CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commi 00081083		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Sheryl N.			Date Received	
INAME					ELECTRONICA	I I V EII ED
						LLT FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Cole				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 41					_
ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78767				Date Processed	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Rev.	Joseph C.				
INAME		·				
	NICKNAME	LAST		SUFFIX		
		Parker		Jr.		
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP [.]	T / SUITE #; CITY;	STA	ΓΕ; ZIP CODE
TREASURER	5918 Lookout Mountair					,
ADDRESS						
(Residence or Business)	Austin, TX 78731					
	rasun, rx rorox					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(512) 323-6605					
8 REPORT			_		-	
TYPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Attac	
			ш	reporting limit	_ ` `	•
9 PERIOD	Month Day Yea	 ar		Month Day	Year	
COVERED	01/01/2025	TH	HROUGH	06/30/202	.5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ar X Pi	rimary	Runoff	Other	
	03/03/2026	 G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
II OFFICE	State Representative D	istrict 46		State Represent		
		 =	-0 D: 0= 5			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 55

13 C / OH NAME	Cole, Sheryl N. (The	Honorable)		14 Filer ID 00081083	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus s may have been made without equired to report this information	the candidate's or offic	ceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИЕ			
	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		s, \$	0.00
		CAL CONTRIBUTIO PLEDGES, LOANS,	NS , OR GUARANTEES OF LOANS	5)	\$	8,483.47
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	3,604.53
	4. TOTAL POLITIC	CAL EXPENDITURE	ES .		\$	26,266.90
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	161,009.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Hen	arable Chand N. Co	al a	
				orable Sheryl N. Co		
AFFIX NO	TARY STAMP / SEAL AB	OVE	o g			
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	s my hand and seal of office.			
Signature of office	cer administering	Printed name	of officer administering	Title of offic	er administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

18 FILER NAME Cole, Sheryl N. (The Honorable) 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 19 Filer ID 00081083 SUBTOTAL AMOUNT \$ 8,44	ŕ
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUN	
NAME OF SCHEDULE SUBTOTAL AMOUN	
	483.47
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 8,4	483.47
	_
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 \$ 26,2	266.90
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
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 CONTRIBUTIONS \$	
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 1.	142.16

	MONET	ARY POLITICAL CONTRIBUTIO		E A1		
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/55		
2	FILER NAME Cole. Shervl	N. (The Honorable)	3	Filer ID (Ethics Commission 00081083	on Filers)	
4	Date 06/30/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$500.00	
		Fort Worth, TX 76161				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Brooks, Jeri Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$368.74	
	Principal occu	Houston, TX 77098 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Capital Leadership Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Deire die et e e e	Austin, TX 78701	Faralassa (Osas Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Casey, Daniel Contributor address; City; State; Zip Code Austin, TX 78723			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ HOLLAND, LEON & Peggy Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$52.95
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/55				
2	FILER NAME Cole, Sheryl	N. (The Honorable)		3	Filer ID (Ethics Commission 00081083	n Filers)		
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#:_ MAIER, RICHARD 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$526.63			
8	Dringing occ	AUSTIN, TX 78751 upation / Job title (See Instructions)	Employer (See Instructions	_				
8	Principal occu	pation 7 Job title (See Instructions)	9 Employer (See Instructions	<i>)</i>				
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
_	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	 ;)				
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Richie, Carl Contributor address; City; State; Zip Code Windcrest, TX 78239			Amount of Contribution (\$)	\$500.00		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)				
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Swenson, Karen Contributor address; City; State; Zip Code Austin, TX 78723			Amount of Contribution (\$)	\$131.89		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/23/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Thrall, TX 76578 upation / Job title (See Instructions)	Employer (See Instructions	;)				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/55		
2	FILER NAME Cole, Sheryl	N. (The Honorable)	3	Filer ID (Ethics Commission 00081083	on Filers)	
4	Date 06/23/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$2,500.00	
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Tower, John Houston Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$526.63
	Dringing Lagge	Austin, TX 78739	Employer (Coo Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Walker, Nathaniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$526.63
		Austin, TX 78752				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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		mmittee	Legal Services	Salaries	/Wage	es/Contract Labor		OTHER (enter a	category not listed above)	
		_			de explains how to o	ompi	iete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers))
	Sch: 1/47 Rpt: 7/55		Cole, Shery	l N. (The Honora	ıble)				00081083		
4	Date	5	Payee name								
	02/13/2025		AUSTIN NA	ACP							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	Code					
	\$1,000.00		1050 E 11th	Street #120							
			Austin, TX 7	'8702							
8	PURPOSE	(a)		e Categories listed at the	a tan of this sahadula)	(b)) Description				
	OF	``		s/Donations Ma		'		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Polit			Check if Austin	, TX,	officeholder living	g expense	
							Donation				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught	i		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								_
	06/09/2025		Amazon								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	Code					
	\$24.59		410 Terry A	venue North							
			•								
			Seattle, WA	98109							
	DUDDOCE	(-)				//->	.				
	PURPOSE OF	(a)		e Categories listed at the		(0)	Description Check if travel	outei	de of Teyas Com	plete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Exp	ense		=		officeholder living		
							office supplie				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								_
	05/27/2025		Amazon								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	aho'					
	\$15.63		410 Terry A	-	State, Zip C	Joue					
	Ψ13.03		410 Telly A	venue month							
			0	00400							
			Seattle, WA	98109		,					
	PURPOSE OF	(a)		e Categories listed at the		(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Exp	ense				officeholder living	plete Schedule T.	
							office supplie		onicendider living	g expense	
							SSo Supplie	_			
\vdash	Complete ONLY if direct	Щ	Candidate/Offic	ceholder name	Office so	Juaht	•		Office he	eld	
	expenditure to benefit C/O		Janarauco/OIII	STORES HAITE	Office 30	. agrit	•		Office III		
_											

