefit C/O	п			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 14/35 Rpt: 43/69		(Ethics Commission Filers)				
4	Date 11/30/2023	5 Payee name Susan Harry Consulting					
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde Fundraising consulting					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ce held				
	Date 11/08/2023	Payee name Texas HDCC					
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 1925 Austin, TX 78767					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde Contribution					
	Complete ONLY if direct expenditure to benefit C/OI		ce held				
	Date 10/24/2023	Payee name Texas Observer					
	Amount (\$) \$1,029.00	Payee address; City; State; Zip Code P.O. Box #6421					
		Austin, TX 78762					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde Event sponsorship	·				
	Complete ONLY if direct expenditure to benefit C/OI		ce held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/35 Rpt: 44/69	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	08/09/2023	The University of Texas Law School Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	727 East Dean Keeton St.
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
_	Operation ONLY if direct	On alidate (Office helder game)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2023	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	1311 E 6th St,
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/15/2023	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1311 E 6th St,
		Austin, TX 78702
	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
		Filing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

I	Credit Card Payment	The Instruction Guide explains how to complete	te this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 16/35 Rpt: 45/69	Cole, Sheryl N. (The Honorable)	00081083					
4	Date	5 Payee name						
	07/12/2023	Uber						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$8.19	1455 Market St #400						
		San Francisco, CA 94103						
8	PURPOSE	(a) 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					
			nue snare					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
9	expenditure to benefit C/O		Office field					
H	Data							
	Date	Payee name						
	07/12/2023	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1.00	1455 Market St #400						
		San Francisco, CA 94103						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
	OF EXPENDITURE	Travel In District	Check if Austin TV, officeholder living expense.					
		!	Check if Austin, TX, officeholder living expense ride share					
			nde share					
_			Office hold					
	Complete ONLY if direct							
	Complete ONLY if direct expenditure to benefit C/OH	9	Office field					
	expenditure to benefit C/O	1	Office field					
	expenditure to benefit C/Oh	Payee name	Office field					
	expenditure to benefit C/OhDate 07/13/2023	Payee name Uber	Office field					
	Date 07/13/2023 Amount (\$)	Payee name Uber Payee address; City; State; Zip Code	Office field					
	expenditure to benefit C/OhDate 07/13/2023	Payee name Uber	Office field					
	Date 07/13/2023 Amount (\$)	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400	Office field					
_	Date 07/13/2023 Amount (\$) \$11.32	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103						
	Date 07/13/2023 Amount (\$) PURPOSE	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule)	Description					
	Date 07/13/2023 Amount (\$) \$11.32	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103	Description Check if travel outside of Texas. Complete Schedule T.					
	Date 07/13/2023 Amount (\$) PURPOSE OF	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel In District	Description					
	Date 07/13/2023 Amount (\$) PURPOSE OF	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Date 07/13/2023 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Date 07/13/2023 Amount (\$) PURPOSE OF	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share					
	Date 07/13/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share					
	Date 07/13/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Uber Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 17/35 Rpt: 46/69	Cole, Sheryl N. (The Honorable) 00081083	
4	Date	5 Payee name	
	07/17/2023	Uber	
6	Amount (\$) \$8.38	7 Payee address; City; State; Zip Code 1455 Market St #400 San 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 ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/24/2023	Uber	
	Amount (\$) \$0.48	Payee address; City; State; Zip Code 1455 Market St #400	
		San 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 outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date 07/25/2023	Payee name Uber	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$14.95	1455 Market St #400	
		San 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 outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/35 Rpt: 47/69	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	07/25/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.97	1455 Market St #400
		San Francisco, CA 94103
8	PURPOSE	(a) 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
		nde shale
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Para and
		Payee name
	08/10/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE	(a) 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
		nue shale
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Para and
	Date 08/21/2023	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.49	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE OF	(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
		nac share
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/35 Rpt: 48/69	Cole, Sheryl N. (The Honorable)	00081083
4		5 Payee name	
_	08/21/2023	Uber	
٥	Amount (\$) \$13.93	7 Payee address; City; State; Zip Code 1455 Market St #400	
	720.00		
		San Francisco, CA 94103	
8	PURPOSE	(a) 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 ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	
	Date	Payee name	
L	08/21/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.69	1455 Market St #400	
		San Francisco, CA 94103	
┝	PURPOSE		Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			ride share
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/21/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.88	1455 Market St #400	
		Con Francisco CA 04102	
L	PURPOSE	San Francisco, CA 94103	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			ride share
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		555 Hold
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/35 Rpt: 49/69	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	
	08/24/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.92	1455 Market St #400	
		San Francisco, CA 04102	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T.
