

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>39</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <b>James</b> MI: <b>Kevin</b> NICKNAME: _____ LAST: <b>Cole</b> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>2800 E Broadway C 228 Pearland, Tx 77581</b>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(832) 212-9460</b>		Date Received <b>7/8/2020 CR</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <b>Melynda</b> MI: <b>K</b> NICKNAME: _____ LAST: <b>Steed</b> SUFFIX: _____	Date Hand-delivered or Date Postmarked	Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>3321 Redwood Grove St. Pearland TX 77581</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 381-9444</b>		
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 checked="" type="checkbox"/> July 15 <input 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    Month Day Year <b>12 / 23 / 2019</b> THROUGH <b>7 / 8 / 2020</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 3 / 2020</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>Mayor</b>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME James Kevin Cole 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 1,033.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,560.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 40,952.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,570.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Kevin Cole, this the 8th day of July, 2020, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Crystal N. Roan  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>James Kevin Cole</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>21,238.40</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1322.35</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-0-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>-0-</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>14,105.32</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-0-</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>-0-</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>26,847.11</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>-0-</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-0-</i>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME  
**James Kevin Cole**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12-17-19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kevin Stuckey**

7 Amount of contribution (\$)  
**\$500.00**

6 Contributor address; City; State; Zip Code  
**5210 Spruce St Bellaire TX 77401**

8 Principal occupation / Job title (See Instructions)  
**Homebuilder**

9 Employer (See Instructions)  
**Van Bridge Group, LLC**

Date  
**1-9-2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jim Russ**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**10011 Meadowglen Ln Houston TX 77042**

Principal occupation / Job title (See Instructions)  
**Engineer**

Employer (See Instructions)  
**EHRA Engineering**

Date  
**1-14-2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**H. Prasad Kolluru**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**94 Heathrow Ln Sugar Land TX 77479**

Principal occupation / Job title (See Instructions)  
**Engineer**

Employer (See Instructions)  
**Amani Engineering, Inc**

Date  
**1-16-2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kevin Cole**

Amount of contribution (\$)  
**\$10.00**

Contributor address; City; State; Zip Code  
**3808 Houston Lake Pearland TX 77581**

Principal occupation / Job title (See Instructions)  
**Self-employed**

Employer (See Instructions)  
**Self**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*1-23-2020*

5 Full name of contributor

*Julianne Kugle*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$250<sup>00</sup>*

6 Contributor address;

*5684 Longmont Dr*

City;

*Houston*

State;

*Tx*

Zip Code

*77056*

8 Principal occupation / Job title (See Instructions)

*Attorney*

9 Employer (See Instructions)

*SK Law*

Date

*1-23-2020*

Full name of contributor

*Joshua Kahn*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$250<sup>00</sup>*

Contributor address;

*1980 Post Oak Blvd, Suite 1380 Houston Tx 77056*

City;

*Houston*

State;

*Tx*

Zip Code

*77056*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*SK Law*

Date

*1-24-2020*

Full name of contributor

*Chris Schultz*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$1,000<sup>00</sup>*

Contributor address;

*P.O. Box 690287*

City;

*San Antonio*

State;

*Tx*

Zip Code

*78269*

Principal occupation / Job title (See Instructions)

*Engineer*

Employer (See Instructions)

*Rabe-Kistner PAC, Inc*

Date

*1-24-2020*

Full name of contributor

*Julie Pickren*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$100<sup>00</sup>*

Contributor address;

*2719 Surrey Circle*

City;

*Manvel*

State;

*Tx*

Zip Code

*77578*

Principal occupation / Job title (See Instructions)

*Business owner*

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*2-1-2020*

5 Full name of contributor

*Layni Cade*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$25<sup>00</sup>*

6 Contributor address;

City;

State;

