CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to con	plete this form.	1 Filer ID (Ethics Comm 00081083		2 Total pages file 2	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	The Honorable	Sheryl N.				
NAME		energi			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Cole				
			-) /	710 0005	Date Hand-delivered or	Data Destmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT/SUITE#; CI	ΙΥ;	ZIP CODE	Date Hand-delivered of	Date Postinarkeu
MAILING	P.O. Box 41				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78767				Data Durana d	
					Date Processed	
					D () ()	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER				IVII		
NAME	Rev.	Joseph C.				
	NICKNAME	LAST		SUFFIX		
		Parker		Jr.		
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	5918 Lookout Mountair					
ADDRESS						
(Residence or Business)						
	Austin, TX 78731					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER		ONE NOWBER	EXTENSION			
PHONE	(512) 323-6605					
8 REPORT TYPE	X January 15	D 20th day befor		Dunoff	1 15th day offer ear	anaian traasurar
	X January 15	30th day befor		Runoff	15th day after car appointment (offic	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit	4	
9 PERIOD	Month Day Yea	ır		Month Day	Year	
COVERED	10/27/2024		HROUGH	12/31/2024		
	10/21/2021			12,01,202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	" <u> </u>	Primary		Other	
	11/05/2024	" L'	liniary			
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Representative D	istrict 46		State Representa	ative District 46	
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versio	on V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 28

13 C / OH NAME	Cole, Sheryl N. (The	Honorable)	14 Filer ID (E 00081083	thics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t I officeholders are required to report this information	he candidate's or officeh	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	;)	\$ 35,404.84
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 1,322.24
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 8,319.79
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L/ RIOD	AST DAY OF THE	\$ 178,688.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hono	orable Sheryl N. Cole	
		Signature of	Candidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer a	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	V	ersion V4.1.0.5dd2ace2

S	UBT	OTALS - C/OH	C	OVER	FORM C/OH SHEET PG 3 3 of 28
	ER NAN le, She	/E ryl N. (The Honorable)	19 Filer ID 00081083	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SU	JBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	35,404.84
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 CONTRIBUTION	S	\$	8,319.79
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/9 Rpt: 4/28 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cole, Sheryl N. (The Honorable) 00081083 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/08/2024 Associated Builders & Contractors of TX PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78767 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/08/2024 \$1,000.00 Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/13/2024 Austin Police Association PAC \$750.00 Contributor address; City; State; Zip Code Austin, TX 78721 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2024 Balji, Rose Gul \$316.11 Contributor address; City; State; Zip Code Leander, TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/08/2024 \$200.00 Barbara, Coldiron Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/28	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Cole, Sheryl	l N. (The Honorable)				00081083	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/14/2024	Bearbacker PAC					\$2,500.00
		6 Contributor address; City; St	tate; Zip Code				
		Houston, TX 77056					
8	Principal occu	upation / Job title (See Instructions	;)	9 Employer (See Instructions	;)		
—	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/13/2024	Cain, Randy					\$150.00
		Contributor address; City; St			ł		•
		Austin, TX 78763					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/03/2024	Charter Schools Now PAC	C				\$1,000.00
		Contributor address; City; St	tate; Zip Code		1		
	<u> </u>	Austin, TX 78704	-	<u> </u>	Ļ		
	Principal occu	upation / Job title (See Instructions	;)	Employer (See Instructions	;)		
	Date	Full name of contributor	x out-of-state PAC (ID#:	 C00298752)	Γ	Amount of Contribution (\$)	
	11/08/2024	Chevron Employees PAC	;				\$500.00
		Contributor address; City; St	tate; Zip Code		1		
		San Ramon, CA 94583		-			
	Principal occu	upation / Job title (See Instructions	;)	Employer (See Instructions	;)		
_	Date	Full name of contributor	x out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	12/13/2024	Enterprise Holdings Inc. P					\$500.00
		Contributor address; City; St	tate; Zip Code		1		
		St. Louis, MO 63105					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/28	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		N. (The Honorable)				00081083	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor 🗌 out-of	f-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/14/2024	Foley & Lardner LLP Texas Camp					\$1,000.00
	1	6 Contributor address; City; State; Zip C	Code				
	I	1					
	I	1					
		Dallas, TX 75201					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor X out-of	f-state PAC (ID#: <u>C</u>	00266585)		Amount of Contribution (\$)	
	11/08/2024	Greenberg Traurig, P.A. PAC					\$750.00
	I	Contributor address; City; State; Zip C					
	I	1					
	I	1					
		Albany, NY 12207					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor 🛛 out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	10/30/2024	Gullickson, Douglas					\$50.00
	I	Contributor address; City; State; Zip C	Code				
	I	1					
	I						
		Austin, TX 78701	i		Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.)		