			ı, TX, officeholder living expense
		ride share	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/Oi	7	
	Date	Payee name	
	08/24/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.98	1455 Market St #400	
	Ψ11.00	1400 Market Ot 1/400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T.
			ı, TX, officeholder living expense
		ride share	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to benefit C/Oi	1	
	Date	Payee name	
	08/24/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.80	1455 Market St #400	
	+ 20.00	2 100 manot 0t // 100	
		Con Francisco CA 04102	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T.
			ı, TX, officeholder living expense
		ride share	
_	0 1: 0:::::::::::::::::::::::::::::::::		000
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	onponditure to benefit 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	orials Expense n Guide explains		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed al	oove)
1	Total pages Schedule F1:	2 [[<u> </u>		_	-	3	Filer ID	(Ethics Commiss	sion Filers)
•	Sch: 21/35 Rpt: 50/69		e, Sheryl N. (The Ho	norable)				J	00081083	(Edillos Collinios	
Ļ	•			- I O I GO I O I							
4	Date	•	e name								
L	08/24/2023	Ube	r 								
6	Amount (\$)	7 Paye	e address; City;	State	e; Zip Co	de					
	\$17.73	145	5 Market St #400								
		San	Francisco, CA 9410	03							
8	PURPOSE		gory (See Categories liste		shodulo)	(b)	Description				
	OF		rel In District	a at the top of this sc	cnedule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	iiuv	o. III Diotilot						officeholder living		
							ride share				
9	Complete ONLY if direct		date/Officeholder nam	e	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	ł									
T	Date	Pave	e name								
	08/29/2023	Ube									
\vdash	Amount (\$)	Pave	e address; City;	State	e; Zip Co	de					
	\$6.38		5 Market St #400	June	., <u>.</u> .p 30						
	Ψ0.30	140	Market Ot #400								
		6.	F	20							
			Francisco, CA 9410			_					
	PURPOSE OF		gory (See Categories liste	d at the top of this sc	chedule)	(b)	Description	, .			
	EXPENDITURE	Trav	el In District				=		de of Texas. Com officeholder living		
							ride share	۱۸,	omocnoider livifit	скрепас	
							nac snarc				
_	Complete ONLY if direct	Candi	date/Officeholder nam	<u> </u>	Office sou	aht			Office he	-ld	
	expenditure to benefit C/OI		aato, Omocholuci Halli	•	Jinoc Sou	grit			Onice He	,,u	
H	Data										
	Date	,	e name -								
	09/05/2023	Ube									
	Amount (\$)		e address; City;	State	e; Zip Co	de					
	\$10.95	145	5 Market St #400								
		San	Francisco, CA 9410	03							
	PURPOSE	(a) Cate	gory (See Categories liste	d at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		el In District		-/			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						ш	TX,	officeholder living	expense	
							ride share				
	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder nam	е	Office sou	ght			Office he	eld	
	experioliture to beliefit C/OI	1									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gi Committee Le	od/Beverage Expense ft/Awards/Memorials Expense gal Services he Instruction Guide explains		pense /ages/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 22/35 Rpt: 51/69	Cole, Sheryl N	N. (The Honorable)			00081083	
4	Date	5 Payee name					
L	09/05/2023	Uber					
6	Amount (\$)	7 Payee address		e; Zip Co	de		
	\$0.56	1455 Market	St #400				
		San Francisco	o, CA 94103				
8	PURPOSE OF		Categories listed at the top of this sc	hedule)	(b) Description		
	EXPENDITURE	Travel In Dist	rict			outside of Texas. Com , TX, officeholder living	
					ride share		