Zip Code

*1901 Meadow Creek Dr Pearland TX 77581*

8 Principal occupation / Job title (See Instructions)

*Teacher*

9 Employer (See Instructions)

Date

*2-1-2020*

Full name of contributor

*Jack Staudt*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$500<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*3903 Conroe Lake Ct Pearland TX 77581-4785*

Principal occupation / Job title (See Instructions)

*oil/gas*

Employer (See Instructions)

*The VibrationGuys*

Date

*2-4-2020*

Full name of contributor

*Michael Martin*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$250<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*1309 Hardwood Lane College Station Tx 77840*

Principal occupation / Job title (See Instructions)

*Engineer*

Employer (See Instructions)

*R.G. Miller Engineers*

Date

*2-4-2020*

Full name of contributor

*Bobby Roberts, Jr.*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$300<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*3909 Conroe Lake Ct Pearland TX 77581-4785*

Principal occupation / Job title (See Instructions)

*Self*

Employer (See Instructions)

*Self*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*2-5-2020*

5 Full name of contributor

*Alfred Lentz*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100<sup>00</sup>*

6 Contributor address;

*3610 Lindhaven Dr*

City;

*Ararland TX*

State;

Zip Code

*77584*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*2-6-2020*

Full name of contributor

*Ron Falan*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$500<sup>00</sup>*

Contributor address;

*7014 Kemper Dr*

City;

*Pasadena TX*

State;

Zip Code

*77505*

Principal occupation / Job title (See Instructions)

*Engineer*

Employer (See Instructions)

*GeoScience Engineering and Testing*

Date

*2-6-2020*

Full name of contributor

*Jennifer Evans*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$500<sup>00</sup>*

Contributor address;

*906 Hickorywood*

City;

*Houston TX*

State;

Zip Code

*77024*

Principal occupation / Job title (See Instructions)

*Land Owner*

Employer (See Instructions)

*Signature Companies*

Date

*2-6-2020*

Full name of contributor

*R.C. Baseway*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$1,000<sup>00</sup>*

Contributor address;

*309 Hunters Lane*

City;

*Friendswood TX*

State;

Zip Code

*77546*

Principal occupation / Job title (See Instructions)

*Developer*

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*2-6-2020*

5 Full name of contributor

*Randall Patro*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$50<sup>00</sup>*

6 Contributor address;

*5510 Magnolia St*

City;

*Pearland TX*

State;

Zip Code

*77584*

8 Principal occupation / Job title (See Instructions)

*Pool builder*

9 Employer (See Instructions)

*Pearland Pools*

Date

*2-6-2020*

Full name of contributor

*Randall Patro*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$50<sup>00</sup>*

Contributor address;

*5510 Magnolia Ct*

City;

*Pearland TX*

State;

Zip Code

*77584*

Principal occupation / Job title (See Instructions)

*Pool builder*

Employer (See Instructions)

*Pearland Pools*

Date

*2-7-2020*

Full name of contributor

*Cobb Fendley PAC*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$150<sup>00</sup>*

Contributor address;

*13430 NW Freeway, Suite 1100 Houston TX*

City;

*77040*

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Engineer*

Employer (See Instructions)

*Cobb Fendley*

Date

*2-10-2020*

Full name of contributor

*Kim Manley*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$500<sup>00</sup>*

Contributor address;

*4518 Dana-Lynn Ln Pearland TX*

City;

*77584*

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Ticket Broker*

Employer (See Instructions)

*Tickets to Go*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*2-10-2020*

5 Full name of contributor

*Kim Manley*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$250<sup>00</sup>*

6 Contributor address;

*4518 Dana Lynn Dr Pearland TX 77584*

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

*ticket broker*

9 Employer (See Instructions)

*Tickets to Go*

Date

*2-12-2020*

Full name of contributor

*Daniel Davis*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$50<sup>00</sup>*

Contributor address;

*6818 Powell Ln Marvel TX 77578*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Business analyst / Health Consultant*

Employer (See Instructions)