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:			ı	Filer ID	(Ethics Commission Filers)	
	Sch: 2/47 Rpt: 8/55	Cole, Sheryl N. (The Honorable)			00081083		
4	Date	5 Payee name					
	05/27/2025	Amazon					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$15.63	410 Terry Avenue North					
		Seattle, WA 98109					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				plete Schedule T.	
			office supplie		officeholder living) expense	
			omeo cappilo	.0			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	_
	expenditure to benefit C/O				000 1		
_	Date	Payee name					_
	04/28/2025	Amazon					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$25.97	410 Terry Avenue North					
	Ψ23.31	410 Telly Avelue North					
		Spottle WA 09100					
		Seattle, WA 98109					_
	PURPOSE OF	, (Description Check if travel	outeir	de of Teyas Com	plete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense	ш		officeholder living		
			office supplie	es			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/O	1					
	Date	Payee name					_
	04/28/2025	Amazon					
	Amount (\$)	Payee address; City; State; Zip Code					_
	\$50.66	410 Terry Avenue North					
		Seattle, WA 98109					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				_
	OF EXPENDITURE	Office Overhead/Rental Expense	:	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		_		officeholder living	g expense	
			office supplie	es			
	Operation ONE VIII I	Our distance 100% calculate many			055	-1.4	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office he	eia	
							_