9	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ght	Office he	eld
L	expenditure to benefit C/O	1					
	Date	Payee name					
	09/05/2023	Uber					
	Amount (\$)	Payee address	; City; State	e; Zip Co	de		
	\$12.98	1455 Market S	St #400				
		San Francisco	o, CA 94103				
	PURPOSE		Categories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE	Travel In Dist	rict			outside of Texas. Com , TX, officeholder living	
					ride share	, 174, omocnoluci livilit	y experise
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ght	Office he	eld
	expenditure to benefit C/OH	1					
	Date	Payee name					
	09/08/2023	Uber					
	Amount (\$)	Payee address	; City; State	e; Zip Co	de		
	\$15.63	1455 Market	St #400				
		San Francisco	o, CA 94103				
	PURPOSE	(a) Category (See	Categories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE	Travel In Dist				outside of Texas. Com	•
					Check if Austin	, TX, officeholder living	g expense
					nuc snate		
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	aht	Office he	eld
	expenditure to benefit C/O			00 000(y	000 110	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1: Sch: 23/35 Rpt: 52/69	2 FILER NAME Cole, Sheryl N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081083
4 Date 09/11/2023	5 Payee name Uber	
6 Amount (\$) \$11.20	7 Payee address; City; State; Zip Co 1455 Market St #400 San Francisco, CA 94103	de
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
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date 09/11/2023	Payee name Uber	
Amount (\$) \$12.35	Payee address; City; State; Zip Co 1455 Market St #400 San Francisco, CA 94103	de
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
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
Date 09/11/2023	Payee name Uber	
Amount (\$) \$7.24	Payee address; City; State; Zip Co	de
PURPOSE OF EXPENDITURE	San Francisco, CA 94103 (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
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•		ages/Contract Labor	Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:			· 	3 Filer ID	(Ethics Commission Filers)
1	Sch: 24/35 Rpt: 53/69	Cole, Sheryl N. (The Honorab	le)		00081083	(Ethics Commission Filers)
4	Date	Payee name				
	09/25/2023	Uber				
_						
6	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$9.99	1455 Market St #400				
		San Francisco, CA 94103				
8	PURPOSE	Category (See Categories listed at the t	on of this schedule)	(b) Description		
	OF	Travel In District	op 0. a.io 00.10aa.0)		outside of Texas. Comp	lete Schedule T.
	EXPENDITURE			Check if Austin,	TX, officeholder living	expense
				ride share		
9	Complete ONLY if direct	Candidate/Officeholder name	Office souç	jht	Office hel	d
	expenditure to benefit C/OI					
T	Date	Payee name				
	10/02/2023	Uber				
	Amount (\$)	Payee address; City;	State; Zip Coo	1e		
	\$9.99	1455 Market St #400	State, Zip Cot			
	ФЭ.ЭЭ	1455 Warket St #400				
		San Francisco, CA 94103				
	PURPOSE	Category (See Categories listed at the t	op of this schedule)	(b) Description		
	OF EXPENDITURE	Travel In District		Check if travel of	outside of Texas. Comp	lete Schedule T.
	LAI ENDITORE			ш	TX, officeholder living	expense
				ride share		
	Complete ONLY if direct	Candidate/Officeholder name	Office souç	jht	Office hel	d
	expenditure to benefit C/O					
	Date	Payee name				
	10/02/2023	Uber				
	Amount (\$)	Payee address; City;	State; Zip Cod	de		
	\$0.53	1455 Market St #400				
		San Francisco, CA 94103				
_	PURPOSE		Т	(b) Deceriation		
	OF	Category (See Categories listed at the t Travel In District	op of this schedule)	(b) Description Check if travel of	outside of Texas. Comp	lete Schedule T.
