CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to com | plete this form. | 1 Filer ID (Ethics Commiss 00081083 | sion Filers) | 2 Total pages fil 4 | |
|------------------------------------|---------------------------|-------------------|---|-----------------------------------|----------------------------|------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | JSE ONLY |
| OFFICEHOLDER NAME | The Honorable | Sheryl N. | | | Date Received ELECTRONICA | ALLY FILED |
| | NICKNAME | LAST | ••••• | SUFFIX | 10/07/2024 | |
| | | Cole | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; AF | PT / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| OFFICEHOLDER MAILING ADDRESS | P.O. Box 41 | | | | Receipt # | Amount |
| Change of Address | Austin, TX 78767 | | | | | |
| | , tasan, 170 Toron | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | - | |
| TREASURER NAME | Rev. | Joseph C. | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | INICIONALVIE | Parker | | Jr. | | |
| | | i ainei | | 01. | | |
| 6 CAMPAIGN | STREET ADDRESS (NO P | O BOX PLEASE); | APT | / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER ADDRESS | 5918 Lookout Mountain | Dr. | | | | |
| (Residence or Business) | Austin, TX 78731 | | | | | |
| 7 CAMPAIGN | AREA CODE PHO | ONE NUMBER E | EXTENSION | | | |
| TREASURER PHONE | (512) 323-6605 | | -XI LIVOIOIV | | | |
| 8 REPORT TYPE | January 15 | X 30th day before | election | Runoff | 15th day after car | npaign treasurer |
| | | - | | | appointment (office | |
| | July 15 | 8th day before 6 | | Exceeded modified reporting limit | Final Report (Atta | ch C/OH-FR) |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 07/01/2024 | TH | IROUGH | 09/26/202 | 4 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | · P | rimary | Runoff | Other | |
| | 11/05/2024 | XG | eneral | Special | | |
| | | | | <u></u> | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | |
| | State Representative Di | strict 46 | | State Represent | ative District 46 | |
| | 1 | | | <u> </u> | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 47

| 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 | | \$ 0.00 | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | S) | \$ 34,088.31 | | |
| EXPENDITURE TOTALS | | | | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 19,723.75 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD | AST DAY OF THE | \$ 145,797.13 | | |
| 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 offi | cer administering | Printed name of officer administering | Title of office | administering oath | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | 3 | of 47 |
|--------------------------|--|-----------------------------|-----------------------|----------|
| 18 FILER NA Cole, She | ME eryl N. (The Honorable) | 19 Filer ID 00081083 | (Ethics Commission Fi | lers) |
| l | LE SUBTOTALS SCHEDULE | | SUBTOTAL AMO | UNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 34 | 1,088.31 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE E: LOANS | | \$ | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 19 | ,723.75 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | |
| | | | | |

