# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

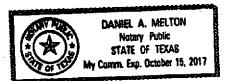
# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00110414	2 PAGE # 1 of 63			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Sheri  NICKNAME LAST Gallo	MI	OFFICE USE ONLY  Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;  PO Box 26550 Austin, TX 78755	CITY; STATE; ZIP CODE	Date Hand-delivered Date Receipt #			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LeW  NICKNAME LAST Little	MI SUFFIX Jr.	Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S  2806 Stratford Drive Austin, TX 78746	SUITE #; CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 480-9702	EXTENSION				
8 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year TH 03/14/2014	Month Day ROUGH 06/30/20	Year			
10 ELECTION	ELECTION DATE ELECTION Month Day Year Print 11/04/2014	TYPE Runoff X	General Special			
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known Austin City Council	•			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

<u> </u>				
13 C/OH NAME Gallo	, Sheri		14 ACCOUNT # 00110414	(Ethics Commission filers)
15 NOTICE: FROM	have been made with	tice of political expenditures by political committees to support the car out the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
GENERAL		COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		· 
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	<del></del>	
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	45,158.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	<b>\$</b>	0.00
	4. TOTAL F	POLITICAL EXPENDITURES	\$	10,264.15
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	33,042.45
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
17 AFFIDAVIT	<u> </u>			



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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said Stant GALL	, this the	day
of 50 m, 20 14, to certify which, witness my hand and seal of office.		

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

	The Instruction	א Guide explains how to complete this form.		1 PAGE # Schedule: 1/5	53 Report: 3/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Adkins, Debra	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/26/2014	<b>6</b> Contributor address; City; State; Zip Code 6624 Dogwood Creek Drive Austin, TX 78746		. \$175.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ☐ out-of-state PAC (ID# Adkins, Tom	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 6624 Dogwood Creek Drive Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$175.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	L:			
					:		
	Date	Full name of contributor  ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code 3100 Rivercrest Avenue Austin, TX 78746		\$125.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code 3100 Rivercrest Avenue Austin, TX 78746		\$125.00	 		
	•			(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event		
	06/30/2014	Contributor address; City; State; Zip Code 3100 Rivercrest Avenue Austin, TX 78746		\$25.00	! 		
		<u>'</u>		(If travel outside of	Texas, complete Schedule T)		
$\vdash$	Principal occup	Dation / Job title (See Instructions)	Employer (See In	L i	.,,		
	•	·	_				

The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 2/	53 Report: 4/63
2 ELECTION	Colla Shari		·	(Ethics Commission filers)
2 FILER NAME	Gallo, Sheri		3 ACCOUNT#	(Euros Commissión mers)
			00110414	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Andrews, B.J.	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/06/2014	6 Contributor address; City; State; Zip Code 4200 Jackson Avenue Apt. 1015 Austin, TX 78731	•••••••	\$50.00	 
O Bringing Conve	stian / lab title /Can Instructions)	40 Employer (Coo. In		Texas, complete ochedate 17
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<del> </del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/22/2014	Contributor address; City; State; Zip Code 7008 Twincrest Drive		\$100.00	! 
	Austin, TX 78752			[
			(if travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxas, complete selledule 1/
Principal occup	auon 7 300 title (See instructions)	Employer (See in	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#	<del></del> )	Amount of	In-kind contribution
	Austin Apartment Association PAC Committee		contribution (\$)	description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 4107 Medical Parkway #100		\$350.00	
	Austin, TX 78756		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
			·	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/06/2014	Contributor address; City; State; Zip Code 4213 Waters Edge Cove Austin, TX 78731-5139		\$200.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In	<u>.                                    </u>	., ,
Retired		N/A		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/16/2014	Contributor address; City; State; Zip Code 2508 Greenlee		\$100.00	1
	#1 Austin, TX 78703			I
	•		(If travel outside of	Texas, complete Schedule T)
Principal occur	Deation / Job title (See Instructions)	Employer (See In	<u> </u>	
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		<u> </u>		