	EXPENDITURE	Travel III District			TX, officeholder living	
				ride share		•
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıht	Office hel	d
	expenditure to benefit C/O		222 3048	•	222	
\vdash						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 25/35 Rpt: 54/69	Cole, Sheryl N. (The Honorable) 00081083	
4	Date	5 Payee name	
l	10/03/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.41	1455 Market St #400	
l			
l		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITORE	Check if Austin, TX, officeholder living expense	
l		ride share	
9	Complete ONLY if direct	Condidate/Office holds	
l۶	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
┡	· 		_
l	Date	Payee name	
L	10/04/2023	Uber	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$9.99	1455 Market St #400	
l			
L		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		ride share	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
F	Date	Payee name	
	10/04/2023	Uber	
┢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$12.99	1455 Market St #400	
l			
		San Francisco, CA 94103	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		ride share	
dash	Operation ON IV III	Our didn't 10% as halden many a	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1: Sch: 26/35 Rpt: 55/69	2 FILER NAME Cole, Sheryl N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081083
4	Date 10/10/2023	5 Payee name Uber		
6	Amount (\$) \$12.28	7 Payee address; City; State; Zip Coo 1455 Market St #400 San Francisco, CA 94103	de	
8	PURPOSE OF EXPENDITURE		(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sout	ght	Office held
	Date 10/10/2023	Payee name Uber		
	Amount (\$) \$16.00	Payee address; City; State; Zip Coo 1455 Market St #400 San Francisco, CA 94103	de	
	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 10/23/2023	Payee name Uber		
	Amount (\$) \$40.88	Payee address; City; State; Zip Coo 1455 Market St #400	de	
		San 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 outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/35 Rpt: 56/69	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	10/26/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.93	1455 Market St #400
		San Francisco, CA 94103
8	PURPOSE	(a) 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
		nde situle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	10/27/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.42	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE	(a) 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
		nuc share
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	10/30/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.91	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE	(a) 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
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 28/35 Rpt: 57/69	2 FILER NAME Cole, Sheryl N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081083	
4	Date 10/31/2023	5 Payee name Uber	
6	Amount (\$) \$8.47	7 Payee address; City; State; Zip Code 1455 Market St #400	
		San 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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 11/01/2023	Payee name Uber	
	Amount (\$) \$9.11	Payee address; City; State; Zip Code 1455 Market St #400 San 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 outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride Share	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 11/08/2023	Payee name Uber	_
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St #400	
		San 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 outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride Share	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 29/35 Rpt: 58/69	Cole, Sheryl N. (The Honorable)		00081083
4	Date	5 Payee name		•
	11/10/2023	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1.00	1455 Market St #400		
		San Francisco, CA 94103		
8	PURPOSE	(a) 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
				nde ondre
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht	Office held
	expenditure to benefit C/O		,	
	Date	Payee name		
	11/13/2023	Uber		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$19.47	1455 Market St #400		
	4-0	_ 100 ma.not 00 m 100		
		San Francisco, CA 94103		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				ride share
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
	Date	Payee name		
	11/29/2023	Uber		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$5.15	1455 Market St #400		
		San Francisco, CA 94103		
	PURPOSE OF	, ,	(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 soug	ght	Office held
	expenditure to benefit C/O	1		
_				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 30/35 Rpt: 59/69	Cole, Sheryl N. (The Honorable)	00081083
4		5 Payee name	
L	11/29/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.92	1455 Market St #400	
		San Francisco, CA 94103	
8	PURPOSE		Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			ride share
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
⊨	Date	Payee name	
	11/29/2023	Uber	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.88	1455 Market St #400	
		San Francisco, CA 94103	
Г	PURPOSE	(a) 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
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/01/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.30	1455 Market St #400	
		San Francisco, CA 94103	
L	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel in Bietrick	Check if Austin, TX, officeholder living expense
			ride share
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Leg	/Awards/Memorials E al Services e Instruction Gu i	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	d above)
1	Total pages Cobadula F1	2 -							2	Filor ID	(Ethics Comm	iccion Filoro)
1	Total pages Schedule F1:	ı		(The Henry	,blo)				3	Filer ID	(Eulics Cullii	iissiuii Filtis)
	Sch: 31/35 Rpt: 60/69		Cole, Sheryl N	. (The Honora	e)					00081083		
4	Date	5 P	Payee name									
	12/01/2023	L	Jber									
6	Amount (\$)	7 P	Payee address;	City;	State;	Zip Cod	de					
	\$9.54	1	L455 Market S	t #400								
			San Francisco	CA 0/103								
Ļ		├										
8	PURPOSE OF		Category (See C		e top of this sche	edule)	(b)	Description		df.T O		
	EXPENDITURE	T	Γravel In Distri	ct				=		officeholder living	plete Schedule T.	
								ride share	, 170,	omechoider nving	у схрепос	
9	Complete ONLY if direct		andidate/Officeh	older name		office sough	thr			Office he	ald	
9	expenditure to benefit C/O		zi iuiuale/OIIICel	ioiuei IIaIIIE	U	nnce sou(JIIL			Onice ne	51U	
L	· 											
	Date	P	Payee name									
L	12/04/2023	L	Jber									
	Amount (\$)	Р	Payee address;	City;	State;	Zip Cod	de					
	\$0.63	1	L455 Market S	t #400								
		s	San Francisco	, CA 94103								
	PURPOSE	(a) C	Category (See C	ategories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	т	Travel In Distri	ct				=			plete Schedule T.	