					_		
	Date		f-state PAC (ID#:)		Amount of Contribution (\$)	* 50.00
	11/30/2024		~ '				\$50.00
	I	Contributor address; City; State; Zip C	Code				
	I	1					
	I	Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	F			— F - 7 - X -	,		
╞	Date	Full name of contributor	f-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2024	HOMEPAC of Texas	1-State 1 / to (.2	,			\$250.00
	-	Contributor address; City; State; Zip C	nde				T
	I		2040				
	I						
	I	Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
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SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 4/9 Rpt: 7/28	
2 FILER NAME				Filer ID (Ethics Commissio	on Filers)
	N. (The Honorable)			00081083	5111 11013)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
12/03/2024	Holland and Knight Texas PAC				\$250.00
	6 Contributor address; City; State; Zip Code		·		
	Dallas, TX 75201				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/14/2024	Husch Blackwell LLP	,			\$1,000.00
	Contributor address; City; State; Zip Code		·		. ,
	Contributor address, City, State, Zip Code				
	St. Louis, MO 63105				
Dringing ago		Employer (Cap Instructions			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/14/2024	Jabour, David				\$526.63
	Contributor address; City; State; Zip Code		"		
	Austin, TX 78731				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/14/2024	Kickapoo Traditional Tribe of Texas				\$500.00
	Contributor address; City; State; Zip Code		·		
	Eagle Pass, TX 78852				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
i incipal occu			5)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/12/2024	Legacy 44				\$1,000.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78756				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/28	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		N. (The Honorable)				00081083	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/14/2024	Linebarger Goggan Blair & S	– Sampson, LLP				\$500.00
		6 Contributor address; City; State	e; Zip Code				
		Austin, TX 78750					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2024	Matz, Laura					\$526.63
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	T moipa coce				7		
-	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Mize, D. Anthony					\$263.47
		Contributor address; City; State	e; Zip Code				
		Dripping Springs, TX 78620					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
⊨					_		
	Date 12/05/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#200 00
	12/03/2024	Nalcaci, Ahmet	Zia Osala				\$200.00
		Contributor address; City; State	e; Zip Code				
		Round rock, TX 78665					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/14/2024	Oncor Texas State PAC	-				\$1,000.00
		Contributor address; City; State	e; Zip Code				
	Duin singly oppy	Dallas, TX 75202		Englisher (Cas Instructions	ŕ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/28	
2	FILER NAME		+	3	Filer ID (Ethics Commissio	on Filers)
-		N. (The Honorable)			00081083	, , ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	12/14/2024	Parker Thomas, Deborah				\$100.00
	I	6 Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78752				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	<u> </u>		L			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/14/2024	Philips Uresti Meachum Partners				\$500.00
	I	Contributor address; City; State; Zip Code				
		1				
		A				
<u> </u>	Drivel easy	Austin, TX 78711		ŕ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
-			<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*500.00
	12/13/2024	RECA Good Government PAC				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ل</u> ۱		
	-	,		,		
-	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/14/2024	Ryan Texas PAC				\$2,500.00
	I	Contributor address; City; State; Zip Code				
		1				
		1				
		Dallas, TX 75240]	L		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Salinas, Trey				\$1,052.95
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ເ)		
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<u> </u>						

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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/28	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
_		N. (The Honorable)				00081083	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Sampson Public Affairs, L					\$500.00
		6 Contributor address; City; St					
		Austin, TX 78701					
8	Principal occu	upation / Job title (See Instructions	3)	9 Employer (See Instructions	;)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2024	Tawney, Jakob					\$5.58
		Contributor address; City; St					
					ĺ		
	Duincipal and	Austin, TX 78705			Ĺ		