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

Credit Card F dyment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/47 Rpt: 9/55	Cole, Sheryl N. (The Honorable)	00081083
4 Date	5 Payee name	-
01/27/2025	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$27.31	410 Terry Avenue North	
	Seattle, WA 98109	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EVENINE UPF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held
Date	Payee name	
01/23/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip C	ode
\$168.20	410 Terry Avenue North	
	Seattle, WA 98109	
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 Office Supplies
		omoc supplies
Complete ONLY if direct	Candidate/Officeholder name Office so	I ught Office held
expenditure to benefit C/O		Since Hold
Date	Payee name	
05/16/2025	Payee name Bennett, Barkley	
	,	
Amount (\$) \$250.00	Payee address; City; State; Zip City; St	oue
\$250.00	301 West Ave. Offit 3401	
	A	
	Austin, TX 78701	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bonus
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	Ч	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u>_</u>	Tatal name C	
1	Total pages Schedule F1:	
	Sch: 4/47 Rpt: 10/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	06/30/2025	Black Austin Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.00	PO BOX 170007
		Austin, TX 78717
بـ	DUDDOGE	
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
		Candidate/Officerioider/Political Committee Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
	Date	Payee name
L	06/30/2025	Black Austin Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	PO BOX 170007
		Austin, TX 78717
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
	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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Date	Payao namo
	03/11/2025	Payee name Black Austin Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO BOX 170007
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITURE	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of Distr Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a c Credit Card Payment The Instruction Guide explains how to complete this form.	ict ategory not listed above)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 5/47 Rpt: 11/55 Cole, Sheryl N. (The Honorable) 00081083	
4 Date 5 Payee name	
06/26/2025 Brigid Shea Campain	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$500.00 PO Box 5674	
Austin, TX 78763	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Contributions/Donations Made By Check if travel outside of Texas. Compl	ete Schedule T.
Candidate/Officeholder/Political Committee Check if Austin, 1X, officeholder living 6	expense
Contribution	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office hele expenditure to benefit C/OH	d
Date Payee name	
01/21/2025 CFC Consulting	
Amount (\$) Payee address; City; State; Zip Code	
\$250.00 PO Box 301074	
Austin, TX 78703	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Consulting Expense Consulting Expense	
Check if Austin, TX, officeholder living e	expense
Compliance consulting	
Complete ONLY if direct Candidate/Officeholder name Office sought Office hel	d
expenditure to benefit C/OH	u
Date Payee name	
01/28/2025 Democratic Legislative Study Group	
l a (a)	
Amount (\$) Payee address; City; State; Zip Code	
Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Box 2910	
\$1,000.00 PO Box 2910 Austin, TX 78768 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
\$1,000.00 PO Box 2910 Austin, TX 78768 PURPOSE OF Contributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	
\$1,000.00 PO Box 2910 Austin, TX 78768 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Condidate/Officeholder/Political Committee	
\$1,000.00 PO Box 2910 Austin, TX 78768 PURPOSE OF Contributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	
\$1,000.00 PO Box 2910 Austin, TX 78768 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Dues (b) Description Check if travel outside of Texas. Complete Condidate Check if Austin, TX, officeholder living of Dues	expense
\$1,000.00 PO Box 2910 Austin, TX 78768 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Condidate/Officeholder/Political Committee	expense
\$1,000.00 PO Box 2910 Austin, TX 78768 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living of Dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held	expense
\$1,000.00 PO Box 2910 Austin, TX 78768 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living of Dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held	expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Lenal 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: 6/47 Rpt: 12/55	Cole, Sheryl N. (The Honorable) 00081083	
4	Date	5 Payee name	
	01/16/2025	Greater Austin Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.34	535 E 5th St.	
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense meeting expense	
		meeting expense	
Ļ	Computate ONLY if diseast	Condidate/Office holder name Office country	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	· 		_
	Date	Payee name	
	03/20/2025	Greater Austin Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$590.00	535 E 5th St.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Membership dues	
		Wethbership dues	
_	Opening the ONII Wife discort	One district Office health	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	04/28/2025	H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$275.11	5808 Burnet Rd	
		Austin, TX 78756	
	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	
		office supplies	
	0 1. 5		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Superiorder to belieff 0/01	·	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
┢	Total name - Oak - L. L. Et		_		
	Total pages Schedule F1: Sch: 7/47 Rpt: 13/55	2 FILER NAME Cole, Sheryl N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081083			
4	Date	5 Payee name			
	03/03/2025	Ivy Rose Pearl Community Advancement Foundation			
6	Amount (\$) \$295.28	7 Payee address; City; State; Zip Code P.O. Box 1789			
		San Marcos, TX 78667			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		Donation			
L					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	03/04/2025	LGBTQ Caucus			
	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$800.00	PO Box 2910			
	φου.υυ	1 O DOX 2010			
		Austin, TX 78768			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.			
	-	Candidate/Officeholder/Political Committee			
		Dues			
L			_		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	06/16/2025	LinkedIn			
	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$71.42	315 Montgomery St, 13th Fl			
	Φ11.42	oto monigoriery or, tour i			
		San Francisco, CA 94104			
	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.			
	LAI LIDITORL	Check if Austin, TX, officeholder living expense			
		Officeholder subscription			
L					
	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)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 8/47 Rpt: 14/55	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
	05/14/2025	LinkedIn				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$64.94	315 Montgomery St, 13th Fl				
		San Francisco, CA 94104				
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 Officeholder subscription				
		Officeriolder Subscription				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
⊨	Data					
	Date	Payee name				
L	04/14/2025	LinkedIn				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$71.42	315 Montgomery St, 13th Fl				
		San Francisco, CA 94104				
	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 Officeholder subscription				
		Officeriolder Subscription				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
H	Data	David and the second se				
	Date 03/14/2025	Payee name LinkedIn				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$64.94	315 Montgomery St, 13th Fl				
		San Francisco, CA 94104				
	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 Officeholder subscription				
		Officeriolder Subscription				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
\vdash						
1						
l						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 9/47 Rpt: 15/55	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
	02/14/2025	LinkedIn				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$64.94	315 Montgomery St, 13th Fl				
		San Francisco, CA 94104				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Officeholder subscription				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
_	Date	Payee name				
	01/14/2025	LinkedIn				
	Amount (\$)	Payee address; City; State; Zip Code				
	` '					
	\$64.94 315 Montgomery St, 13th Fl					
	San Francisco, CA 94104					
	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 Officeholder subscription				
		Officeriolder Subscription				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	y				
_	Data					
	Date	Payee name				
	05/27/2025	Links				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$663.00	300 S. Belmont Street				
		Saginaw, TX 76179				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		Bollation				
	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 Commi

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 10/47 Rpt: 16/55	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
	06/09/2025	Mailchimp				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$98.07	675 Ponce de Leon Ave NE Suite 5000				
		Atlanta, GA 30308				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Email distribution				
		Email distribution				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
\vdash	Date	Daysa nama				
	05/09/2025	Payee name Mailahimp				
		Mailchimp				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$98.07	675 Ponce de Leon Ave NE Suite 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.				
		Check if Austin, TX, officeholder living expense Email distribution				
		Email distribution				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data					
	Date 04/09/2025	Payee name				
		Mailchimp				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$98.07	675 Ponce de Leon Ave NE Suite 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.				
		Check if Austin, TX, officeholder living expense				
		Email distribution				
	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 Comi