								ride share	, IX,	officeholder living	j expense	
								nue snare				
\vdash	Complete ONLY !! -!!!		andidata/Offi - 1	oldor ======		office a -	n h t			O#: !		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeh	ioiuer name	O	office souç	ynt			Office he	eiu	
	Date	ı	Payee name									
	12/05/2023	\	Jber									
	Amount (\$)	Р	Payee address;	City;	State;	Zip Cod	de					
	\$11.94	1	L455 Market S	t #400								
		s	San Francisco	, CA 94103					_			
	PURPOSE	(a) C	Category (See C	ategories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	т	Γravel In Distri	ct				브			plete Schedule T.	
								_	, TX,	officeholder living	j expense	
								ride share				
		<u> </u>										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeh	iolder name	0	office souç	ght			Office he	eld	
	experience to beliefit 6/01	•										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/35 Rpt: 61/69	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	12/05/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.34	1455 Market St #400
		San Francisco, CA 94103
8	PURPOSE	(a) 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
		nuc snarc
9	Commission ONII V if disposi	Condidate/Officeholder name
ľ	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	12/11/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.28	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE	(a) 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
		nue snaie
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	12/11/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.21	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE	(a) 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
ldash	Operation ON VIVIII	Open Highest (Office health and an
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	,	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/35 Rpt: 62/69	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	12/11/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.92	1455 Market St #400
		San Francisco, CA 94103
8	PURPOSE	(a) 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
		nue snare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 12/12/2023	Payee name
		Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE OF	(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 sought Office held
	expenditure to benefit C/OI	y
_	Date	Payee name
	12/13/2023	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1455 Market St #400
	Ψ3.33	1435 Market St #400
		San Francisco, CA 04102
		San Francisco, CA 94103
	PURPOSE OF	(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.
	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 sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- G I Committee L	ood/Beverage Expense ift/Awards/Memorials Expense egal Services The Instruction Guide exp	Salaries/V	xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)
	Sch: 34/35 Rpt: 63/69	Cole, Sheryl	N. (The Honorable)					00081083	
4	Date	5 Payee name							
L	12/13/2023	Uber							
6	Amount (\$)	7 Payee address	•	State; Zip Co	ode				
	\$14.82	1455 Market	St #400						
		San Francisc	o, CA 94103						
8	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In Dist				=			plete Schedule T.
						Check if Austin, ride share	, TX,	officeholder living	g expense
						nac snarc			
9	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	l Jaht			Office he	eld
	expenditure to benefit C/O				<i>3</i> ···				
	Date	Payee name							
	12/14/2023	Uber							
	Amount (\$)	Payee address		State; Zip Co	ode				
	\$26.35	1455 Market	St #400						
		San Francisc	o, CA 94103						
	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In Dist		•		_			plete Schedule T.
						Check if Austin, ride share	, TX,	officeholder living	g expense
						nac snarc			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office sou	<u>I</u> ught			Office he	eld
H	Date	Payee name							
	12/15/2023	Uber							
	Amount (\$)	Payee address	s; City;	State; Zip Co	nde				
	\$25.97	1455 Market		Sidio, Zip CC	Jue				
	Ψ20.51	00 Market							
		San Francisc	o, CA 94103						
	PURPOSE OF		Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Travel In Dist	rict			ш		de of Texas. Com officeholder living	plete Schedule T. g expense
						ride share	, ., .,		, - p
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name	Office sou	ıght			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/35 Rpt: 64/69	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	12/18/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	1455 Market St #400
		San Francisco, CA 94103
8	PURPOSE	(a) 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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		ride share
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	12/19/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.43	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE	(a) 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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		ride share
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/Or	
	Date	Payee name
	11/06/2023	University Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2819 Rio Grande st #610
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

	The Instruction Guide explains how to	complete this form.			