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 3/5	53 Report: 5/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8
ŧ	06/16/2014	6 Contributor address; City; State; Zip Code 2508 Greenlee #1		\$100.00	 
		Austin, TX 78703	•	(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 1407 Wathen Avenue Austin, TX 78703		\$175.00	 
		raduit, IA 10100		(If traval outside of	Texas, complete Schedule T)
<u> </u>	Principal accord	ation / Job title (See Instructions)	Employer (See In		- 2220) complete delleddia ()
	- micipal occuş	,		·	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 1407 Wathen Avenue Austin, TX 78703		\$175.00	! 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/20/2014	Contributor address; City; State; Zip Code PO Box 50250 Austin, TX 78763		\$350.00	 
L		<u> </u>	<b>_</b>	<u> </u>	f Texas, complete Schedule T)
	Principal occup Investments	pation / Job title (See Instructions)	Employer (See In Self	nstructions)	- :
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 7716 Basil Drive Austin, TX 78750		\$100.00	 
1	ļ			(If traval outside of	f Texas, complete Schedule T)
$\vdash$	Principal occup	 pation / Job title (See Instructions)	Employer (See In	<u> </u>	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 4/5	53 Report: 6/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Beck, Janis	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/06/2014	6 Contributor address; City; State; Zip Code 7168 Las Ventanas Drive Austin, TX 78731-1816	, , , , , , , , , , , , , , , , , , , ,	\$250.00	 		
				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Sales	ation / Job title (See Instructions)	10 Employer (See Ins Self	structions)	V		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; City; State; Zip Code 7168 Las Ventanas Drive Austin, TX 78731-1816		\$250.00	 		
		Auguit, 1A 10/01-1010			I		
_				<u> </u>	Texas, complete Schedule T)		
	Principal occup Sales	ation / Job title (See Instructions)	Employer (See In: Self	structions)	,		
L				·			
	Date	Full name of contributor  ut-of-state PAC (ID# Beckworth, John	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code  98 San Jacinto Blvd. FSR-1 #2705		\$250.00	 		
		Austin, TX 78701	<u> </u>	<u> </u>	Texas, complete Schedule T)		
	Principal occup Staff	eation / Job title (See Instructions)	Employer (See In The University (		1000		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code 98 San Jacinto Blvd. FSR-1 #2705 Austin, TX 78701		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Vice Presider	pation / Job title (See Instructions)	Employer (See In Hobby Commu				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/20/2014	Contributor address; City; State; Zip Code 1502 West Sixth Street Austin, TX 78703	,	\$100.00	! !		
		,			!. :•		
L	Principal accura	untion / Joh title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
	г писіраї оссир	pation / Job title (See Instructions)	Employer (See If	isudenons)			

### Austin, Texas 78711-2070 (512)463-5800

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

P.O.Box 12070

<u> </u>							
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5	53 Report: 7/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Berry, Matt Sr.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/16/2014	6 Contributor address; City; State; Zip Code 1401 Wathen Avenue Austin, TX 78703		\$150.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date .	Full name of contributor  ut-of-state PAC (ID# Biel, Bill	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 5913 Lonesome Valley Trail Austin, TX 78731		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
<del>                                     </del>	Principal occup	Loation / Job title (See Instructions)	Employer (See In	<u></u>	, , , , , , , , , , , , , , , , , , , ,		
	, <b></b>	,	. , , ==	•			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 5913 Lonesome Valley Trait Austin, TX 78731		\$50.00	 		
_	Delecie 1		Paralle 10	<u> </u>	Texas, complete Schedule T)		
	rnncipal occut	pation / Job litle (See Instructions)	Emplayer (See In	istructions)			
	Date	Full name of contributor	<del>!</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event		
	06/30/2014	Contributor address; City; State; Zip Code 12101 Hispania Ct. Austin, TX 78727		\$25.00	 		
L				1. <u>:</u>	Texas, complete Schedule T)		
	Principal occur	pation / Job title (See Instructions)	Employer (See In	nstructions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 4100 Jackson Avenue Apt. 228		\$350.00	 		
	j	Austin, TX 78731		1	·		
<u> </u>				<u> </u>	Texas, complete Schedule T)		
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See tr N/A	nstructions)			