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: 11/47 Rpt: 17/55	Cole, Sheryl N. (The Honorable) 00081083			
4	Date	5 Payee name			
	03/10/2025	Mailchimp			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$98.07	675 Ponce de Leon Ave NE Suite 5000			
		Atlanta, GA 30308			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Email distribution			
		Email distribution			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
\vdash	Date	Payee name			
	02/10/2025	Mailchimp			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$98.07	675 Ponce de Leon Ave NE Suite 5000			
	φ90.07	073 Police de Leon Ave INE Suite 3000			
		Atlanta, GA 30308			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Email distribution			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI				
_	Date	Payee name			
	01/09/2025	Mailchimp			
		Payee address; City; State; Zip Code			
	Amount (\$) \$98.07	675 Ponce de Leon Ave NE Suite 5000			
	Φ90.07	675 Police de Leon Ave NE Suite 5000			
		Atlanta, GA 30308			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Email distribution			
\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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 12/47 Rpt: 18/55	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
	06/02/2025	Paylor, Michael				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,000.00	13600 Glen Mark Dr				
		Austin, TX 78653				
8	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. Check if Austin, TX, officeholder living expense				
		Bonus				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
F	Date	Payee name				
	06/24/2025	Planned Parenthood				
Г	Amount (\$)	Payee address; City; State; Zip Code				
	\$258.32	PO Box 97166				
		Washington, DC 20090				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation				
		Domailon .				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
F	Date	Payee name				
	06/03/2025	Salinas, Jake				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	1200 W.40th St. #131				
		Austin, TX 78756				
Г	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.				
		Check if Austin, TX, officeholder living expense Bonus				
		Bonus				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
ı						

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 complet	te this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 13/47 Rpt: 19/55	Cole, Sheryl N. (The Honorable)	00081083			
4	Date	5 Payee name				
	06/30/2025	Salinas, Jake				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$700.00	1200 W.40th St. #131				
		Austin, TX 78756				
8	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.			
	LXI LINDITORE		Color of Austin, TX, officeholder living expense			
			Salary supplement			
_	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held			
9	Complete ONLY if direct expenditure to benefit C/OH		Office field			
_						
	Date	Payee name				
	05/30/2025	Salinas, Jake				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$700.00	1200 W.40th St. #131				
		Austin, TX 78756				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) I	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.			
			Check if Austin, TX, officeholder living expense Salary supplement			
			outery supplement			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI					
_	Date	Payee name				
	04/30/2025	Salinas, Jake				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$700.00	1200 W.40th St. #131				
	Ψ100.00	1200 W.40til St. #151				
		Austin TV 70756				
		Austin, TX 78756				
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel outside of Taxes, Complete Schedule T			
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			Salary supplement			
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					
	expenditure to benefit C/Or	•				
	expenditure to benefit C/Or	•				
	expenditure to benefit C/Or					

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

	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: 14/47 Rpt: 20/55	Cole, Sheryl N. (The Honorable) 00081083			
4	Date	5 Payee name			
	03/31/2025	Salinas, Jake			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$700.00	1200 W.40th St. #131			
		Austin, TX 78756			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Salary supplement			
		Calaly Supplement			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/O				
\vdash	Date	Davies same			
		Payee name			
	03/03/2025	Salinas, Jake			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$700.00	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 Austin, TX, officeholder living expense Salary supplement			
		Salary supplement			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	01/31/2025	Salinas, Jake			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$700.00	1200 W.40th St. #131			
		Austin, TX 78756			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Salary supplement			
		Salary supplement			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

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

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	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 15/47 Rpt: 21/55	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
	05/16/2025	Steave, Jadyn				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$250.00	4772 E. Yaer Lane #12206				
		Manor, TX 78653				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor				
		Bonus				
		Donus				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
	Date	Payee name				
	04/30/2025	Texas HBCU Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	PO Box 2910				
		Austin, TX 78768				
	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. Check if Austin TX officeholder living eveness.				
		Candidate/Officeholder/Political Committee				
		Dues				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/O	S				
	Date	Payee name				
	01/27/2025	Texas Legislative Black Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	PO Box 2910				
		Austin, TX 78768				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		Dues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
	5.45.1.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Il 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: 16/47 Rpt: 22/55	Cole, Sheryl N. (The Honorable) 00081083			
4	Date	5 Payee name			
	02/10/2025	Travis County Democratic Party			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,500.00	1311 E 6th St. #B			
		Austin, TX 78702			
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. Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		Contribution			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	5 .				
	Date	Payee name			
	03/14/2025	Travis County Democratic Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,500.00	1311 E 6th St. #B			
		Austin, TX 78702			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		Contribution			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Data				
	Date 06/20/2025	Payee name USPS			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$188.00	3507 N Lamar Blvd.			
		Austin, TX 78705			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense post office box renewal			
		post office box reflewar			
_	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Travel

Wages/Contract Labor OTHEF

	Candidate/Officeholder/Politica Credit Card Payment	-	Services Instruction Guide explai		es/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 17/47 Rpt: 23/55	Cole, Sheryl N.	(The Honorable)				00081083	
4	Date	5 Payee name						
	06/26/2025	Uber						
6	Amount (\$) \$18.98	7 Payee address; 1725 3rd St.		ate; Zip Code				
		San Francisco,	CA 94158					
8	PURPOSE OF EXPENDITURE	(a) Category (See Cat Travel In Distric	egories listed at the top of this	schedule) (b			ide of Texas. Com , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeho	lder name	Office sough	t		Office he	eld
	Date	Payee name						
	06/25/2025	Uber						
	Amount (\$)	Payee address;	City; Sta	ate; Zip Code				
	\$11.91	1725 3rd St.						
		San Francisco,	CA 94158					
	PURPOSE OF EXPENDITURE	(a) Category (See Cat Travel In Distric	egories listed at the top of this	schedule) (b	ш		ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeho	lder name	Office sough	t		Office he	eld
	Date	Payee name						
	06/20/2025	Uber						
	Amount (\$) \$10.92	Payee address; 1725 3rd St.	City; Sta	ate; Zip Code				
		San Francisco,	CA 94158					
	PURPOSE OF EXPENDITURE	(a) Category (See Cal Travel In Distric	egories listed at the top of this	schedule) (b			ide of Texas. Com , officeholder living	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