	Principal occu	upation / Job title (See Instructions	;)	Employer (See Instructions	,)		
_	Date	Full name of contributor	out-of-state PAC (ID#:_		F	Amount of Contribution (\$)	
	12/14/2024	Texas Beverage Alliance	—	/			\$1,000.00
		Contributor address; City; St					Ψ1,000.00
			ale, zip coue				
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
			!				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/08/2024	Texas Farm Bureau Agun					\$500.00
		Contributor address; City; St	state; Zip Code				
		Waco, TX 76702					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
		1			—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	+
	12/12/2024	Texas Land Title Associat					\$2,500.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	<u></u>	Employer (See Instructions	ل ۱		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/28	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Cole, Sheryl	N. (The Honorable)		00081083	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
12/14/2024	Texas Mortgage Bankers PAC			\$1,500.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2024	Texas Optometric PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
D in simelaseu	Austin, TX 78705		、	
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/03/2024	Texas Sands PAC			\$4,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2024	Texas Society of CPAs PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Addison, TX 75001			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			/	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/13/2024	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)	;)	

MONETA	RY POLITICAL CONTRIBUTION	NS	SCHEDULE A	.1
The Instructi	on Guide explains how to complete this for	rm.	1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/28	
2 FILER NAME Cole, Sheryl N.	. (The Honorable)		3 Filer ID (Ethics Commission Filer 00081083	ïs)
11/12/2024	Full name of contributor out-of-state PAC (ID#: Tower, Houston Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$26	63.47
8 Principal occupat	Austin, TX 78739 tion / Job title (See Instructions) 9	Employer (See Instructions)	ns)	
Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) 	00.00
Principal occupat	Austin, TX 78734 tion / Job title (See Instructions)	Employer (See Instructions)	ns)	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 1/16 Rpt: 13/28	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 12/13/2024	Payee name Christian Manuel Campaign						
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 3801 Turtle Creek Dr. Port Arthur, TX 77642						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/14/2024	DonateWay						
	Amount (\$) \$1,442.90	Payee address; City; State; Zip Code P.O. Box 301267						
	PURPOSE OF EXPENDITURE	Check if Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense I tion processing fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/03/2024	GoFundMe						
	Amount (\$) \$238.00	Payee address; City; State; Zip Code 8605 Santa Monica Blvd, #88639						
		West Hollywood, CA 90069						
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. IX, officeholder living expense commissioner Travillion's family cal expenses					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gitt/Awards/Memorials Imittee Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME	· · ·			Filer ID (Ethics Commission Filers)	
	Sch: 2/16 Rpt: 14/28		Cole, Sheryl N. (The Honor	able)				00081083
4	Date 10/28/2024		Payee name Huerta, Elias					
6	Amount (\$) \$300.00		Payee address; City; 2207 S. 5th St. #201 Austin, TX 78704	State	; Zip Co	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Consulting Expense	ne top of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	11/04/2024		Jersey Mike's Subs					
	Amount (\$) \$419.84		Payee address; City; 1000 E 41st St Suite 235 Austin, TX 78751	State;	; Zip Co	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Food/Beverage Expense	ne top of this sch	iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense tign workers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	11/12/2024		Mailchimp					
	Amount (\$) \$98.07		Payee address; City; 675 Ponce de Leon Ave NE		; Zip Co)	le		
			Atlanta, GA 30308		i			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Office Overhead/Rental Exp		iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office held
					_			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Rental Expense Trar Trav Trav Ontract Labor OTH	citation/Fundraising Expense nsportation Equipment & Related Expense vel in District vel Out of District HER (enter a category not listed above)			
1	Total pages Schedule F1:			3 File	er ID (Ethics Commission Filers)			
4	Sch: 3/16 Rpt: 15/28	cole, Sheryl N. (The Honorable)			081083			