P.O.Box 12070

The los	STRUCTIO	ON GUIDE explains how to complete this form,		1 PAGE#	53. Papart: 8/62
					53 Report: 8/63
2 FILER	NAME	Gallo, Sheri		3 ACCOUNT#	(Ethics Commission filers)
				00110414	
4 Date		5 Full name of contributor  ut-of-state PAC (ID#	١	7 Amount of	8 In-kind contribution
- Dale	,	Boone, Bill		contribution (\$)	description (if applicable)
					I , , , , , , , , , , , , , , , , , , ,
		A A AND A A A A A A A A A A A A A A A A	• • • • • • • • • • • • • • • • • • • •		l
06/16/	2014	6 Contributor address; City; , State; Zip Code		\$350.00	1
		1603 Pease Road Austin, TX 78703			
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<b>'</b>
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	10 Employer (See In		
		lanagement & Supplier	Food Service M	lanagement Syste	ems
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Date	<del>)</del>	Full name of contributor	!)	Amount of	In-kind contribution
		Bostick, Francis Helen		contribution (\$)	description (if applicable)
		 			i
06/16/	2014	Contributor address; City; State; Zip Code		\$50.00	1
		4700 Cat Mountain Drive		+35.55	I
		Austin, TX 78731			I
				Jif traval avealer -*	Towns complete Schoolide TV
<b>D</b> .21	al car	land the little (Con Instructions)	Employee (Oct.)		Texas, complete Schedule T)
Principa	al occup	pation / Job title (See Instructions)	Employer (See In	structions)	
		·			
Date		Full name of contributor	, \	Amount of	In-kind contribution
Date	,	Bower, Peggy	'	contribution (\$)	description (if applicable)
		Dower, Feggy			Food for event
	(0011	A			
06/30/	2014	Contributor address; City; State; Zip Code		\$74.00	I
		4001 Far West Blvd. Austin, TX 78731			I
				(If travel outside of	Texas, complete Schedule T)
Princip	al occup	pation / Job title (See Instructions)	Employer (See In	structions)	···
	·	·	• • •	•	
		· - <u>-</u>			
Date	•	Full name of contributor  ut-of-state PAC (ID#	<del>;</del> )	Amount of	In-kind contribution
		Boykin, Cue		contribution (\$)	description (if applicable)
06/26/	2014	Contributor address; City; State; Zip Code		\$350.00	1
00,20		3621 Windsor Road			l
		Austin, TX 78703			1
				(16 4	· · · · · · · · · · · · · · · · · · ·
	-1	N-1   1-1   11   10   1   1   1   1   1   1   1	F-1 1	l '	Texas, complete Schedule T)
Princip Retire		pation / Job title (See Instructions)	Employer (See In N/A	ISTRUCTIONS)	0
Redire	u		17075		·
Data		Full name of contributor  ut-of-state PAC (ID)	<u> </u>	Amount of	In-kind contribution
Date	-	Boykin, Dorothy	r)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Boykin, Coloury			1
			· · · · · · · · · · · · · · · · · · ·		I
06/26/	2014	Contributor address; City; State; Zip Code		\$350.00	1 .
		3621 Windsor Road Austin, TX 78703			1
		1.55.07			1
				(If travel outside of	Texas, complete Schedule T)
Princip	al occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
Retire		,	N/A		
1					