Date

*2-13-2020*

Full name of contributor

*Jim Doxakis*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$250<sup>00</sup>*

Contributor address;

*2409 Taylor Lane Pearland TX 77581*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*HEB, unit director*

Employer (See Instructions)

*HEB*

Date

*2-15-2020*

Full name of contributor

*Kyle Davison*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$500<sup>00</sup>*

Contributor address;

*50 Heathrow Lane Sugar Land TX 7489-2500*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Homebuilder*

Employer (See Instructions)

*Meritage Homes*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*2-15-2020*

5 Full name of contributor

*Bill Brummett*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100<sup>00</sup>*

6 Contributor address;

*3441 County Rd 89*

City;

*Pearland TX 77584-8925*

State; Zip Code

8 Principal occupation / Job title (See Instructions)

*Business Owner*

9 Employer (See Instructions)

Date

*2-15-2020*

Full name of contributor

*David Hewitt*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$200<sup>00</sup>*

Contributor address;

*3404 Blue Spruce Trail Pearland, TX 77581-7562*

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*2-15-2020*

Full name of contributor

*Barry Peterson*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$50<sup>00</sup>*

Contributor address;

*2101 Stonestrow Ln Pearland TX 77581*

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*2-15-2020*

Full name of contributor

*Charles Munro*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$300<sup>00</sup>*

Contributor address;

*9308 Sunlake Dr Pearland TX 77584-2809*

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*2-15-2020*

5 Full name of contributor

*Amy Bouvier*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100<sup>00</sup>*

6 Contributor address;

City;

State;

Zip Code

*2914 Dogwood Blossom Trail Pearland TX 77581-5035*

8 Principal occupation / Job title (See Instructions)

*Teacher*

9 Employer (See Instructions)

*Pearland ISD*

Date

*2-15-2020*

Full name of contributor

*Debbie Aylor*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$100<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*2302 Dixie Woods Dr Pearland TX 77581*

Principal occupation / Job title (See Instructions)

*Executive Admin*

Employer (See Instructions)

*Crosspoint Church*

Date

*2-17-2020*

Full name of contributor

*Mark Ingram*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$150<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*11902 Shore Point Dr Pearland, TX 77584*

Principal occupation / Job title (See Instructions)

*Civil Engineer*

Employer (See Instructions)

*AT&T, Inc*

Date

*2-18-2020*

Full name of contributor

*Joe Lovell*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$25<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*2805 Shawood Houston TX 77089*

Principal occupation / Job title (See Instructions)

*Sales, Self-employed*

Employer (See Instructions)

*Self*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*2-18-2020*

5 Full name of contributor

*Dell Mara Lovell*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$2500*

6 Contributor address;

*2805 Shawood*

City;

*Houston TX*

State;

Zip Code

*17089*

8 Principal occupation / Job title (See Instructions)

*Pastoral Assistant*

9 Employer (See Instructions)

*LifePoint Church*

Date

*2-21-2020*

Full name of contributor

*Eddie Wojcik*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$50000*

Contributor address;

*8702 Kings Oak Dr*

City;

*Damon TX*

State;

Zip Code

*77430*

Principal occupation / Job title (See Instructions)

*Dog groomer*

Employer (See Instructions)

*Beverly's Grooming*

Date

*2-20-2020*

Full name of contributor

*Richard Harvey*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$50000*

Contributor address;

*2914 Dogwood Blossom Trail Garland, TX 77581-5035*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Home Builder*

Employer (See Instructions)

*Meritage Homes*

Date

*2-24-2020*

Full name of contributor

*David Jordan*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$50000*

Contributor address;

*3322 Meadowside Sugar Land TX 77470*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Home Builder*

Employer (See Instructions)

*Meritage Homes*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*2-24-2020*

5 Full name of contributor

*Karol Hopkins*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100<sup>00</sup>*

6 Contributor address;

*1614 Sylvia Ln*

City;