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 comp	lete this form.			
1	Total pages Schedule F1: Sch: 18/47 Rpt: 24/55	FILER NAME Cole, Sheryl N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081083			
4	Date 06/20/2025	5 Payee name Uber	00001003			
6	Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 1725 3rd St. San Francisco, CA 94158				
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held			
	Date 06/20/2025	Payee name Uber				
	Amount (\$) \$8.92	Payee address; City; State; Zip Code 1725 3rd St. San Francisco, CA 94158				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held			
	Date 06/18/2025	Payee name Uber				
	Amount (\$) \$13.97	Payee address; City; State; Zip Code 1725 3rd St.				
		San Francisco, CA 94158				
	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 sough	t Office held			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Gard i dyment	The Instruction Guide explains how to com	nplet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/47 Rpt: 25/55	Cole, Sheryl N. (The Honorable)		00081083
4	Date	5 Payee name		·
	06/17/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$1.00	1725 3rd St.		
		San Francisco, CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense ride share
				nde share
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ıht	Office held
	expenditure to benefit C/OI		,	
-	Date	Payee name		
	06/13/2025	Uber		
_	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$8.88	1725 3rd St.		
		San Francisco, CA 94158		
	PURPOSE		(b)	Description
	OF	Travel In District	, ,]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ī	Check if Austin, TX, officeholder living expense
			I	ride share
	0 1: 01:17.7.1.			05.111
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Int	Office held
	Date	Payee name		
	06/12/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$1.00	1725 3rd St.		
		San Francisco, CA 94158		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Travel In District	I I	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 sough	ht	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 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	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/47 Rpt: 26/55	Cole, Sheryl N. (The Honorable) 00081083
4		5 Payee name
Ļ	06/12/2025	Uber City City City City City City City City
6	Amount (\$) \$7.99	7 Payee address; City; State; Zip Code 1725 3rd St.
	φ1.99	1725 Siu Si.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	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
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/02/2025	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.93	1725 3rd St.
		San Francisco, CA 94158
	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
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
_	05/30/2025	Uber
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1725 3rd St.
	Ψ1.00	1725 Sid St.
		San Francisco, CA 94158
H	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
\vdash	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
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

Mourage and the control of the contr

	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: 21/47 Rpt: 27/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	05/30/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.91	1725 3rd St.
		San Francisco, CA 94158
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.
	EXILENSITORE	Check if Austin, TX, officeholder living expense ride share
		nue share
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Data	
	Date	Payee name
	05/20/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.55	1725 3rd St.
		San Francisco, CA 94158
	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 shale
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payron namo
	05/19/2025	Payee name Uber
1		Dayon address: City: Ctata: 7in Cada
l	Amount (\$)	Payee address; City; State; Zip Code
	\$10.94	Payee address; City; State; Zip Code 1725 3rd St.
		1725 3rd St.
	\$10.94	1725 3rd St. San Francisco, CA 94158
	\$10.94 PURPOSE	1725 3rd St. San Francisco, CA 94158 (a) Category (See Categories listed at the top of this schedule) (b) Description
	\$10.94	1725 3rd St. San Francisco, CA 94158 (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.
	\$10.94 PURPOSE OF	1725 3rd St. San Francisco, CA 94158 (a) Category (See Categories listed at the top of this schedule) (b) Description
	\$10.94 PURPOSE OF	1725 3rd St. San Francisco, CA 94158 (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
	\$10.94 PURPOSE OF EXPENDITURE	1725 3rd St. San Francisco, CA 94158 (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
	\$10.94 PURPOSE OF	1725 3rd St. San Francisco, CA 94158 (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 Candidate/Officeholder name Office sought Office held
	\$10.94 PURPOSE OF EXPENDITURE Complete ONLY if direct	1725 3rd St. San Francisco, CA 94158 (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 Candidate/Officeholder name Office sought Office held
	\$10.94 PURPOSE OF EXPENDITURE Complete ONLY if direct	1725 3rd St. San Francisco, CA 94158 (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 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

l	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: 22/47 Rpt: 28/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
l	05/19/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2.00	1725 3rd St.
l		
l		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense ride share
		nue share
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	05/16/2025	Uber
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$14.31	1725 3rd St.
l	7202	2,25 5,4 5,6
l		San Francisco, CA 94158
⊢	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		ride share
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
l	Date	Payee name
	05/16/2025	Uber
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$11.96	1725 3rd St.
l		
L		San Francisco, CA 94158
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		ride share
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/47 Rpt: 29/55	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	
	05/16/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.00	1725 3rd St.	
		San Francisco, CA 94158	
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.
		L	Check if Austin, TX, officeholder living expense
			ide Sildre
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cince held
_	Date	Payee name	
	05/02/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.94	1725 3rd St.	
	Ψ11.54	1723 314 31.	
		San Francisco CA 04150	
	2112222	San Francisco, CA 94158	
	PURPOSE OF	-	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		r	ride share
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/01/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense
		"	ide Siture
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	eee nou