P.O.Box 12070

<u> </u>							
	The Instruction	Guide explains how to complete this form.	· · · · · ·	1 PAGE # Schedule: 7/5	3 Report: 9/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Bray, Judy	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/06/2014	6 Contributor address; City; State; Zip Code #2 Greens Lane Austin, TX 78703		\$350.00     			
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In N/A	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; City; State; Zip Code #2 Greens Lane Austin, TX 78703		\$350.00			
				(If travel outside of	Texas, complete Schadule T)		
		pation / Job title (See Instructions)	Employer (See In				
	Attorney		Graves, Dougn	erty, Hearon, & Mo	oody		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code 1516 Parkway Austin, TX 78703		\$350.00	 		
				<u> L</u>	Texas, complete Schedule T)		
	Investments	pation / Job title (See Instructions)	Employer (See In Self	structions)			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code 2201 B Exposition Blvd. Austin, TX 78703		\$175.00	   		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ☐ out-of-state PAC (ID# Brown, Lynda	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code 2201 B Exposition Blvd. Austin, TX 78703		\$175.00	 		
				(If travel autoids =4	Toyas complete Salestate To To		
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9	53 Report: 10/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
<b>4</b> Date	5 Full name of contributor  ut-of-state PAC (ID)  Browning, Courtney	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/14/2014	6 Contributor address; City; State; Zip Code 2713 Trail of Madrones Austin, TX 78746-2344		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job tille (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/06/2014	Contributor address; City; State; Zip Code 3009 Gilbert Street Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In	structions)	
Retired	<u>.                                    </u>	N/A		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/06/2014	Contributor address; City; State; Zip Code 3009 Gilbert Street Austin, TX 78703		\$350.00	. 
			•	Texas, complete Schedule T)
Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See In Barshop & Oles		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/20/2014	Contributor address; City; State; Zip Code Two Niles Road Austin, TX 78703		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See in N/A	<u> </u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/29/2014	Contributor address; City; State; Zip Code 10807 San Souci Place Austin, TX 78759		\$100.00	 
			//f traval autolds	Toyon namelete Galacticia Ti
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
			<u> </u>	

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	The Instruction	N Guide explains how to con	plete this form.		1 PAGE # Schedule: 9/5	53 Report: 11/63
2	FILER NAME	Gallo, Sheri			3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor Carothers, David D.	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 , In-kind contribution description (if applicable)
	05/21/2014	6 Contributor address; 6114 Prestonshire Lane Dallas, TX 75225	City; State; Zip Code		\$150.00	l   
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Chamberlain, Paul	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/06/2014	Contributor address; 3500 Native Dancer Cove Austin, TX 78746-1434	City; State; Zip Code		\$50.00	
				;	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
			•			·
	Date	Full name of contributor Chamberlain, Vicki	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/06/2014	Contributor address; 3500 Native Dancer Cove Austin, TX 78746-1434	City; State; Zip Code		\$50.00	]   
				•		
			•			Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Chaney, Joyce	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; 2706 Mountain Laurel Drive Austin, TX 78703	City; State; Zip Code		\$25.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	· ·
<b> </b>						•
	Date	Full name of contributor Chapman, Betty S.	out-of-state PAC (ID#	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; 4206 Farhills Drive Austin, TX 78731	City; State; Zip Code		\$50.00	1   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	. ,
	- y	,	,	, , , , , , , , , , , , , , , , , , , ,	• • • • • • • •	

Т	he Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 10	/53 Report: 12/63		
2 F	ILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Christian, Elizabeth	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06	6/29/2014	6 Contributor address; City; State; Zíp Code 7629 Rockpoint Drive Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$350.00	l l		
				<u></u>	Texas, complete Schedule T)		
	rincipal occup Public Relatio	pation / Job title (See Instructions) ons	10 Employer (See In Elizabeth Christ		Public Relations, Inc.		
	Date	Full name of contributor  ut-of-state PAC (ID# Clair, Phyllis	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event		
06	6/30/2014	Contributor address; City; State; Zip Code		\$25.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
P	rincipal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)		
	·	·					
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06	6/16/2014	Contributor address; City; State; Zip Code 4105 Green Cliffs Road Austin, TX 78746		\$50.00	 		
				1 '	Texas, complete Schedule T)		
P	rincipal occup	pation / Job title (See Instructions)	Employer (See In	structions)	.*		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
00	6/16/2014	Contributor address; City; State; Zip Code 4105 Green Cliffs Road Austin, TX 78746		\$50.00	] [ ]		
				(If travel outside of	Texas, complete Schedule T)		
Р	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
0(	6/25/2014	Contributor address; City; State; Zip Code 4100 Jackson Avenue		\$100.00			
		Apt. 214 Austin, TX 78731	•		·-		
				<u> </u>	Texas, complete Schedule T)		
P	rincipal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)			