*Round Rock TX*

State;

Zip Code

*78681*

8 Principal occupation / Job title (See Instructions)

*Regional Director*

9 Employer (See Instructions)

*Scott & White*

Date

*2-25-2020*

Full name of contributor

*Jerry Richardson*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$50<sup>00</sup>*

Contributor address;

*5309 Groveton Ln*

City;

*Pearland TX*

State;

Zip Code

*77584*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*3-2-2020*

Full name of contributor

*Roddie Shelley*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$200<sup>00</sup>*

Contributor address;

*3330 Las Palmas St Apt 24*

City;

*Houston TX*

State;

Zip Code

*77027-6342*

Principal occupation / Job title (See Instructions)

*Insurance*

Employer (See Instructions)

*Prudential*

Date

*3-2-2020*

Full name of contributor

*Jeff Cardenas*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$250<sup>00</sup>*

Contributor address;

*3816 Houston Lake Dr*

City;

*Pearland TX*

State;

Zip Code

*77581*

Principal occupation / Job title (See Instructions)

*IT Management*

Employer (See Instructions)

*Lyondell Basell*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*3-2-2020*

5 Full name of contributor

*John Reed*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$25<sup>00</sup>*

6 Contributor address;

*10233 Broadway P236 Pearland TX 77584*

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*3-5-2020*

Full name of contributor

*James Startzell*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$500<sup>00</sup>*

Contributor address;

*3931 Diamonddale Ct Katy TX 77450*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Waste Hauler*

Employer (See Instructions)

*WCA*

Date

*3-5-2020*

Full name of contributor

*Allen Owen*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$250<sup>00</sup>*

Contributor address;

*2022 Masters Lane Missouri City TX 77459*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Consultant*

Employer (See Instructions)

*WCA*

Date

*3-6-2020*

Full name of contributor

*Daniel Tunstall*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$100<sup>00</sup>*

Contributor address;

*4207 Cedar Trail Ct Pearland TX 77584*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Draftsman*

Employer (See Instructions)

*Sand B Engineers*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*3-9-2020*

5 Full name of contributor

*Chase Cole*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$50.00*

6 Contributor address;

*2717 Livingston*

City;

*Pearland TX*

State;

Zip Code

*77584*

8 Principal occupation / Job title (See Instructions)

*Retail*

9 Employer (See Instructions)

*Half Price Bites*

Date

*3-9-2020*

Full name of contributor

*Julie Berry*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$25.00*

Contributor address;

*3107 Glenwood*

City;

*Pearland TX*

State;

Zip Code

*77584*

Principal occupation / Job title (See Instructions)

*Teacher*

Employer (See Instructions)

*Westlake Preparatory Academy*

Date

*3-9-2020*

Full name of contributor

*Josie Garcia*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$25.00*

Contributor address;

*2902 Whispering Winds #812 Pearland, TX 77581*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Self-employed*

Employer (See Instructions)

*Mary Kay Consultant*

Date

*3-9-2020*

Full name of contributor

*Lonnie Brohman*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$100.00*

Contributor address;

*13802 Lakewater St*

City;

*Pearland TX*

State;

Zip Code

*77584*

Principal occupation / Job title (See Instructions)

*Ditfield maintenance*

Employer (See Instructions)

*Elliott Oil and Gas*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*3-9-2020*

5 Full name of contributor

*Marita Anderson*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100<sup>00</sup>*

6 Contributor address;

*3617 Mahejan Dr Pearland TX 77584*

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*3-9-2020*

Full name of contributor

*Cameron Cole*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$250<sup>00</sup>*

Contributor address;

*2902 Whispering Winds Pearland, TX 77581*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Teacher*

Employer (See Instructions)

*Heritage Christian Academy*

Date

*3-10-2020*

Full name of contributor

*Rosa Saade*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$20<sup>00</sup>*

Contributor address;

*2016 Tide Rock Ln Pearland, TX 77584*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Self-employed*