4	Date 12/09/2024	ayee name Iailchimp						
6	Amount (\$)	-	State; Zip Code					
0	\$98.07	75 Ponce de Leon Ave NE, Ste. tlanta, GA 30308	<i>i</i> 1					
8	PURPOSE	ategory (a. a. t. t. t. t. t. t. t.	ин н н н (b) г	Description				
0	OF	ategory (See Categories listed at the top of office Overhead/Rental Expense			Texas. Complete Schedule T. eholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held			
	Date	ayee name						
	11/18/2024	AACP Austin						
	Amount (\$)	ayee address; City;	State; Zip Code					
	\$750.00	050 E 11th Street #120 ustin, TX 78702						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of contributions/Donations Made By candidate/Officeholder/Political C	committee	Check if travel outside of Check if Austin, TX, office Chaction	Texas. Complete Schedule T. eholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held			
	Date	ayee name						
	11/13/2024	aylor, Mike						
	Amount (\$) \$200.00	ayee address; City; 3600 Glen Mark Dr	State; Zip Code					
		ustin, TX 78653						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of alaries/Wages/Contract Labor		Description Check if travel outside of Check if Austin, TX, office Galary supplement	Texas. Complete Schedule T. eholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 4/16 Rpt: 16/28	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 11/29/2024	Payee name Progress Texas						
6	Amount (\$) \$259.00	Payee address; City; State; Zip Code PO Box 132162 Dallas, TX 75313						
8	PURPOSE OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held					
	Date 10/31/2024	^P ayee name Salinas, Jake						
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1200 W.40th St. #131 Austin, TX 78756						
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense supplement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/29/2024	Salinas, Jake						
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1200 W.40th St. #131						
		Austin, TX 78756						
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense supplement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Imittee Legal Services The Instruction G	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_						inpiete this form.	1_	
1	Total pages Schedule F1: Sch: 5/16 Rpt: 17/28		FILER NAME Cole, Sheryl N. (The Honoi	able)			3	Filer ID (Ethics Commission Filers) 00081083
4	Date	5	Payee name					
	12/31/2024		Salinas, Jake					
6	Amount (\$)							
	\$200.00		1200 W.40th St. #131					
			Austin, TX 78756					
8	PURPOSE	(a)	Category (See Categories listed at	he top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract L	abor				side of Texas. Complete Schedule T.
						Salary supple		c, officeholder living expense
						Salary Suppl	enne	ent
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ght		Office held
	Date		Payee name					
	11/15/2024		Susan Harry Consulting					
_	Amount (\$)		Payee address; City;	State	Zip Coo	le		
	\$521.32		PO Box 301074	State,	, 210 000			
			Austin, TX 78703					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at 1 Consulting Expense	he top of this sch	edule)		ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense Insulting
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ght		Office held
	Date		Payee name					
	12/04/2024		Texas House Democratic C	Caucus				
-	Amount (\$)	⊢	Payee address; City;	State	Zip Coo	de		
	\$1,500.00		PO Box 12453	,	,p			
			Austin, TX 78711					
	PURPOSE		Category (See Categories listed at		edule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Ma Candidate/Officeholder/Pol		iittee			side of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office soug	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 6/16 Rpt: 18/28	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 10/30/2024	Payee name Uber						
6	Amount (\$) \$14.87	Payee address; City; State; Zip Code 1455 Market St #400						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/31/2024	Uber						
	Amount (\$) \$12.43	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	uutside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/31/2024	Uber						
	Amount (\$) \$1.00	Payee address;City;State;Zip Code1455 Market St #400						
		San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Lat	ense bor		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	3	Filer ID (Ethics Commission Filers)	-	
	Sch: 7/16 Rpt: 19/28		Cole, Sheryl N. (The Honorable)					00081083		
4	Date	5	Payee name							
	11/01/2024		Uber							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$10.39		1455 Market St #400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description	on			-	
	OF		Travel In District	liouulo)			utsid	le of Texas. Complete Schedule T.		