	The Instruction	on Guide explains how to complete this form.		1 PAGE#	(50 Dans 4 40/00
<u> </u>		·			/53 Report: 13/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor  out-of-state PAC (ID# Covert, Helen	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/25/2014	6 Contributor address; City; State; Zip Code 4100 Jackson Avenue Apl. 214 Austin, TX 78731		\$100.00	] 
		700011, 1770701		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 4200 Jackson Avenue Apt. 1020		\$350.00	 
		Austin, TX 78731-6047		(If travel outside of	Texas, complete Schedule T)
$\vdash$	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Retired	·	N/A	·	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/20/2014	Contributor address; City; State; Zip Code 7901 West Rim Drive Austin, TX 78731-1244		\$75.00	 
ĺ				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	'	· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 3801 Balcones Drive Austin, TX 78731		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
-	Principal occur	Leation / Job title (See Instructions)	Employer (See In		Toxas, complete contents 17
	Attorney		Self		
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 2404 Sweetbrush Drive Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
$\vdash$	Principal occur	pation / Job title (See Instructions)	Employer (See In	1 '	· · · · · ·
	Real Estate (		Self	,	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 12	2/53 Report: 14/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/25/2014	6 Contributor address; City; State; Zip Code 2404 Sweetbrush Drive Austin, TX 78703		\$350.00	 		
					Texas, complete Schedule T)		
9	Principal occup Consultant	pation / Job title (See Instructions)	10 Employer (See Ins Self	structions)			
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 327 The Hills Drive Austin, TX 78738		\$50.00	i 		
				<u>l</u> .	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	estructions)			
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 327 The Hills Drive Austin, TX 78738		\$50.00	I . I   I		
	İ			(If travel outside of	f Texas, complete Schedule T)		
	Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u>.                                    </u>	,		
	Date	Full name of contributor □ out-of-state PAC (ID# Diwan, Robert & Nada	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; City; State; Zip Code 6002 River Downs Cove Austin, TX 78746		\$50.00	[   		
	ļ			(If travel outside of	f Texas, complete Schedule T)		
	Principal occur	pation / Job title (See Instructions)	Employer (See In	istructions)			
=	Date	Full name of contributor	ų ì	Amount of	In-kind contribution		
	Date	Dobson, Joslyn	··)	contribution (\$)	description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 2916 Waterbank Cove Austin, TX 78746-4137		\$350.00	1 1		
L				(If travel outside of	f Texas, complete Schedule T)		
Γ	•	pation / Job title (See Instructions)	Employer (See In	nstructions)			
	Investments		Self				

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	The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 13/	/53 Report: 15/63	
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Doughtie, V. L. (Mrs.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/16/2014	6 Contributor address; City; State; Zip Code 1509 Woolridge Drive Austin, TX 78703		\$200.00   		
l				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Housewife	ation / Job title (See Instructions)	10 Employer (See In N/A	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; City; State; Zip Code 4324 Rio Robles Austin, TX 78746		\$50.00	! 	
				(If travel outside of	Texas, complete Schedule T)	
<del> </del>	Principal occup	eation / Job title (See Instructions)	Employer (See In	1		
		•				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; City; State; Zip Code 4324 Rio Robles Austin, TX 78746		\$50.00	 	
				1 '	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)		
	Date	Full name of contributor	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/06/2014	Contributor address; City; State; Zip Code 1304 Belmont Parkway Austin, TX 78703		\$50.00	]   	
					· · · · · · · · · · · · · · · · · · ·	
H	Principal occur	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)	
	T mopal occup	valuation to the coordinate control of the control	Zimpleyer (GGG II		· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/06/2014	Contributor address; City; State; Zip Code 1304 Belmont Parkway Austin, TX 78703	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$50.00	! ! . !	
					Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		