Employer (See Instructions)

*Self*

Date

*3-10-2020*

Full name of contributor

*Russell Darrow*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$100<sup>00</sup>*

Contributor address;

*3915 Austin Lake Ct Pearland TX 77581*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

*Nurse*

Employer (See Instructions)

*Encompass Home Health*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*3-10-2020*

5 Full name of contributor

*David Blomston*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$25<sup>00</sup>*

6 Contributor address;

*3725 Wingtail Way*

City;

*Pearland TX*

State;

Zip Code

*77584*

8 Principal occupation / Job title (See Instructions)

*Pastor*

9 Employer (See Instructions)

*Crosspoint Church*

Date

*3-11-2020*

Full name of contributor

*Hemachandra Kolluru*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$2,000<sup>00</sup>*

Contributor address;

*94 Heathrow Ln*

City;

*Sugar Land TX*

State;

Zip Code

*77479*

Principal occupation / Job title (See Instructions)

*Engineer*

Employer (See Instructions)

*Amari Engineering, Inc*

Date

*4-25-2020*

Full name of contributor

*Malcolm Mcbuire*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$300.00*

Contributor address;

*3916 Quail Run Dr*

City;

*Pearland TX*

State;

Zip Code

*77584*

Principal occupation / Job title (See Instructions)

*retired*

Employer (See Instructions)

Date

*5-1-2020*

Full name of contributor

*Rachael Hall*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$3000.00*

Contributor address;

*2302 Vega Ct*

City;

*League City TX*

State;

Zip Code

*77573*

Principal occupation / Job title (See Instructions)

*real estate developer*

Employer (See Instructions)

*Cove Matrix*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*5-20-2020*

5 Full name of contributor

*Chris Cowart*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100.00*

6 Contributor address;

City;

State;

Zip Code

*4605 Sebastopol Dr Pearland TX 77584*

8 Principal occupation / Job title (See Instructions)

*Owner/administrator*

9 Employer (See Instructions)

*Home Care Options*

Date

*5-26-2020*

Full name of contributor

*Erika/Douglas McReaten*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$1,000.00*

Contributor address;

City;

State;

Zip Code

*3774 Buckhoff St Pearland TX 77581*

Principal occupation / Job title (See Instructions)

*business owner*

Employer (See Instructions)

*The Caboose*

Date

*6-9-2020*

Full name of contributor

*Rosa Saade*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$20.20*

Contributor address;

City;

State;

Zip Code

*2016 Tide Rock Ln Pearland TX 77584*

Principal occupation / Job title (See Instructions)

*Self-employed*

Employer (See Instructions)

*Self*

Date

*6-11-2020*

Full name of contributor

*Patrick Kramer*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$250.00*

Contributor address;

City;

State;

Zip Code

*2592 Sunshade Ct Pearland TX 77584*

Principal occupation / Job title (See Instructions)

*CEO, Kramerco, LLC*

Employer (See Instructions)

*Kramerco, LLC*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

*6-28-2020*

5 Full name of contributor

*Bruce Beaubouef*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100.00*

6 Contributor address;

*1402 Murtlewood*

City;

*Pearland*

State;

*Tx*

Zip Code

*77581*

8 Principal occupation / Job title (See Instructions)

*Editor*

9 Employer (See Instructions)

*Endeavor Business Media*

Date

*7-4-2020*

Full name of contributor

*Kim Manley*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$250.00*

Contributor address;

*4518 Dana Lynn Ln*

City;

*Pearland Tx*

State;

*77584*

Principal occupation / Job title (See Instructions)

*ticket broker*

Employer (See Instructions)

*Tickets to Go*

Date

*7-6-2020*

Full name of contributor

*Houston Hamilton*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$50.00*

Contributor address;

*7310 Love Crk*

City;

*Missouri City, Tx*

State;

*77459*

Principal occupation / Job title (See Instructions)