	EXPENDITURE						TX, d	officeholder living expense		
					ride sha	are fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held		
	Date		Payee name							
	11/04/2024		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	ode				-	
	\$13.15		1455 Market St #400	· •						
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sci	hedule)	(b) Description					
	EXPENDITURE		Travel In District					le of Texas. Complete Schedule T. officeholder living expense		
					ride sha		17, 0	onceriouer iving expense		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office held	_	
	expenditure to benefit C/OF				igin					
_	Data		D						_	
	Date 11/04/2024		Payee name Uber							
				7:0 00					_	
	Amount (\$)			e; Zip Co	bde					
	\$11.36		1455 Market St #400							
			San Francisco, CA 94103		-					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description					
	OF EXPENDITURE		Travel In District					le of Texas. Complete Schedule T.		
							TX, (officeholder living expense		
					ride sha	ue 186				
					l					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til - Gift/Awards/Memorials Expense Printing Expense Til			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 FI		·			3	Filer ID (Ethics Commission Filers)	
1	Sch: 8/16 Rpt: 20/28		ble, Sheryl N. (The Honorable)					00081083	
4	Date 11/04/2024		Payee name Uber						
6	Amount (\$) \$1.00	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 Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense ride share fee				•					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Offices	sough	t		Office held	
	Date	Pa	iyee name						
	11/06/2024	U	ber						
	Amount (\$) \$16.44	14	yee address; City; 155 Market St #400	State; Zip	Code				
	PURPOSE OF EXPENDITURE	(a) Cá	an Francisco, CA 94103 ategory (See Categories listed at the top of avel In District	this schedule)	(b		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Offices	sough	t		Office held	
	Date	Pa	iyee name						
	11/06/2024		ber						
	Amount (\$) \$1.00		yee address; City; 155 Market St #400	State; Zip	Code				
		Sa	an Francisco, CA 94103		ī				
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of avel In District	this schedule)	(b		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Offices	sough	t		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	verhea xpense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 9/16 Rpt: 21/28		Cole, Sheryl N. (The Honorable)					00081083	
4	Date	5	Payee name						
	11/07/2024		Uber						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$9.88		1455 Market St #400						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description			
	OF		Travel In District	,onoucley		· ·	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					—		, officeholder living expense	
						ride share fee	е		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	
	Date		Payee name						
	11/12/2024		Uber						
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode				
	\$16.04		1455 Market St #400	<i>,</i>					
	\$1010 T								
			San Francisco, CA 94103						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense	
						ride share fee		, uncertoider inning expense	
						nue snare rec			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	lught			Office held	
	expenditure to benefit C/OF			Office Sol	agin				
-	Date		Payee name						
	11/12/2024		Uber						
				te; Zip C	odo				
	Amount (\$) \$1.00			ie, zip C	oue				
	Φ1.00		1455 Market St #400						
			San Francisco, CA 94103		-				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.	