P.O.Box 12070

	OTTIEN	THAN I LEDGES ON EOAI	····	<u>.</u>	
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 14	/53 Report: 16/63
2	FILER NAME	Gallo, Sheri	•	3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Dwyer, Jan Cox	<del>!</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/21/2014	6 Contributor address; City; State; Zip Code 503 Las Lomas Drive Austin, TX 78746	••••••	\$350.00	  -  -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Investments	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 106 Walnut Tree Loop Georgetown, TX 78633		\$175.00	 
				(If travel outside of	· Texas, complete Schedule T}
	Principal occur	bation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
	, ,	; , , , , , , , , , , , , , , , , , , ,	, , ,	,	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 106 Walnut Tree Loop Georgetown, TX 78633		\$175.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	istructions)	
	Date	Full name of contributor  ut-of-state PAC (ID:	#)	Amount of	In-kind contribution
		Edgar, Susan		contribution (\$)	description (if applicable)
	06/06/2014	Contributor address; City; State; Zip Code 1500 West 38th Street #31		\$100.00	 
		Austin, TX 78731		l	' 
	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete Schedule T)
	rilicipal occup	adult / Job dile (See instituctions)	Employer (See ii	isti uctions/	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/06/2014	Contributor address; City; State; Zip Code 1500 West 38th Street #31		\$100.00	 
		Austin, TX 78731			' 
	Dringing pages	pation / Job title /See Instructions	Employer (See Ir	<u> </u>	Texas, complete Schedule T)
	-тикира оссиј	oation / Job title (See Instructions)	Citibioses (oee is	iatructions)	
L	<u></u>		<u>L</u>		

# **POLITICAL CONTRIBUTIONS**

P.O.Box 12070

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 15/53 Report: 17/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Eichler, Elwood J.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/06/2014	6 Contributor address; City; State; Zip Code 4633 Far West Blvd. #4		\$50.00		
		Austin, TX 78731		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Eichler, Sue N.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/06/2014	Contributor address; City; State; Zip Code 4633 Far West Blvd. #4		\$50.00		
		Austin, TX 78731		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Eledge, Michael	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; City; State; Zip Code 3705-A Gilbert Street Austin, TX 78703		\$350.00	   	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup Investments	pation / Job title (See Instructions)	Employer (See In Self	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; City; State; Zip Code 3705-A Gilbert Street Austin, TX 78703		\$350.00		
					Texas, complete Schedule T)	
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Self	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; City; State; Zip Code 200 Congress Avenue Unit # 11E Austin, TX 78701		\$350.00	 	
<u> </u>	Dringing!	pating / Joh Hills /Con Instructions)	Employer/Cos (-	<u> </u>	Texas, complete Schedule T)	
		pation / Job title (See Instructions) Affairs Consultant	Employer (See Ir Self	istructions)		

	The Instruction	ы Guide explains how to com	plete this form.		1 PAGE # Schedule: 16	/53 Report: 18/63
2	FILER NAME	Gallo, Sheri			3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor Enoch, Craig	out-of-state PAC (ID#	<del>;</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/16/2014	6 Contributor address; 2614 Maria Anna Road Austin, TX 78703	City; State; Zip Code		\$50.00	 
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Enoch, Kay	out-of-slate PAC (ID#	<del>/</del> )	Amount of cantribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; 2614 Maria Anna Road Austin, TX 78703	City; State; Zip Code		\$50.00	   
			•		(If trough outside of	Texas, complete Schedule T)
	Principal occur	eation / Job title (See Instruction	ns)	Employer (See In	l `	Texas, complete schedule 1)
				, , ,		
	Date	Full name of contributor Fariss, Lanette V.	out-of-state PAC (IDa	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; 5903 Overlook Drive Austin, TX 78731	City; State; Zip Code		\$50.00	l . I
					1	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See Ir	nstructions)	
	Date	Full name of contributor Fariss, Max	ut-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; 5903 Overlook Drive Austin, TX 78731	City; State; Zip Code		\$50.00	 
					(If travel outside of	Texas, complete Schedule T}
	Principal occup	 pation / Job title (See Instruction	ns)	Employer (See II		- rozas, complete conscious ()
	Date ,	Full name of contributor Flawn, Peter T.	out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/06/2014	Contributor address; 4100 Jackson Avenue Apt. 463 Austin TY 78731	City; State; Zip Code		\$125.00	I · · · · · · · · · · · · · · · · · · ·
		Austin, TX 78731			(If travel outside o	Texas, complete Schedule T)
一	Principal occup	I pation / Job title (See Instruction	ns)	Employer (See I		· · · · · · · · ·
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The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 17/	/53 Report: 19/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Flawn, Priscilla P.	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/06/2014	6 Contributor address; City; State; Zip Code 4100 Jackson Avenue Apt. 463 Austin, TX 78731	· · · · · · · · · · · · · · · · · · ·	\$125.00	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 1101 Sprague Lane Austin, TX 78746-4309		\$350.00	
	Austii, 12 76740-4309		'	<u>.                                    </u>
			`	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<del>(</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/16/2014	Contributor address; City; State; Zip Code 704 Laurel Valley Road Austin, TX 78746	· · · · · · · · · · · · · · · · · · ·	\$25.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<del>‡)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 5815 Buckpasser Cove Austin, TX 78746		\$150.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
Date	Full name of contributor	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event
06/30/2014	Contributor address, City; State, Zip Code 5815 Buckpasser Cove Austin, TX 78746		\$15.00	1 } 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	 pation / Job title (See Instructions)	Employer (See In	<u> </u>	
				Electronic Filing Version 3.4.5