*Insurance*

Employer (See Instructions)

*Self*

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <i>James Kevin Cole</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>\$1,322.35</b>	
5 Date <i>2-28-2020</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Suzanne Elliott</i>	8 Amount of Contribution \$ <b>\$1,322.35</b>	9 In-kind contribution description <b>+ posts</b>
7 Contributor address; City; State; Zip Code <i>6614 Broadway Pearland TX 77584</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>O'Day Rental &amp; Supply</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <span style="font-size: 1.5em;">1</span>	
2 FILER NAME <i>James Kevin Cole</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <span style="font-size: 1.5em;">-0-</span>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <i>James Kevin Cole</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>-0-</b>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	9 Loan Amount (\$)
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>James Kevin Cole</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-19-2020</b>	5 Payee name <b>Brazoria County NAACP</b>	
6 Amount (\$) <b>\$1,000<sup>00</sup></b>	7 Payee address; <b>P.O. Box 358</b>	City; State; Zip Code <b>Manvel TX 77578</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation made by Candidate</b>	(b) Description <b>Sponsorship</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Kevin Cole</b>	Office sought <b>Mayor</b>
Date <b>2-23-2020</b>	Payee name <b>Red Hat Literacy Luncheon</b>	
Amount (\$) <b>\$500<sup>00</sup></b>	Payee address; <b>Adult Education Ctr 2246 Washington</b>	City; State; Zip Code <b>Pearland TX 77581</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation made by Candidate</b>	Description <b>Sponsorship</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Kevin Cole</b>	Office sought <b>Mayor</b>
Date <b>2-25-2020</b>	Payee name <b>Silverlake Lions in Service</b>	
Amount (\$) <b>\$200<sup>00</sup></b>	Payee address; <b>P.O. Box 3261</b>	City; State; Zip Code <b>Pearland TX 77588</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation made by Candidate</b>	Description <b>valet sponsor</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Kevin Cole</b>	Office sought <b>Mayor</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>James Kevin Cole</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-29-2020</i>	5 Payee name <i>Pearland POA Charities &amp; Police Memorial Fund</i>	
6 Amount (\$) <i>\$1,001.99</i>	7 Payee address; <i>P.O. Box 841825</i>	City; State; Zip Code <i>Pearland TX 77584</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation made by Candidate</i>	(b) Description <i>Sponsorship</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
Date <i>3-4-2020</i>	Payee name <i>Koza's, Inc</i>	
Amount (\$) <i>\$593.15</i>	Payee address; <i>2910 S. Main St</i>	City; State; Zip Code <i>Pearland TX 77581</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>t-shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
Date <i>3-5-2020</i>	Payee name <i>Young Life City of Pearland</i>	