| | 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: 1/19 Rpt: 4/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission 00081083 | n Filers) |
| 4 | Date 08/13/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Georgetown, TX 78633 pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| _ | | | 2 Employer (See instructions | ·) | | |
| | Date 07/24/2024 | Full name of contributor out-of-state PAC (ID#:_ Albright, Alexandra Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$131.89 |
| | Principal occu | Austin, TX 78703-1021 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#:_Allen, Trista Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$131.89 |
| | Principal occu | Fort Worth, TX 76133 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/01/2024 | Full name of contributor out-of-state PAC (ID#:_Amos, Steve Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$42.42 |
| | Principal occu | Austin, TX 78703 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/24/2024 | Full name of contributor out-of-state PAC (ID#:_Anderson, Greg Contributor address; City; State; Zip Code Austin, TX 78723 | | | Amount of Contribution (\$) | \$127.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTIO | ONS | | SCHEDUL | E A1 |
|---|----------------------------|---|--|------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/19 Rpt: 5/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00081083 | on Filers) |
| 4 | Date 07/28/2024 | 5 Full name of contributor Anderson, John6 Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$131.89 |
| 8 | Principal occu | Austin, TX 78723 pation / Job title (See Instructions |) | 9 Employer (See Instructions | | | |
| | | | | Chiployer (See mondenis) | _ | | |
| | Date 08/13/2024 | Full name of contributor Austin Travis County Eme Contributor address; City; St Austin, TX 78721 | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions |) | | |
| | Date 08/06/2024 | Full name of contributor Baccus, Buck Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code |) | | Amount of Contribution (\$) | \$105.58 |
| | Principal occu | Wimberley, TX 78676 pation / Job title (See Instructions |) | Employer (See Instructions |) | | |
| | Date 08/02/2024 | Full name of contributor Beall, Jon Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code |) | | Amount of Contribution (\$) | \$263.47 |
| | Principal occu | Austin, TX 78746 pation / Job title (See Instructions |) | Employer (See Instructions |) | | |
| | Date 08/02/2024 | Full name of contributor Bojorquez, Alan Contributor address; City; St Austin, TX 78759 | out-of-state PAC (ID#:_ ate; Zip Code | | | Amount of Contribution (\$) | \$210.84 |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions |) | | |
| | | | ' | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | IS | | SCHEDUI | _E A1 |
|---|------------------------------|--|---|-------|--|----|---|--------------|
| | The Instru | ction Guide explains hov | to complete this fo | orr | m. | 1 | Total pages Schedule A1: Sch: 3/19 Rpt: 6/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00081083 | on Filers) |
| 4 | Date 08/13/2024 | 5 Full name of contributor Brigid Shea Campaign6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78757 | | | | | | |
| 8 | Principal occu Commission | pation / Job title (See Instructions er | s) | 9 | Employer (See Instructions Travis County | 5) | | |
| | Date 07/24/2024 | Full name of contributor Brim, Jay Contributor address; City; S | out-of-state PAC (ID#:_ | | | • | Amount of Contribution (\$) | \$263.47 |
| | Principal occu | Austin, TX 78746 pation / Job title (See Instructions | 3) | | Employer (See Instructions | s) | | |
| | | () | , | | | -, | | |
| | Date 08/03/2024 | Full name of contributor Browder, Leslie Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$131.89 |
| | | Austin, TX 78751 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | | Employer (See Instructions | 5) | | |
| | Date 08/15/2024 | Full name of contributor Burr, Lize Contributor address; City; S Austin, TX 78731 | out-of-state PAC (ID#:_ tate; Zip Code | |) | | Amount of Contribution (\$) | \$2,631.89 |
| | Principal occu writer | pation / Job title (See Instructions | s) | | Employer (See Instructions self | 5) | | |
| | Date 09/15/2024 | Full name of contributor CASEY, DANIEL Contributor address; City; S AUSTIN, TX 78723 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$526.63 |
| | Principal occu | pation / Job title (See Instructions | 5) | | Employer (See Instructions | 5) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL COI | NTRIBUTION | S | | SCHEDUI | E A1 |
|---|----------------------------|--|------------------------|--|---|---|------------|
| | The Instru | ction Guide explains how to | complete this form | n. | 1 | Total pages Schedule A1: Sch: 4/19 Rpt: 7/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00081083 | on Filers) |
| 4 | Date 08/06/2024 | 5 Full name of contributor Carpenter, Jim | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$2,631.89 |
| _ | | Austin, TX 78738 | | | | | |
| 8 | | pation / Job title (See Instructions) Development | 9 | Employer (See Instructions Carpenter & Associates | | : . | |
| | Date 08/13/2024 | Full name of contributor | | | | Amount of Contribution (\$) | \$263.47 |
| | Principal occu | Austin, TX 78702 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | , | | , ., · (| , | | |
| | Date 08/13/2024 | Full name of contributor | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$526.63 |
| | | Pflugerville, TX 78660 | <u> </u> | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 08/13/2024 | Full name of contributor | | | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 07/23/2024 | Claunch, Dave | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$526.63 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDUI | LE A1 |
|---|----------------------------|---|-------------------------|------------------------------|----|---|--------------|
| | The Instru | ction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/19 Rpt: 8/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00081083 | on Filers) |
| 4 | Date 08/13/2024 | 5 Full name of contributor Clemmons, Jeffrey6 Contributor address; City; S | out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) | \$131.89 |
| 8 | Principal occu | Austin, TX 78722 pation / Job title (See Instruction | c) | 9 Employer (See Instructions | | | |
| 0 | Fillicipal occu | pation / 300 title (See instruction | 5) | Employer (See Instructions | ') | | |
| | Date 08/12/2024 | Full name of contributor Cobb, Gary Contributor address; City; S Austin, TX 78701 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$263.47 |
| | Principal occu | pation / Job title (See Instruction | s) | Employer (See Instructions | 5) | | |
| | Date 07/30/2024 | Full name of contributor Cofer, George Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$131.89 |
| | Principal occu | Austin, TX 78746 pation / Job title (See Instruction | s) | Employer (See Instructions | 5) | | |
| | Date 08/13/2024 | Full name of contributor Coldiron, Barbara Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Austin, TX 78731 pation / Job title (See Instruction | s) | Employer (See Instructions | 5) | | |
| | Date 08/13/2024 | Full name of contributor Cole, John Contributor address; City; S Manassas, VA 20109 | | | | Amount of Contribution (\$) | \$1,052.95 |
| | Principal occu | pation / Job title (See Instruction | s) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBI | UTIONS | | SCHEDUL | E A1 |
|---|----------------------------|--|------------------------------|---------|---|-------------|
| | The Instru | ction Guide explains how to complete | this form. | 1 | Total pages Schedule A1: Sch: 6/19 Rpt: 9/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00081083 | |
| 4 | Date 08/13/2024 | Full name of contributor | AC (ID#:) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Austin, TX 78731 pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | - Tilloipai occu | | | | | |
| | Date 08/13/2024 | Full name of contributor | AC (ID#:) | | Amount of Contribution (\$) | \$52.95 |
| | Principal occu | Austin, TX 78739 pation / Job title (See Instructions) | Employer (See Instructions | c) | | |
| | r illicipai occu | pation / Job title (See matrictions) | Employer (See instructions | 3) | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PA Dennis, Anthony Contributor address; City; State; Zip Code | AC (ID#:) | | Amount of Contribution (\$) | \$131.89 |
| | | Manor, TX 78653 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 07/27/2024 | Full name of contributor out-of-state PA Doolin, Estrellita Contributor address; City; State; Zip Code | AC (ID#:) | | Amount of Contribution (\$) | \$52.95 |
| | Principal occu | Mart, TX 76664 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/05/2024 | Full name of contributor out-of-state PA Fitch, Julia Contributor address; City; State; Zip Code | AC (ID#:) | | Amount of Contribution (\$) | \$131.89 |
| | Principal occur | Austin, TX 78745 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Filiopal occu | panon i Job une (See monuciono) | Employer (See instructions | <i></i> | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TIONS | | SCHEDULE A | A1 |
|---|----------------------------|---|------------------------------|--------|--|-----------|
| | The Instru | ction Guide explains how to complete th | nis form. | 1 | Total pages Schedule A1: Sch: 7/19 Rpt: 10/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission File 00081083 | ers) |
| 4 | Date 08/13/2024 | Full name of contributor | (ID#:) | 7 | Amount of Contribution (\$) \$1, | 00.00 |
| 8 | Principal occu | Austin, TX 78746 pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| _ | - | | | | Assessment (Occation to the Control of Cont | |
| | Date 08/13/2024 | Full name of contributor uut-of-state PAC (Foreman, Barbara Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$26.63 |
| | Principal occu | Austin, TX 78754 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| | Date 07/23/2024 | Full name of contributor out-of-state PAC (French, Dorian Contributor address; City; State; Zip Code | (ID#:) | | Amount of Contribution (\$) \$ | 526.63 |
| | | Dallas, TX 75243 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/06/2024 | Full name of contributor out-of-state PAC (Garcia, Brandon Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$52.95 |
| | Principal occu | MANOR, TX 78653 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (Gerbracht, Heidi Contributor address; City; State; Zip Code | (ID#:) | | Amount of Contribution (\$) | \$52.95 |
| | Dringing occur | Austin, TX 78702 | Employer (See Instructional | | | |
| | тиныра осси | pation / Job title (See Instructions) | Employer (See Instructions | >) | | |
| | | | | | | |

