

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Dr.</i> FIRST <i>Tom</i> MI <i>C</i> NICKNAME LAST <i>Cole</i> SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1203 Ave J. Huntsville, Texas 77340</i>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 295-3728</i>	Date Hand-delivered or Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i> FIRST <i>John</i> MI <i>C.</i> NICKNAME LAST <i>Roberts</i> SUFFIX	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>129 Heath Ln., Huntsville, Tx. 77340</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 291-2835</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>10 / 11 / 2011</i> <i>10 / 31 / 2011</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 8 / 11</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>City Council, Ward 1</i>	13 OFFICE SOUGHT (if known) <i>City Council, Ward 1</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Dr. Tom C. Cole

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *530.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *1765.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *50.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *5,118.62*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *6865.00*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ ~~*4,000.00*~~

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Tom Cole

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Tom Cole*, this the *31st* day of *October*, 20 *11*, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Kristin Edwards

Printed name of officer administering oath

Deputy City Secretary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Dr. Tom C. Cole		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/22/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothea Tarver	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 675, Huntsville Huntsville, TX. 77342-0675		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester H. Beard	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 Forest Lake, Huntsville, TX. 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. Thomas KordinaK, Ph.D.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1620 26th Street Huntsville, TX. 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Hemphill	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16419 Graden Hill, Dr. Spring, TX. 77379-7146		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles & Marion Wagamon	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1624 Ave. O, Huntsville, TX. 77340-2418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Dr. Tom C. Cole</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/22/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob + Anne Heartfield</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>216 Royal Oaks St. Huntsville, Tx. 77320-3422</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/22/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Andoe</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 884 Santa Fe, Tx. 77517</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Ralph + Sue Mills</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>217 Elkins Lake Huntsville, Tx. 77340</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jimmy Wood</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10 Brandenburg, LN Huntsville, Tx. 77340-6805</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard + Vickie Lindeman delivered for W.J. Burns Family memorial</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>823 Elkins Lake Huntsville, Tex. 77340</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Dr. Tom C. Cole</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/22/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julia + Clark Roberts</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>129 Heath Ln., P.O. Box 9227 Huntsville, Tx. 77340</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/22/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Russell</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1021 14th St Huntsville, Tx. 77340</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gene J. Abern</i>	Amount of contribution (\$) <i>\$60.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>901 Hickory Dr Huntsville, Tx.</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Dr. Tom C. Cole	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/21/11	5 Payee name The Huntsville Item
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6 Amount (\$) \$ 788.21	7 Payee address; City; State; Zip Code P.O. Box 539 Huntsville, Texas 77340 1409 10th Street
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Invitation to supporters to attend political rally 10/22
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Dr. Tom C. Cole	Office sought City Council, Ward 1	Office held
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Date 10/17/11	Payee name The Huntsville Item
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Amount (\$) \$ 985.14	Payee address; City; State; Zip Code P.O. Box 539, Huntsville, Texas 77340 1409 10th Street
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertsing Expense	Description (If travel outside of Texas, complete Schedule T) Open invitation political rally 10/22
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Same	Office sought	Office held
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Date 10/17/11	Payee name The Huntsville Item
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Amount (\$) \$ 328.38	Payee address; City; State; Zip Code P.O. Box 539, Huntsville, Texas 77340 1409 10th Street
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Political Rally Invitation 10/22
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Same	Office sought	Office held
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Date 10/17/11	Payee name Huntsville Rental Center
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Amount (\$) \$ 255.02	Payee address; City; State; Zip Code 362 State Highway 75 North Huntsville, Texas 77320
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) 2 tables 150 chairs Rental
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Same	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Dr. Tom C. Cole</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/17/11</i>	5 Payee name <i>Eagle Graphics</i>
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6 Amount (\$) <i>\$6387</i>	7 Payee address; City; State; Zip Code <i>1304 Sam Houston Ave., Ste. B</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Design Ads for political Rally</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>same</i>	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Dr. Tom C. Cole</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/22/11</i>	5 Payee name <i>Jan Cole</i>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$700.00</i>	7 Payee address; City; State; Zip Code <i>911 Sam Houston Ave., Huntsville, Texas 77340</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Music/Entertainment at political rally</i>
Date <i>10/22/11</i>	Payee name <i>Larry Turner</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$100.00</i>	Payee address; City; State; Zip Code <i>?</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Guitar Accompanist @ Political rally</i>
Date <i>10/27/11</i>	Payee name <i>T. Cole Bar-B-Que + Catering</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$1,598.00</i>	Payee address; City; State; Zip Code <i>Franklin, Texas</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Provided food + refreshments @ political rally</i>
Date <i>10/22/10</i>	Payee name <i>Ms. M. T. Clegg</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$300.00</i>	Payee address; City; State; Zip Code <i>906 Ave. M, Huntsville, Tex. 77320</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Provided grounds + facility for political rally</i>

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