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

Expense Travel in D
Expense Travel Out

S/Wages/Contract Labor OTHER (e

	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: 24/47 Rpt: 30/55	Cole, Sheryl N. (The Honorable) 00081083	
4	Date	5 Payee name	
	04/16/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.29	1725 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense ride share	
		nue share	
_	Complete ONU V if allow	Condidate/Officeholder name	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/15/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.50	1725 3rd St.	
		San Francisco, CA 94158	
	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	
		ndo situlo	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	<u> </u>		
	Date	Payee name	
	04/15/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	1725 3rd St.	
		San Francisco, CA 94158	
	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 <u>ONLY</u> 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 Lenal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	TIEN (effici a category not listed above)
1	Total pages Schedule F1:		er ID (Ethics Commission Filers)
	Sch: 25/47 Rpt: 31/55		0081083
4	Date	5 Payee name	
	03/31/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.88	1725 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	of Texas. Complete Schedule T.
		Check if Austin, TX, officeride share	ceholder living expense
		ilue silale	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Data	T -	
	Date	Payee name	
	03/28/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Havelin District	of Texas. Complete Schedule T.
		Check if Austin, TX, officeride share	ceholder living expense
		nue snare	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Chiec field
_	Data	T -	
	Date 03/26/2025	Payee name Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.96	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Haver III District	of Texas. Complete Schedule T.
		Check if Austin, TX, officeride share	cenolaer living expense
		That shale	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Sindo ficia

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 Filer	rs)
	Sch: 26/47 Rpt: 32/55	Cole, Sheryl N. (The Honorable) 00081083	
4	Date	5 Payee name	
	03/25/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.00	1725 3rd St.	
		San Francisco, CA 94158	
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	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
H	<u> </u>		
	Date	Payee name	
	03/24/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.95	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		ride share	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/24/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.30	1725 3rd St.	
		San Francisco, CA 94158	
	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	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/47 Rpt: 33/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	03/24/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	1725 3rd St.
		San Francisco, CA 94158
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
ľ	expenditure to benefit C/O	
H	Date	Payee name
	03/20/2025	Uber
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.93	1725 3rd St.
		San Francisco, CA 94158
	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
		ndo share
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/19/2025	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1725 3rd St.
	Ψ1.00	1723 314 31.
		San Francisco, CA 94158
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ride share
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	1
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/47 Rpt: 34/55	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	•
	03/19/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.04	1725 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE		heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	I — I — I — I	heck if Austin, TX, officeholder living expense
		ride :	share
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
\vdash	Data		
	Date	Payee name	
	03/18/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.20	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Haverin District	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
		,	share
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/18/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.41	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE		heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	l — l — l — l — l — l —	heck if Austin, TX, officeholder living expense
		ride :	share
L	Complete ONLY if dies -t	Candidate/Officeholder name	Office hold
	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.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/47 Rpt: 35/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	03/14/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.98	1725 3rd St.
		San Francisco, CA 94158
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense ride share
		ilue silale
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davis vers
	03/13/2025	Payee name Uber
	Amount (\$) \$17.70	Payee address; City; State; Zip Code 1725 3rd St.
	Φ17.70	1/25 5lu 5t.
		Can Francisco CA 04150
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ride share
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.16	1725 3rd St.
		San Francisco, CA 94158
	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 silale
_	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 Con

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: 30/47 Rpt: 36/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	03/11/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.00	1725 3rd St.
		San Francisco, CA 94158
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
		ndo situlo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/11/2025	Uber
	Amount (\$)	
	\$16.95	1725 3rd St.
		San Francisco, CA 94158
	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
		ndo silato
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.96	1725 3rd St.
	φ0.90	1723 Sitt St.
		Con Francisco CA 04150
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ride share
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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: 31/47 Rpt: 37/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	03/05/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.00	1725 3rd St.
		San Francisco, CA 94158
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 shale
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	03/05/2025	Uber
┝		
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.97	1725 3rd St.
L		San Francisco, CA 94158
	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/05/2025	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.80	1725 3rd St.
	Φ12.00	1725 310 31.
		San Francisco CA 04150
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ride share
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
Г		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/47 Rpt: 38/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	03/04/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.96	1725 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ride share
		nue snare
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1725 3rd St.
		San Francisco, CA 94158
	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
		ndo situlo
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	02/28/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.78	1725 3rd St.
		San Francisco, CA 94158
	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/Of	•