| | 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: 8/19 Rpt: 11/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00081083 | |
| 4 | Date 07/25/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$526.63 |
| 8 | Principal occu | Austin, TX 78747 pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| _ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/04/2024 | Grissom, Joene Contributor address; City; State; Zip Code | | | , another of Continuation (c) | \$105.58 |
| | Dringing Lagge | Austin, TX 78731 | Fandayar (Coo Instructions | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Gullahorn, jack Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$263.47 |
| | | Austin, TX 78714 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/13/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$74.00 |
| | Principal occu | Austin, TX 78731 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/01/2024 | Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Melissa Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$263.47 |
| | Principal occu | Austin, TX 78704 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TIONS | | SCHEDUL | E A1 |
|---|----------------------------|--|------------------------------|----------------|--|-------------|
| | The Instru | ction Guide explains how to complete th | nis form. | 1 | Total pages Schedule A1: Sch: 9/19 Rpt: 12/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commissio 00081083 | n Filers) |
| 4 | Date 08/13/2024 | Full name of contributor | (ID#:) | 7 | Amount of Contribution (\$) | \$35.00 |
| 8 | Principal occu | Austin, TX 78727 pation / Job title (See Instructions) | 9 Employer (See Instructions | z) | | |
| _ | - | | | ,) T | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC 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> | | |
| | | , | , , , , (| , | | |
| | Date 08/03/2024 | Full name of contributor out-of-state PAC Jechow, Madison Contributor address; City; State; Zip Code | (ID#:) | | Amount of Contribution (\$) | \$131.89 |
| | | Austin, TX 78735 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/02/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Cedar Park, TX 79613 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC Jones, Melissa Contributor address; City; State; Zip Code | (ID#:) | • | Amount of Contribution (\$) | \$263.47 |
| | Principal occu | Austin, TX 78703 pation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUL | E A1 | |
|---|----------------------------|--|------------------------------|-----------------------------|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 10/19 Rpt: 13/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission 00081083 | n Filers) |
| 4 | Date 08/13/2024 | Full name of contributor | 7 | Amount of Contribution (\$) | \$263.47 | |
| 8 | Principal occu | Austin, TX 78723 pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | | | 5 Employer (See manuellons | | | |
| | Date 08/13/2024 | Full name of contributor | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu | Austin, TX 78749 pation / Job title (See Instructions) |) | | | |
| | Date 08/12/2024 | Full name of contributor out-of-state PAC (ID#:_Korgel, Skyler Contributor address; City; State; Zip Code Austin, TX 78723 | | Amount of Contribution (\$) | \$16.11 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Lawson, Revlynn Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$131.89 |
| | Principal occu | Austin, TX 78723 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | A1 | |
|---|--------------------|--|------------------------------|---------------------------------------|---|-------------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 11/19 Rpt: 14/47 | _ |
| 2 | FILER NAME | N. (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00081083 | _ |
| 4 | Date 07/23/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Loewy, Adam 6 Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$1,052.9 |)5 |
| | | Austin, TX 78731 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 08/10/2024 | Full name of contributor out-of-state PAC (ID#:_ Lofton, Michael Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$131.8 | 39 |
| | Principal occu | Pflugerville, TX 78660 upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID#: Lorenz, Perry Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$1,052.9 |)5 | |
| | Dringing age | Austin, TX 78702 | Employer (Coo Instructions | <u></u> | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ») | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID#:_Lynch, Louise Contributor address; City; State; Zip Code Austin, TX 78749 |) | | Amount of Contribution (\$) \$37.1 | .6 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/12/2024 | Full name of contributor out-of-state PAC (ID#:_MAIER, RICHARD Contributor address; City; State; Zip Code AUSTIN, TX 78751 |) | | Amount of Contribution (\$) \$131.8 | - |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|---|----------------------------|---|------------------------------|-----------------------------|---|-----------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 12/19 Rpt: 15/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission 00081083 | n Filers) |
| 4 | Date 07/24/2024 | Full name of contributor | 7 | Amount of Contribution (\$) | \$105.58 | |
| 8 | Principal occu | Austin, TX 78722 pation / Job title (See Instructions) | 9 Employer (See Instructions | () | | |
| _ | Date | Full name of contributor out-of-state PAC (ID# | | , | Amount of Contribution (\$) | |
| | 08/01/2024 | Massey, Barry Contributor address; City; State; Zip Code | | (4) | \$52.95 | |
| | Dringing! gage | Austin, TX 78722 | Employer (Coo Instructions | _ | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID# Massey, Barry Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$52.95 | |
| | | Austin, TX 78722 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAC (ID# Mok, amy Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$526.63 |
| | Principal occu | Austin, TX 78731 pation / Job title (See Instructions) | Employer (See Instructions | (i) | | |
| | Date 07/31/2024 | Full name of contributor out-of-state PAC (ID# Moore, Craig Contributor address; City; State; Zip Code | :) | | Amount of Contribution (\$) | \$125.00 |
| | Principal occu | Austin, TX 78727 pation / Job title (See Instructions) | .) | | | |
| | т ппстрагосси | panon / Job tine (Jee manuoliona) | Employer (See Instructions | <i>'</i> | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUL | E A1 | |
|---|----------------------------|---|------------------------------|-----------------------------|---|-----------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 13/19 Rpt: 16/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission 00081083 | n Filers) |
| | Date 07/26/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$526.63 |
| 8 | Principal occu | Austin, TX 78704 pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | Date 08/08/2024 | Full name of contributor out-of-state PAC (ID#: Nunn, Karalei Contributor address; City; State; Zip Code Georgetown, TX 78626 | | Amount of Contribution (\$) | \$37.16 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#: Pitman, Brian Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$526.63 | |
| | Principal occu | Austin, TX 78730 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/03/2024 | Full name of contributor out-of-state PAC (ID#: Ragona, Saundra Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$131.89 |
| | Principal occu | MANOR, TX 78653 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/09/2024 | Full name of contributor out-of-state PAC (ID#: Renbarger, Grace Contributor address; City; State; Zip Code Austin, TX 78746 | | Amount of Contribution (\$) | \$263.47 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | | |
|---|--------------------|--|------------------------------|-----------------------------|---|-----------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 14/19 Rpt: 17/47 | | |
| 2 | FILER NAME | N. (The Honorable) | | 3 | Filer ID (Ethics Commission 00081083 | n Filers) | |
| 4 | Date 08/01/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Richie, Carl 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$526.63 | |
| | | Windcrest, TX 78239 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | | |
| | Date 08/04/2024 | Full name of contributor out-of-state PAC (ID#:_ Rider, Kathy Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$158.21 | |
| | Principal occu | Austin, TX 78703 upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Robinson, Sherrie Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$74.00 | | |
| | | Austin, TX 78731 | | _ | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
| | Date 07/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Seaman, Nina Contributor address; City; State; Zip Code AUSTIN, TX 78726 | | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | | |
| | Date 07/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Sethi, Pooja Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$131.89 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|---|--|--|-----------------------------|-----------------------------|---|------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 15/19 Rpt: 18/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission 00081083 | Filers) |
| 4 | Date 08/13/2024 | Full name of contributor | Siegel, Michael | | | |
| 8 | Principal occu | Austin, TX 78757 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| _ | | | . 1 | | Amount of Contribution (Φ) | |
| | Date 08/11/2024 | Full name of contributor | | Amount of Contribution (\$) | \$37.16 | |
| | Principal occu | Pflugerville, TX 78660 pation / Job title (See Instructions) |) | | | |
| | T Tillelpai occa | pation / oob title (See instituctions) | Employer (See Instructions) | , | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAC (ID#:) 2024 Stanford, Hayden Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,052.95 |
| | | Austin, TX 78731 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Austin, TX 78749 pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID#: Stonewall Democrats of Austin PAC Account Contributor address; City; State; Zip Code Austin, TX 78704 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | | SCHEDULE A1 | | |
|---|----------------------------|---|-------------------------------|--|---|------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 16/19 Rpt: 19/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission 00081083 | on Filers) |
| 4 | Date 09/17/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$2,500.00 |
| _ | Dringing! goog | Austin, TX 78768 | D. Employer (Con Instructions | _ | | |
| 0 | Pilicipai occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 08/12/2024 | Full name of contributor out-of-state PAC (ID#: Taniguchi, Evan Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$263.47 |
| | | Austin, TX 78705-3510 | | <u></u> | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/13/2024 | | | | Amount of Contribution (\$) | \$100.00 |
| | | Thrall, TX 78578 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas AFL-CIO COPE Fund Contributor address; City; State; Zip Code Austin, TX 78711 |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>. </u> | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association Contributor address; City; State; Zip Code Austin, TX 78701 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | · · | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUL | LE A1 | |
|---|--|---|------------------------------|-----------------------------|---|------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 17/19 Rpt: 20/47 | |
| 2 | FILER NAME | | 3 | Filer ID (Ethics Commission | on Filers) | |
| | Cole, Sheryl | N. (The Honorable) | | 00081083 | | |
| 4 | Date 08/13/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Texas Democratic Women 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78703 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/13/2024 Texas Trial Lawyers Association PAC | | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Austin, TX 78701 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$250.00 |
| | | Pflugerville, TX 78660 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAC (ID#:_ Tyree, Preston Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$79.26 |
| | | Austin, TX 78723 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/01/2024 | Tyree, Preston | | | | \$37.16 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Austin, TX 78723 | | _ | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|---|--|--|------------------------------|-----------------------------|---|------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 18/19 Rpt: 21/47 | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commission 00081083 | n Filers) |
| 4 | Date 08/13/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu | Austin, TX 78731 pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | Date 07/23/2024 | Full name of contributor out-of-state PAC (ID#: 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 | () | | |
| | Date 08/02/2024 | Full name of contributor out-of-state PAC (ID#: Warr, Amy Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$131.89 | |
| | Principal occu | AUSTIN, TX 78731 pation / Job title (See Instructions) | Employer (See Instructions | (i) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$263.47 |
| | Principal occu | Austin, TX 78731 pation / Job title (See Instructions) | Employer (See Instructions | <u>)</u> | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID#:) Whitaker, Victoria Contributor address; City; State; Zip Code Pflugerville, TX 78660 | | | Amount of Contribution (\$) | \$26.63 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | • | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUL | E A1 | |
|---|--|---|------------------------------|---|-------------------------------------|-----------|
| | The Instru | ction Guide explains how to complete this | 1 | Total pages Schedule A1: Sch: 19/19 Rpt: 22/47 | | |
| 2 | FILER NAME Cole, Sheryl | N. (The Honorable) | | 3 | Filer ID (Ethics Commissio 00081083 | n Filers) |
| 4 | Date 08/13/2024 5 Full name of contributor out-of-state PAC (ID#:) Williams, Gloria 6 Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$131.89 |
| 8 | Principal occu | Austin, TX 78731 upation / Job title (See Instructions) | 9 Employer (See Instructions | - s) | | |
| | Date 08/13/2024 | Full name of contributor out-of-state PAC (ID#: Wilson, James Contributor address; City; State; Zip Code Austin, TX 78752 | | | Amount of Contribution (\$) | \$37.16 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 08/14/2024 | Full name of contributor out-of-state PAC (ID#: Zuniga, Diana Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$210.84 |
| | Principal occu | Austin, TX 78703 pation / Job title (See Instructions) | Employer (See Instructions | - s) | | |
| | | | | | | |