						ride share fee		, officeholder living expense	
							Ū		
L	Complete ONIL V if direct	Ļ	Condidate/Officeholder parts	Office				Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugnt			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex ittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 F		-		-	3	Filer ID (Ethics Commission Filers)	
-	Sch: 10/16 Rpt: 22/28		Cole, Sheryl N. (The Honorab	ole)				00081083	
4	Date	5 F	ayee name						
	11/13/2024		Uber						
6	Amount (\$) \$14.04	1	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103						
8	PURPOSE	(a) (atenory (or or or the state of			(b) Description			
Ū	OF		ategory (See Categories listed at the l ravel In District	top of this sch	edule)	Check if travel	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	Jht		Office held	
	Date	F	ayee name						
	11/15/2024	ι	lber						
	Amount (\$)	F	ayee address; City;	State;	; Zip Co	le			
	\$3.00		455 Market St #400 Gan Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the l ravel In District	top of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	Iht		Office held	
	Date	F	ayee name						
	11/18/2024		lber						
	Amount (\$) \$7.36		ayee address; City; 455 Market St #400	State;	; Zip Coo	le			
		5	an Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the f ravel In District	top of this sch	edule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 11/16 Rpt: 23/28	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 11/21/2024	Payee name Uber						
6	Amount (\$) \$19.10	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/21/2024	Uber						
	Amount (\$) \$16.43	Payee address; City; State; Zip Code 1455 Market St #400						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/21/2024	Uber						
<u> </u>	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market St #400						
		San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/ Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/C The Instruction Guide explains how to complete	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 12/16 Rpt: 24/28	Cole, Sheryl N. (The Honorable)	00081083					
4	Date 11/25/2024	Payee name Uber						
6	Amount (\$) \$15.95	 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 						
8	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ide share fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/25/2024	Jber						
	Amount (\$) \$9.47	Payee address; City; State; Zip Code 455 Market St #400 San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	ravel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ide share fee					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	ayee name						
	11/25/2024	Jber						
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 455 Market St #400						
		San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	ravel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ide share fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 13/16 Rpt: 25/28	Cole, Sheryl N. (The Honorable)	00081083			
4	Date	Payee name				
	12/03/2024	Uber				
6	Amount (\$) \$8.94	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103				
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/03/2024	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.00	1455 Market St #400 San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense C			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held						
	Date	Payee name				
	12/04/2024	Uber				
	Amount (\$) \$18.41	Payee address;City;State;Zip Code1455 Market St #400				
		San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 14/16 Rpt: 26/28	Cole, Sheryl N. (The Honorable)	00081083			
4	Date	Payee name				
	12/04/2024	Uber				
6	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103				
8	PURPOSE	b) 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 fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/05/2024	Uber				
	Amount (\$) Payee address; City; State; Zip Code					
	\$19.98	1455 Market St #400 San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name				
	12/09/2024	Uber				
	Amount (\$) \$3.00	Payee address;City;State;Zip Code1455 Market St #400				
		San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment		Event Expense Lo Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER	NAME	-			3	Filer ID	(Ethics Commission Filers)
	Sch: 15/16 Rpt: 27/28		Sheryl N. (The Honorab	le)				00081083	
4	Date 12/10/2024	Payee Uber	name						
6	Amount (\$) \$12.95	1455	address; City; Market St #400 Francisco, CA 94103	State; Z	ip Code				
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share fee 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	Offic	ce sough	:		Office he	ld
	Date	Payee	name						
	12/19/2024	Uber							
	Amount (\$) \$1.00	1455	address; City; Market St #400 Francisco, CA 94103	State; Z	ip Code				
	PURPOSE OF EXPENDITURE	a) Categ	Ory (See Categories listed at the tr I In District	op of this schedul	_{e)} (b		n, TX,	ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	Offic	ce sough	:		Office he	ld
	Date	Payee	name	-					
	12/20/2024	Uber							
	Amount (\$) \$15.97	-	address; City; Market St #400	State; Z	ip Code				
		San F	Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the te I In District	op of this schedul	_{e)} (b		n, TX,	ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	Offic	ce sough	:		Office he	ld

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
-	Sch: 16/16 Rpt: 28/28	Cole, Sheryl N. (The Honorable)	00081083		
4	Date 12/23/2024	5 Payee name Uber			
6	Amount (\$) \$15.96	 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 fee 			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	12/23/2024	Uber			
	Amount (\$) \$15.23	Payee address; City; State; Zip Code 1455 Market St #400			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name			
	12/23/2024	Uber			
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 1455 Market St #400			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		