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/47 Rpt: 39/55	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	
	02/27/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.00	1725 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		ride share	sun, 1X, officerolder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	02/27/2025	Uber	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.40	1725 3rd St.	
	,		
		San Francisco, CA 94158	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if tra	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	stin, TX, officeholder living expense
		ride share	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experionality to benefit C/O	1	
	Date	Payee name	
	02/24/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.98	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if tra	vel outside of Texas. Complete Schedule T.
		Check if Au	stin, TX, officeholder living expense
		inde Stiate	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
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 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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 34/47 Rpt: 40/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	02/24/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.60	1725 3rd St.
		San Francisco, CA 94158
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.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense ride share
		nue snaie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payoo namo
	02/24/2025	Payee name Uber
_	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1725 3rd St.
	Ψ3.00	1725 Sid St.
		San Francisco, CA 041E0
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ride share
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.58	1725 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ride share
		nue snaie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H		
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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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/47 Rpt: 41/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	02/21/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	1725 3rd St.
		San Francisco, CA 94158
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense ride share
		Tide State
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	02/20/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.34	1725 3rd St.
		San Francisco, CA 94158
	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	
	Date	Payee name
	02/19/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	1725 3rd St.
		San Francisco, CA 94158
	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
		1100 011010
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 comple	te this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 36/47 Rpt: 42/55	Cole, Sheryl N. (The Honorable)	00081083
4	Date 02/18/2025	5 Payee name Uber	
6	Amount (\$) \$26.98	7 Payee address; City; State; Zip Code 1725 3rd St. San Francisco, CA 94158	
8	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/18/2025	Payee name Uber	
	Amount (\$) \$5.61	Payee address; City; State; Zip Code 1725 3rd St. San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/18/2025	Payee name Uber	
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share
	Complete ONLY if direct expenditure to benefit C/Ol	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 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/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: 37/47 Rpt: 43/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	02/18/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.01	1725 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ride share
		nue share
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.71	1725 3rd St.
		San Francisco, CA 94158
	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
	!	nuo onaro
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1725 3rd St.
		San Francisco, CA 94158
	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
		lide Stidle
	Operation ONLY if allower	On all data (Office helder marre
	Complete ONLY if direct expenditure to benefit C/OH	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
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

	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: 38/47 Rpt: 44/55	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	
	02/12/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.68	1725 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	vel outside of Texas. Complete Schedule T.
		ride share	stin, TX, officeholder living expense
		ndo ondo	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		0.000 0.00
_	Date	Payee name	
	02/12/2025	Uber	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.24	1725 3rd St.	
	41.21	1120 014 01.	
		San Francisco, CA 94158	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if tra	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	stin, 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	
	02/11/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.00	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if tra	vel outside of Texas. Complete Schedule T.
	EXI ENDITORE	l — — — — — — — — — — — — — — — — — — —	stin, TX, officeholder living expense
		ride share	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	ll 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: 39/47 Rpt: 45/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	02/11/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.28	1725 3rd St.
		San Francisco, CA 94158
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	
	Data	
	Date	Payee name
	02/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.60	1725 3rd St.
		San Francisco, CA 94158
	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
		lide State
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 02/10/2025	Payee name
		Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.70	1725 3rd St.
		San Francisco, CA 94158
	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
		Hue shale
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/47 Rpt: 46/55	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	<u> </u>
	02/05/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.90	1725 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE		escription
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		ric	de share
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	02/05/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.18	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription
	OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		ric	de share
			25.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/04/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.92	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense de share
		l no	uc shale
	Complete ONLY if direct	Candidate/Officeholder name Office assista	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	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 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: 41/47 Rpt: 47/55	Cole, Sheryl N. (The Honorable) 00081083
4	Date	5 Payee name
	02/04/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.53	1725 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ride share
		nue snaie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	02/03/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.15	1725 3rd St.
		San Francisco, CA 94158
	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/O	
⊨	5.	
	Date	Payee name
	02/03/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	1725 3rd St.
		San Francisco, CA 94158
	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
1		ilue silale
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 42/47 Rpt: 48/55	Cole, Sheryl N. (The Honorable) 0008108	3
4	Date	5 Payee name	
	02/03/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.14	1725 3rd St.	
		San Francisco, CA 94158	
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. C	
		ride share	ing expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/OI	DH .	
F	Date	Payee name	
	01/29/2025	Uber	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.54	1725 3rd St.	
		San Francisco, CA 94158	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. C	
		Check if Austin, TX, officeholder liv	ing expense
		inde chare	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/OI	DH .	
F	Date	Payee name	
	01/28/2025	Uber	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.87	1725 3rd St.	
		San Francisco, CA 94158	
	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. C	
		Check if Austin, TX, officeholder liv	ing expense
\vdash	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 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/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: 43/47 Rpt: 49/55	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
	01/27/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$13.12	1725 3rd St.				
		San Francisco, CA 94158				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense ride share				
		nue share				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_						
	Date	Payee name				
	01/27/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$13.80	1725 3rd St.				
		San Francisco, CA 94158				
	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				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	01/23/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$11.32	1725 3rd St.				
		San Francisco, CA 94158				
	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				
		lide State				
	Operation ONLY if allowed	Our distance (Office health an agree Office health				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H				