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 | | Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex | Salaries | Expens /Wages | se s/Contract Labor | | Travel in District Travel Out of Dist OTHER (enter a | trict category not listed above) |
|---|---|------------------|--|------------------|------------------|------------------------|--------|--|-------------------------------------|
| 1 | Total pages Schedule F1: | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| L | Sch: 1/25 Rpt: 23/47 | Cole, Shery | N. (The Honorable) | | | | | 00081083 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 09/19/2024 | | Urban League | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Zip C | Code | | | | |
| | \$450.00 | 8011A Cam | eron Rd building a-10 | 00 | | | | | |
| | | | | | | | | | |
| | | Austin, TX | 78754 | | | | | | |
| 8 | PURPOSE | (a) Category (Si | ee Categories listed at the top o | f this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | ns/Donations Made B | | | | outsio | de of Texas. Comp | plete Schedule T. |
| | EXPENDITORE | Candidate/0 | Officeholder/Political (| Committee | | — | | officeholder living | expense |
| | | | | | | tickets to eve | nt | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | ceholder name | Office so | ought | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 08/14/2024 | Austin Beer | works | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | Code | | | | |
| | \$360.00 | 3001 Indus | - | • | | | | | |
| | | | | | | | | | |
| | | Austin, TX | 78758 | | | | | | |
| | PURPOSE OF | | ee Categories listed at the top o | f this schedule) | (b) | Description | | | |
| | EXPENDITURE | Event Expe | nse | | | ш | | de of Texas. Comp officeholder living | |
| | | | | | | Event venue | | | елрепое |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Offi | ceholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/O | | | | - | | | | |
| H | Date | Payee name | | | | | | | |
| | 08/23/2024 | Colin Allred | Campaign | | | | | | |
| | Amount (\$) | Payee addre | · - | State; Zip C | Code | | | | |
| | \$250.00 | PO Box 602 | | , | | | | | |
| | | 2 = 3/. 30 | | | | | | | |
| | | Dallas, TX | 75360 | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the top o | f this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | ns/Donations Made B | | | ш | | de of Texas. Comp | |
| | - | Candidate/0 | Officeholder/Political (| Jommittee | | Contribution | , 1X, | officeholder living | expense |
| | | | | | | Continuution | | | |
| | Complete ONLY if direct | Candidate/Offi | ceholder name | Office so | nuaht | | | Office he | ald |
| | expenditure to benefit C/O | | ocholaci Hame | Onice St | ,ugiit | | | Onice He | iu. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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: 2/25 Rpt: 24/47 | Cole, Sheryl N. (The Honorable) 00081083 | |
| 4 | Date | 5 Payee name | |
| | 09/25/2024 | Committee for Austin's Children | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,500.00 | PO Box 301074 | |
| | | | |
| | | Austin, TX 78703 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Contribution | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | |
| | 09/26/2024 | DonateWay | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,125.42 | PO Box 301267 | |
| | | | |
| | | Austin, TX 78703 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. 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 | | |
| | Date | Payee name | |
| | 07/24/2024 | Huerta, Elias | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$300.00 | 2207 S. 5th St. | |
| | | Apt. 201 | |
| | | Austin, TX 78704 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | —————————————————————————————————————— | |
| | | | |
| | 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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