Amount (\$) <i>\$1,025<sup>00</sup></i>	Payee address; <i>P.O. Box 2492</i>	City; State; Zip Code <i>Pearland TX 77588-2492</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by Candidate</i>	Description <i>Silver sponsor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>James Kevin Cole</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-9-2020</i>		5 Payee name <i>Best Coupons, Inc</i>			
6 Amount (\$) <i>\$2,175<sup>00</sup></i>		7 Payee address; <i>2533 Roy Road</i>		City; <i>Pearland</i>	State; <i>TX</i>
				Zip Code <i>77581</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>advertising</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Kevin Cole</i>		Office sought <i>Mayor</i>	Office held
Date <i>3-9-2020</i>		Payee name <i>Silverlake Lions in Service</i>			
Amount (\$) <i>\$200<sup>00</sup></i>		Payee address; <i>P.O. Box 3261</i>		City; <i>Pearland</i>	State; <i>Tx</i>
				Zip Code <i>77588</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by Candidate</i>		Description <i>valet sponsor</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Kevin Cole</i>		Office sought <i>Mayor</i>	Office held
Date <i>3-11-2020</i>		Payee name <i>Neumann &amp; Company</i>			
Amount (\$) <i>\$4,385<sup>29</sup></i>		Payee address; <i>5417 Pine St</i>		City; <i>Bellaire</i>	State; <i>TX</i>
				Zip Code <i>77401</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting / Advertising / Printing</i>		Description <i>Consulting / advertising / printing</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Kevin Cole</i>		Office sought <i>Mayor</i>	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>James Kevin Cole</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-12-2020</i>	5 Payee name <i>SCHS Band Booster</i>	
6 Amount (\$) <i>\$400<sup>00</sup></i>	7 Payee address; <i>11601 Shadow Creek Pkwy #111-554 Pearland TX</i>	City; State; Zip Code <i>TX 77584</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation made by Candidate</i>	(b) Description <i>role sponsor</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
Date <i>3-12-2020</i>	Payee name <i>Dawson Football Booster Club</i>	
Amount (\$) <i>\$500<sup>00</sup></i>	Payee address; <i>2050 Cullen Blvd</i>	City; State; Zip Code <i>Pearland TX 77581</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by Candidate</i>	Description <i>golf team sponsor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
Date <i>5-18-2020</i>	Payee name <i>Best Coupons, Inc</i>	
Amount (\$) <i>\$165<sup>00</sup></i>	Payee address; <i>2533 Roy Rd</i>	City; State; Zip Code <i>Pearland TX 77581</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>half page Ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>James Kevin Cole</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-25-2020</i>	5 Payee name <i>Best Coupon's, Inc</i>	
6 Amount (\$) <i>\$765.00</i>	7 Payee address; <i>2533 Roy Road</i>	City; State; Zip Code <i>Pearland TX 77581</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>half page ads</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
Date <i>7-6-2020</i>	Payee name <i>Koza's Inc.</i>	
Amount (\$) <i>\$594.29</i>	Payee address; <i>2910 South Main St</i>	City; State; Zip Code <i>Pearland TX 77581</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>face masks</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>1</b>	2 FILER NAME <i>James Kevin Cole</i>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <b>-0-</b>
---	---------------