Total pages Schedule I: Sch: 1/4 Rpt:	2 FILER NAME Cole, Sheryl N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081083			
Date 08/03/2023	5 Payee name ABIA				
Amount (\$) 7.85	7 Payee Address; City; State; Zip 3600 Presidential Blvd Austin, TX 78719				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required.) mistaken charged, reimbursed to campaign			
Date 08/07/2023	Payee name Austin Taxi & Car				
Amount (\$) 44.40	Payee Address; City; State; Zip unknown New York, NY				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required: mistaken charged, reimbursed to campaign			
Date 08/07/2023	Payee name LGA Panorama				
Amount (\$) 100.28	Payee Address; City; State; Zip 22 N Loop Rd New York, NY 10004				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required: mistaken charged, reimbursed to campaign			
Date 08/07/2023	Payee name Librae Bakery				
Amount (\$) 31.58	Payee Address; City; State; Zip 35 Cooper Sq New York, NY 10003				
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required: mistaken charged, reimbursed to campaign			

	The Instruction Guide explains how to	complete this form.			
Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME Cole, Sheryl N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081083			
Date 08/03/2023	5 Payee name Mokyo				
Amount (\$) 282.74	7 Payee Address; City; State; Zip 109 St Marks Pl New York, NY 10009				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required.) mistaken charged, reimbursed to campaign			
Date 08/07/2023	Payee name Pylo's Restaurant				
Amount (\$) 408.40	Payee Address; City; State; Zip 128 E 7th St. New York, NY 10009				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required.) mistaken charged, reimbursed to campaign			
Date 08/07/2023	Payee name Sistina Restaurant				
Amount (\$) 151.74	Payee Address; City; State; Zip 24 E 81st St New York, NY 10028				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required.) mistaken charged, reimbursed to campaign			
Date 08/04/2023	Payee name Southern Steak & Oyster				
Amount (\$) 46.23	Payee Address; City; State; Zip 1 Terminal Dr Nashville, TN 37214				
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required: mistaken charged, reimbursed to campaign			

	The Instruction Guide explains how to	complete this form.			
Total pages Schedule I: Sch: 3/4 Rpt:	2 FILER NAME Cole, Sheryl N. (The Honorable)	3 Filer ID (Ethics Commission Filers 00081083			
Date 08/07/2023	5 Payee name Tamarind Tribeca				
Amount (\$) 73.79	7 Payee Address; City; State; Zip 99 Hudson St New York, NY 10013				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required. mistaken charged, reimbursed to campaign			
Date	Payee name				
08/07/2023	Three Casks				
Amount (\$) 26.65	Payee Address; City; State; Zip 1 Terminal Dr				
	Nashville, TN 37214				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required mistaken charged, reimbursed to campaign			
Date 08/03/2023	Payee name Uber				
Amount (\$) 26.39	Payee Address; City; State; Zip 1455 Market St #400				
	San Francisco, CA 94103				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required mistaken charged, reimbursed to campaign			
Date 08/03/2023	Payee name Uber				
Amount (\$) 60.84	Payee Address; City; State; Zip 1455 Market St #400				
	San Francisco, CA 94103				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required mistaken charged, reimbursed to campaign			

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Cole, Sheryl N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081083
Date 08/03/2023	5 Payee name Uber	·
6 Amount (\$) 2.55	7 Payee Address; City; State; Zip 1455 Market St #400 San Francisco, CA 94103	
B PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) mistaken charged, reimbursed to campaign
Date 08/07/2023	Payee name Uber	
Amount (\$) 59.09	Payee Address; City; State; Zip 1455 Market St #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required.) mistaken charged, reimbursed to campaign
Date 08/07/2023	Payee name Uber	
Amount (\$) 5.99	Payee Address; City; State; Zip 1455 Market St #400	
	San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursed charge	(b) Description (See instructions regarding type of information required.) mistaken charged, reimbursed to campaign

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 69/69 2 FILER NAME Filer ID (Ethics Commission Filers) Cole, Sheryl N. (The Honorable) 00081083 8 Amount (\$) Date 5 Name of person from whom amount is received 08/09/2023 Cole, Rep.Sheryl \$1,334.00 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78768 Purpose for which amount is received Check if political contribution returned to filer reimbursement for mistaken charges Amount (\$) Name of person from whom amount is received Date 10/13/2023 Cole, Rep.Sheryl \$2,458.37 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78768 Purpose for which amount is received Check if political contribution returned to filer reimbursement for mistaken charges