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 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: 3/25 Rpt: 25/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 09/18/2024 | Jim McDonald Campaign |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 200 E. Pecan St. #5 |
| | | |
| | | Pflugerville, TX 78660 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee |
| | | Contribution |
| _ | 0 1: 01 1/4 1 | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | experiantare to benefit eye. | |
| | Date | Payee name |
| | 09/09/2024 | Mailchimp |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$98.07 | 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 |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 08/09/2024 | Mailchimp |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$98.07 | 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 travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | email service |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/O | 1 |
| | | |
| | | |
| | | |

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 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: 4/25 Rpt: 26/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 07/09/2024 | Mailchimp |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$98.07 | 675 Ponce de Leon Ave NE, Ste. 5000 |
| | | |
| | | Atlanta, GA 30308 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | email service |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 08/30/2024 | Salinas, Jake |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$200.00 | 1200 W.40th St. #131 |
| | | |
| | | Austin, TX 78756 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Salary supplement |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | Data | |
| | Date 07/31/2024 | Payee name Salinas, Jake |
| | | |
| | Amount (\$) \$200.00 | Payee address; City; State; Zip Code 1200 W.40th St. #131 |
| | φ200.00 | 1200 W.40til St. #131 |
| | | Austin, TX 78756 |
| | DUDDOOF | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Salary supplement |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | 7 |
| | | |
| | | |