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
---------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

1

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>1</b>	<b>2</b> FILER NAME <i>James Kevin Cole</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>-0-</b>
--	---------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>6</i>	<b>2</b> FILER NAME <i>James Kevin Cole</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12-23-19</i>	<b>5</b> Payee name <i>CMC Communications</i>	
<b>6</b> Amount (\$) <i>245.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 891274 Houston TX 77289-1274</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
		Office held
Date <i>12-24-19</i>	Payee name <i>Terry Blackburn Photography</i>	
Amount (\$) <i>\$1,618.34</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>26002 Budde Rd Spring Tx 77380</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other - campaign pictures</i>	Description <i>photos</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
		Office held
Date <i>12-26-19</i>	Payee name <i>Houston Metro 60 Texan Alvin/Pearland</i>	
Amount (\$) <i>150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>NR6 Center 3 NR6 Park Houston TX 77054</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by Candidate</i>	Description <i>sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>
		Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>James Kevin Cole</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-7-2020</i>	<b>5</b> Payee name <i>The Reporter News</i>	
<b>6</b> Amount (\$) <i>225.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>2407 South Park Pearland TX 77581</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Newspaper ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought / Office held <i>Mayor</i>
Date <i>1-8-2020</i>	Payee name <i>ADDI, LLC</i>	
Amount (\$) <i>394.53</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1339 E. Broadway Pearland TX 77581-6305</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>truck tailgate wrap</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought / Office held <i>Mayor</i>
Date <i>1-13-2020</i>	Payee name <i>Women Leading Success (WLS)</i>	
Amount (\$) <i>850.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. Box 683 Pearland TX 77588</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by Candidate</i>	Description <i>Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought / Office held <i>Mayor</i>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>James Kevin Cole</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>1-28-2020</i>	<b>5</b> Payee name <i>Aubrey R Taylor</i>		
<b>6</b> Amount (\$) <i>\$ 5500.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>957 Nasa Parkway #251</i>	City; State; Zip Code <i>Houston TX 77058</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>advertising</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>	Office held
	Date <i>1-29-2020</i>		
<b>8</b> PURPOSE OF EXPENDITURE	Payee name <i>Best Coupons, Inc</i>		
	Payee address; <i>2533 Roy Road</i>		
Amount (\$) <i>\$ 2175.00</i> <input type="checkbox"/> Reimbursement from political contributions intended			City; State; Zip Code <i>Pearland TX 77581</i>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>advertising</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>		Office sought <i>Mayor</i>
	Office held		
Date <i>1-30-2020</i>			
Payee name <i>Koza's, Inc.</i>			
Amount (\$) <i>\$2227.65</i> <input type="checkbox"/> Reimbursement from political contributions intended			City; State; Zip Code <i>Pearland TX 77581</i>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>adult t-shirts/mesh hats/kids t-shirts</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>		Office sought <i>Mayor</i>
	Office held		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>James Kevin Cole</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>1-30-2020</i>	<b>5</b> Payee name <i>Texas GOP Store</i>		
<b>6</b> Amount (\$) <i>\$ 5928.08</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>404 I-45</i>	City; State; Zip Code <i>Huntsville Tx 77488</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Campaign signs</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>	Office held
	Date <i>2-4-2020</i>	Payee name <i>ADDT, LLC</i>	
Amount (\$) <i>\$ 242.48</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1339 E. Broadway</i>	City; State; Zip Code <i>Pearland, Tx 77581-<del>000698</del> 6305</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign banner</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>	Office held
	Date <i>2-7-2020</i>	Payee name <i>J6 Media/Community Impact</i>	
Amount (\$) <i>\$ 1860.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>3600 E Palm Valley Blvd Box #3</i>	City; State; Zip Code <i>Round Rock Tx 78665</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>advertising</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>	Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>James Kevin Cole</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2-14-2020</i>	<b>5</b> Payee name <i>ADDI, LLC</i>	
<b>6</b> Amount (\$) <i>\$818.65</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>1339 E. Broadway</i>	City; State; Zip Code <i>Pearland Tx 77581-6305</i>
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>window clings / name tags</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought / Office held <i>Mayor</i>
Date <i>2-15-2020</i>	Payee name <i>Killen's Barbecue</i>	
Amount (\$) <i>\$2221.29</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>3613 Broadway</i>	City; State; Zip Code <i>Pearland TX 77581</i>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>BBQ / sides</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought / Office held <i>Mayor</i>
Date <i>2-18-2020</i>	Payee name <i>J6 Media/Community Impact Newspaper</i>	
Amount (\$) <i>1860.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>3600 E Palm Valley Blvd Box #3</i>	City; State; Zip Code <i>Round Rock TX 78665</i>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought / Office held <i>Mayor</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>James Kevin Cole</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-29-2020</i>	5 Payee name <i>O'Day Rental &amp; Supply</i>
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6 Amount (\$) <i>102.81</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>6614 Broadway</i>	City; <i>Pearland</i>	State; <i>Tx</i>	Zip Code <i>77584</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other - signs</i>	(b) Description <i>t-post drivers &amp; zip ties</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>	Office held
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Date <i>3-11-2020</i>	Payee name <i>Koza's, Inc</i>
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Amount (\$) <i>428.28</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>2910 South Main St.</i>	City; <i>Pearland</i>	State; <i>Tx</i>	Zip Code <i>77581</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>mesh hats</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kevin Cole</i>	Office sought <i>Mayor</i>	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <b>1</b>	2 FILER NAME <i>James Kevin Cole</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address;	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:  1	<b>2</b> FILER NAME  <i>James Kevin Cole</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City State Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

*James Kevin Cole*

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

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