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

l	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: 44/47 Rpt: 50/55	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
l	01/22/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
l	\$1.00	1725 3rd St.				
l						
l		San Francisco, CA 94158				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITORE	Check if Austin, TX, officeholder living expense				
l		ride share				
9	Complete ONLY if direct	Condidate (Office helds)				
ľ٩	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
┡	· 					
l	Date	Payee name				
ᆫ	01/22/2025	Uber				
l	Amount (\$)	Payee address; City; State; Zip Code				
l	\$14.89	1725 3rd St.				
l						
		San Francisco, CA 94158				
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
l		ride share				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
l	expenditure to benefit C/OH					
F	Date	Payee name				
l	01/21/2025	Uber				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$18.99	1725 3rd St.				
l						
l		San Francisco, CA 94158				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		ride share				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
\vdash						
l						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 45/47 Rpt: 51/55	Cole, Sheryl N. (The Honorable) 00081083			
4	Date	5 Payee name			
	01/17/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$18.20	1725 3rd St.			
		San Francisco, CA 94158			
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			
		lide Stidle			
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/15/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$14.06	1725 3rd St.			
		San Francisco, CA 94158			
	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			
		ndo situlo			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	01/15/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.88	1725 3rd St.			
		San Francisco, CA 94158			
	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			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 46/47 Rpt: 52/55	Cole, Sheryl N. (The Honorable) 00081083				
4	Date	5 Payee name				
	01/15/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1.00	1725 3rd St.				
		San Francisco, CA 94158				
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				
		ndo situlo				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
\vdash	Date	Dougo nomo				
	01/13/2025	Payee name Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.85	1725 3rd St.				
		San Francisco, CA 94158				
	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 ZHOHORZ	Check if Austin, TX, officeholder living expense				
		ride share				
_	Compulate ONII V if dive at	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
	Date	Payee name				
	01/13/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.66	1725 3rd St.				
		San Francisco, CA 94158				
	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 ZHOHORZ	Check if Austin, TX, officeholder living expense				
		ride share				
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 47/47 Rpt: 53/55	Cole, Sheryl N. (The Honorable)	00081083
4	Date	5 Payee name	
	01/13/2025	Uber	
L			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.00	1725 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in Bistrict	, TX, officeholder living expense
		ride share	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
┕	·		
	Date	Payee name	
	01/07/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.94	1725 3rd St.	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Haver in District	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		ride share	, 17, officeriolider living expense
		nac share	
L	Complete ONII V if divest	Condidate (Office helder name	Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	05/05/2025	Women's Health Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 2910	
		A	
L		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations/Donations water by	outside of Texas. Complete Schedule T.
		Carialidate/Onlocifoldel/Foliation	, TX, officeholder living expense
		Dues	
L			
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
1			
ı			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form			pages Schedule K: 1/2 Rpt: 54/55		
2	FILER NAME 3 Filer I			Filer II	O (Ethics Commission F	-ilers)
	Cole, Sheryl	Cole, Sheryl N. (The Honorable)			1083	
4	Date	5 Name of person from whom amount is received	I		8 Amount (\$)	
	06/24/2025	Frost Bank			, ,	\$86.29
		6 Address of person from whom amount is received: City; State: Zip Code				
		7 Address of person from whom amount is received, Sity, State, 2:p Sode				
		Austin, TX 78701				
			olitic	eal con	I tribution returned to filer	
		interest	Ontic	ai com	inbution returned to mer	
	Date	Name of person from whom amount is received			Amount (\$)	
	05/22/2025	Frost Bank				\$23.52
		Address of person from whom amount is received; City; State; Zip Code]	
		Austin, TX 78701				
		Purpose for which amount is received Check if p	olitic	al con	tribution returned to filer	
		interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	06/06/2025	Frost Bank			Amount (\$)	\$3.67
	00/00/2023					Ψ3.07
		Address of person from whom amount is received; City; State; Zip Code				
		Auctio TV 70701				
		Austin, TX 78701			<u> </u>	
			olitic	al con	tribution returned to filer	
		interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/07/2025	Frost Bank				\$5.35
		Address of person from whom amount is received; City; State; Zip Code			-	
		Austin, TX 78701				
			olitic	al con	I tribution returned to filer	
		interest	Ontic	our oom		
					T	
	Date	Name of person from whom amount is received			Amount (\$)	
	04/07/2025	Frost Bank			_	\$5.60
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78701				
		Purpose for which amount is received	olitic	al con	tribution returned to filer	
		interest				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 55/55 2 FILER NAME Filer ID (Ethics Commission Filers) Cole, Sheryl N. (The Honorable) 00081083 8 Amount (\$) Date 5 Name of person from whom amount is received 03/07/2025 Frost Bank \$5.23 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received 02/07/2025 Frost Bank \$5.82 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer interest Date Name of person from whom amount is received Amount (\$) 01/08/2025 Frost Bank \$6.68 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer interest