SCHEDULE F1

Solicitation/Fundraising Expense

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/25 Rpt: 27/47 Cole, Sheryl N. (The Honorable) 00081083 4 Date Payee name 08/19/2024 Susan Harry Consulting 6 Amount (\$) Payee address; City; State; Zip Code \$1,500.00 PO Box 301074 Austin, TX 78703 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraising consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/26/2024 Susan Harry Consulting Amount (\$) Payee address; City; State; Zip Code \$281.98 PO Box 301074 Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/23/2024 Texas Campaign for the Environment Amount (\$) Payee address: City: State: Zip Code \$308.63 814 San Jacinto Boulevard, Suite 410 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/25 Rpt: 28/47 | Cole, Sheryl N. (The Honorable) | 00081083 |
| 4 | Date | 5 Payee name | |
| | 08/07/2024 | Travis County Democratic Party | |
| 6 | Amount (\$) \$4,857.50 | 7 Payee address; City; State; Zip Code 1311 E 6th St. Austin, TX 78702 | |
| 8 | PURPOSE OF EXPENDITURE | Contributions/Bonduons Made By | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | | Contribution | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 07/10/2024 | Travis County Democratic Party | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$4,587.50 | 1311 E 6th St. | |
| | | Austin, TX 78702 | |
| | PURPOSE OF EXPENDITURE | Contributions/Donations Wade By | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 09/26/2024 | Uber | |
| | Amount (\$) \$18.90 | Payee address; City; State; Zip Code 1455 Market St #400 | |
| | | San Francisco, CA 94103 | |
| | PURPOSE OF EXPENDITURE | Traver in District | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Office held |
| | | | |

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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: 7/25 Rpt: 29/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 09/25/2024 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.58 | 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 share |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | the state of the s |
| _ | Date | Development |
| | | Payee name |
| | 09/25/2024 | 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 travel outside of Texas. Complete Schedule T. |
| | - | Check if Austin, TX, officeholder living expense ride share |
| | | Tide Strate |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| - | Data | |
| | Date | Payee name |
| | 09/24/2024 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$9.91 | 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 |
| | | Tide State |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
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| | | |

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

| | Candidate/Officeholder/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: 8/25 Rpt: 30/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 09/20/2024 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.86 | 1455 Market St #400 |
| | | San Francisco, CA 94103 |
| 8 | 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 |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 09/19/2024 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$14.46 | 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 |
| | | nac charc |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 09/11/2024 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$17.45 | 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 |
| | | Tide State |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

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 | l 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: 9/25 Rpt: 31/47 | Cole, Sheryl N. (The Honorable) 00081083 | |
| 4 | Date | 5 Payee name | |
| | 09/11/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$8.98 | 1455 Market St #400 | |
| | , , , , | | |
| | | San Francisco CA 04103 | |
| | | San Francisco, CA 94103 | |
| 8 | 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 | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | | |
| _ | | | _ |
| | Date | Payee name | |
| | 09/11/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$5.61 | 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. | |
| | ZA ZHOHOKZ | 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 | Payee name | |
| L | 09/11/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$5.61 | 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/OI | Candidate/Officeholder name Office sought Office held | |
| | | | |
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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/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: 10/25 Rpt: 32/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 09/11/2024 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5.00 | 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 |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | d |
| | Date | Payee name |
| | 09/10/2024 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8.57 | 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. |
| | EXI ENDITORE | 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 | U |
| | Date | Payee name |
| | 09/09/2024 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$16.59 | 1455 Market St #400 |
| | , | |
| | | San Francisco, CA 94103 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | ride share |
| | 0 1. 0 | |
| | 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 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 com | nple | ete this form. |
|---|----------------------------|--|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 11/25 Rpt: 33/47 | Cole, Sheryl N. (The Honorable) | | 00081083 |
| 4 | Date | 5 Payee name | | - |
| | 09/09/2024 | Uber | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | de | |
| | \$14.58 | 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 |
| | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office soug | jht | Office held |
| | expenditure to benefit C/O | 1 | | |
| | Date | Payee name | | |
| | 09/09/2024 | Uber | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | de | |
| | \$13.61 | 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 |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | jht | Office held |
| | expenditure to benefit C/O | 1 | | |
| | Date | Payee name | | |
| | 09/09/2024 | Uber | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | de | |
| | \$13.39 | 1455 Market St #400 | | |
| | | | | |
| | | San Francisco, CA 94103 | | |
| | PURPOSE | , | (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 |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | jht | Office held |
| | expenditure to benefit C/O | | | |
| | | | | |
| | | | | |
| | | | | |

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: 12/25 Rpt: 34/47 | |
| 4 | Date 54/47 | Cole, Sheryl N. (The Honorable) 00081083 5 Payee name |
| | 09/09/2024 | Uber |
| 6 | Amount (\$) \$13.10 | 7 Payee address; City; State; Zip Code 1455 Market St #400 |
| 8 | 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 |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 09/09/2024 | Payee name Uber |
| | Amount (\$) \$11.81 | 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 |
| | Date 09/09/2024 | Payee name Uber |
| | Amount (\$) \$10.21 | 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 |
| | | |

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 | i. |
|---|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 13/25 Rpt: 35/47 | Cole, Sheryl N. (The Honorable) | 00081083 |
| 4 | Date | 5 Payee name | |
| | 09/09/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$5.61 | 1455 Market St #400 | |
| | | | |
| | | San Francisco, CA 94103 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio | n |
| | OF EXPENDITURE | Travel In District | travel outside of Texas. Complete Schedule T. |
| | - | ☐ Check if. | Austin, TX, officeholder living expense |
| | | nuc shar | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | |
| _ | Date | Payee name | |
| | 09/09/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1.00 | 1455 Market St #400 | |
| | ¥-133 | | |
| | | San Francisco, CA 94103 | |
| _ | PURPOSE | | n |
| | OF | | ravel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if | Austin, TX, officeholder living expense |
| | | ride shar | е |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
| | · | <u> </u> | |
| | Date | Payee name | |
| | 09/06/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$14.99 | 1455 Market St #400 | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio | N travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Traver in District | Austin, TX, officeholder living expense |
| | | ride shar | е |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | н | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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: 14/25 Rpt: 36/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 09/06/2024 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$13.99 | 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. |
| | | Check if Austin, TX, officeholder living expense ride share |
| | | nuc situic |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| \vdash | Dato | Davies same |
| | Date | Payee name |
| | 09/06/2024 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.93 | 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 share |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 09/06/2024 | 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 travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense ride share |
| | | liue stiale |
| _ | 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 -

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 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: 15/25 Rpt: 37/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 09/05/2024 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$25.48 | 1455 Market St #400 |
| | | |
| | | San Francisco, CA 94103 |
| 8 | 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 |
| | | nuc situic |
| Ļ | Commiste ONII V if diseast | Condidate/Officeholder name |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | <u> </u> | |
| | Date | Payee name |
| | 09/05/2024 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.99 | 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 |
| | | nuc situic |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | • |
| L | | |
| | Date | Payee name |
| | 09/05/2024 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.47 | 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 |
| dash | Compilate Chill V ' ' | Condidate (Office helder name |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| ldash | | |
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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 con | nple | ete this form. |
|---|--|---|------|--|
| 1 | Total pages Schedule F1: Sch: 16/25 Rpt: 38/47 | 2 FILER NAME Cole, Sheryl N. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081083 |
| 4 | Date 09/04/2024 | 5 Payee name Uber | | • |
| 6 | Amount (\$) \$10.68 | 7 Payee address; City; State; Zip Coo 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 |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office soug | ght | Office held |
| | Date 09/04/2024 | Payee name Uber | | |
| | Amount (\$) \$10.17 | 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 souç | ght | Office held |
| | Date 09/04/2024 | Payee name Uber | | |
| | Amount (\$) \$5.61 | 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) 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 | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | 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 | i) | | | | |
| | Sch: 17/25 Rpt: 39/47 | Cole, Sheryl N. (The Honorable) 00081083 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| L | 09/04/2024 | Uber | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$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. | | | | | |
| | EXPENDITORE | 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 | | | | | |
| | experience to belieff C/Of | | | | | | |
| | Date | Payee name | | | | | |
| | 09/03/2024 | Uber | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$12.16 | 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 | | | | | |
| | | Tide Shale | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/O | | | | | | |
| - | Date | Payee name | _ | | | | |
| | 08/30/2024 | Payee name Uber | | | | | |
| | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$16.82 | 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 | | | | | |
| | | nuc share | | | | | |
| \vdash | 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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|-----------|
| 1 | Total pages Schedule F1: Sch: 18/25 Rpt: 40/47 | | n Filers) |
| 4 | Date 08/28/2024 | 5 Payee name Uber | |
| 6 | Amount (\$) \$16.32 | 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/Ol | Candidate/Officeholder name Office sought Office held OH | |
| | Date 08/28/2024 | Payee name Uber | |
| | Amount (\$) \$14.66 | 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 08/28/2024 | Payee name Uber | |
| | Amount (\$) \$13.23 | 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 OH | |
| | | | |

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: 19/25 Rpt: 41/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 08/28/2024 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.24 | 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 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| ⊨ | Data | |
| | Date | Payee name |
| L | 08/28/2024 | 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 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 | |
| ⊨ | D-4- | |
| | Date 08/26/2024 | Payee name |
| | | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.87 | 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 |
| | | Tiue State |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | |
| \vdash | | |
| 1 | | |
| l | | |

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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filer | s) |
| | Sch: 20/25 Rpt: 42/47 | Cole, Sheryl N. (The Honorable) 00081083 | |
| 4 | Date | 5 Payee name | |
| l | 08/26/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$9.63 | 1455 Market St #400 | |
| 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. Check if Austin, TX, officeholder living expense | |
| l | | ride share | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | H | |
| F | Date | Payee name | |
| | 08/26/2024 | Uber | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$9.17 | 1455 Market St #400 | |
| l | | | |
| | | San Francisco, CA 94103 | |
| Г | 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 | | Check if Austin, TX, officeholder living expense ride share | |
| | | ndo situro | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | H | |
| F | Date | Payee name | |
| l | 08/26/2024 | Uber | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$1.00 | 1455 Market St #400 | |
| l | | | |
| l | | San Francisco, CA 94103 | |
| Г | 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. | |
| | | Check if Austin, TX, officeholder living expense ride share | |
| | | Tide Stidie | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| | | | |
| | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

e Travel in Di e Travel Out o /Contract Labor OTHER (en

| | Credit Cara r dyment | The Instruction Guide explains how to complete this fo | orm. |
|---|----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 21/25 Rpt: 43/47 | Cole, Sheryl N. (The Honorable) | 00081083 |
| 4 | Date | 5 Payee name | |
| | 08/23/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$7.23 | 1455 Market St #400 | |
| | | | |
| | | San Francisco, CA 94103 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | otion |
| | OF EXPENDITURE | Haver in District | ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense |
| | | I I I I I I I I I I I I I I I I I I I | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | Н | |
| _ | Date | Payee name | |
| | 08/19/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$9.88 | 1455 Market St #400 | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | otion |
| | OF EXPENDITURE | Haverin District | ck if travel outside of Texas. Complete Schedule T. |
| | | I ☐ Check | ck if Austin, TX, officeholder living expense |
| | | 1.00 6. | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | Н | |
| | Date | Payee name | |
| | 08/19/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$9.67 | 1455 Market St #400 | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | otion |
| | OF EXPENDITURE | Travel In District | ck if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | │ │ │ Chec │ ride sh | ck if Austin, TX, officeholder living expense |
| | | l nue si | IGI C |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Cines noid |
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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 compl | ete this form. |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 22/25 Rpt: 44/47 | Cole, Sheryl N. (The Honorable) | 00081083 |
| 4 | Date | 5 Payee name | ' |
| | 08/19/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$5.61 | 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. |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | | ride share |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Office field |
| _ | <u> </u> | | |
| | Date | Payee name | |
| | 08/19/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1.00 | 1455 Market St #400 | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE OF | , | 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 | 1 | |
| | Date | Payee name | |
| | 08/16/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$16.27 | 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. |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | | ride share |
| L | Complete ONII V if direct | Candidate/Officeholder name | Office hald |
| | 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 -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: 23/25 Rpt: 45/47 | Cole, Sheryl N. (The Honorable) 00081083 |
| 4 | Date | 5 Payee name |
| | 08/16/2024 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.72 | 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 share |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | Date | Davida marra |
| | 08/15/2024 | Payee name |
| L | | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.40 | 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/OI | |
| ⊨ | Data | Para and a second |
| | Date 08/14/2024 | Payee name Uber |
| | | - 11 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$16.94 | 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 |
| | | Tiue State |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| | | |

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to con | - | te this form. |
|---|---|--|----------|--|
| 1 | Total pages Schedule F1: | • | - | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 24/25 Rpt: 46/47 | Cole, Sheryl N. (The Honorable) | 00081083 | |
| 4 | Date | 5 Payee name | | - |
| | 08/14/2024 | Uber | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Coo | de | |
| | \$13.99 | 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. |
| | | | | Check if Austin, TX, officeholder living expense |
| | | | | ride share |
| Ļ | Opening ONLY if allowed | Oscalidate (Office helder as as | | Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | gnt | Office held |
| _ | | | | |
| | Date | Payee name | | |
| | 08/14/2024 | Uber | | |
| | Amount (\$) | Payee address; City; State; Zip Coo | de | |
| | \$5.61 | 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. |
| | ZAI ZABITORZ | | | Check if Austin, TX, officeholder living expense |
| | | | | ride share |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office souc | ht | Office held |
| | expenditure to benefit C/OI | | JIIL | Office field |
| | | | | |
| | Date | Payee name | | |
| | 08/14/2024 | Uber | | |
| | Amount (\$) | Payee address; City; State; Zip Coo | de | |
| | \$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 travel outside of Texas. Complete Schedule T. |
| | | | | Check if Austin, TX, officeholder living expense |
| | | | | ride share |
| | Complete ONLY if direct | Condidate/Officeholder name | nh+ | Office hold |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | JIIL | Office held |
| | • | | | |
| | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee Legal | wards/Memorials Exp Services Instruction Guide | Sa | | ages/ | Contract Labor | | Travel Out of Di OTHER (enter a | strict a category not lis | ted above) |
|----------|--|----------|------------------------------|--|---------------------|---------------|-------|--------------------------------|-------|------------------------------------|------------------------------|------------------|
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Com | nmission Filers) |
| - | Sch: 25/25 Rpt: 47/47 | ı | Cole, Sheryl N. | The Honorah | le) | | | | | 00081083 | (| |
| Ļ | • | ┝ | | (The Honorau | ··· <i>)</i> | | | | | 20001003 | | |
| 4 | Date | ı | Payee name | | | | | | | | | |
| L | 07/15/2024 | L | Uber | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; Z | ip Cod | de | | | | | |
| | \$12.98 | | 1455 Market St | #400 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Francisco, | CA 94103 | | | | | | | | |
| 8 | PURPOSE | \vdash | | | | - 1, | (h) | Description | | | | |
| ľ | OF | | Category (See Cate | | op of this schedule | e) | (D) | Description Check if travel (| nutsi | de of Texas. Con | nnlete Schedule | Т |
| | EXPENDITURE | | Travel In District | | | | | | | officeholder living | | |
| | | | | | | | | ப ride share | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | andidate/Officeho | der name | Offic | e soug | ıht | | | Office h | eld | |
| | expenditure to benefit C/O | | a. alactor Officerio | | Oillo | .s soug | , | | | Omoc II | J. J | |
| \vdash | Data | _ | | | | | | | | | | |
| | Date | ı | Payee name | | | | | | | | | |
| | 08/13/2024 | | Yellow Bell Taco | OS | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; Z | ip Cod | de | | | | | |
| | \$744.72 | : | 3001 Industrial ⁻ | Terrace | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7875 | 8 | | | | | | | | |
| \vdash | PURPOSE | ├ | | | | <u>, I</u> | (h) | Description | | | | |
| | OF | | Category (See Cate | | op of this schedule | e) | (~) | _ · | outsi | de of Texas. Con | plete Schedule | т. |
| | EXPENDITURE | | Food/Beverage | -xhelise | | | | <u> </u> | | officeholder living | | |
| | | | | | | | | ப food for even | t | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | C | andidate/Officeho | der name | Offic | e soug | ht | | | Office h | eld | |
| | expenditure to benefit C/OI | | | | | 9 | | | | | | |
| ⊨ | Data | | Davisa na : | | | | | | | | | |
| | Date | ı | Payee name | | | | | | | | | |
| | 08/06/2024 | _ | Yellow Bell Taco | | | | | | | | | |
| | Amount (\$) | ı | Payee address; | City; | State; Z | ip Cod | de | | | | | |
| | \$465.45 | | 3001 Industrial ⁻ | Terrace | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7875 | 8 | | | | | | | | |
| | PURPOSE | (a) | Category (See Cate | egories listed at the to | on of this schedule | e) (| (b) | Description | | | | |
| | OF | | Food/Beverage | | o. ano ooneault | -' ' | | | outsi | de of Texas. Con | plete Schedule | т. |
| | EXPENDITURE | | | L. s. s. | | | | Check if Austin, | , TX, | officeholder living | g expense | |
| | | | | | | | | food for even | t | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeho | der name | Offic | e soug | ht | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
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