	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 18	/53 Report: 20/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Francois, Murry	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/30/2014	6 Contributor address; City; State; Zip Code 5815 Buckpasser Cove Austin, TX 78746		\$150.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/27/2014	Contributor address; City; State; Zip Code 1511 Granrey Drive Edinburg, TX 78541	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00	!   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)			
	Date	Full name of contributor	<u>;                                    </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; City; State; Zip Code 3125 Hemphill Park Austin, TX 78705		\$350.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)			
	Date	Full name of contributor	<del>!)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; City, State; Zip Code 3125 Hemphill Park Austin, TX 78705		\$350.00	 		
				(If travel outside of	f Texas, complete Schedule T)		
	Principal occup Insurance Ag	pation / Job title (See Instructions) ent	Employer (See Ir William Gammo				
-	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 4600 Ridge Oak Drive Austin, TX 78731		\$50.00	 		
		<u> </u>		1 .	f Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)			

Texas Ethics Commission

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 19	/53 Report: 21/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gaston, William D.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/16/2014	6 Contributor address; City; State; Zip Code 4600 Ridge Oak Drive Austin, TX 78731		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 11 Woodstone Square Austin, TX 78703		\$25.00	 		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	•		
	· · · · · · · · · · · · · · · · · · ·						
	Date	Full name of contributor □ out-of-state PAC (ID# Giles, Vera L.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/20/2014	Contributor address; City; State; Zip Code 3802 Bailey Ln.		\$50.00	 		
		Apt. 2 Austin, TX 78756-3910		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/14/2014	Contributor address; City; State; Zip Code 503 E Market Street Lockhart, TX 78644		\$350.00	!   		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Owner	pation / Job title (See Instructions)	Employer (See In Partymachines.				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 2612 Wooldridge Drive Austin, TX 78703		\$350.00	i   		
		,		(If trave) outside of	Texas, complete Schedule T)		
	Principal occur	Dation / Job title (See Instructions)	Employer (See In	l			
		lic Accountant	Midwikis & Gra				

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/53 Report: 22/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Granger, Tom	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/16/2014	6 Contributor address; City; State; Zip Code 2612 Wooldridge Drive Austin, TX 78703		\$350.00	·  -  -		
				<u></u>	Texas, complete Schedule T)		
9	Principal occup Investments	eation / Job title (See Instructions)	10 Employer (See In Self	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code 5008 Finley Drive Austin, TX 78731		\$250.00	1   		
					Texas, complete Schedule T)		
		nation / Job title (See Instructions) lic Accountanrt	Employer (See In Patricia B. Gree				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 807 Nueces Street Austin, TX 78701		\$300.00	 		
				· ·	Texas, complete Schedule T)		
	Principal occup Private Inves	pation / Job title (See Instructions) tments	Employer (See In Casera Manage				
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 714 Jessie Street Austin, TX 78704		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 714 Jessie Street Austin, TX 78704		\$25.00	   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	  aation / Job title (See Instructions)	Employer (See In		Towas, complete actinating 1)		
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 21	/53 Report: 23/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Hansen, Fred	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
-	06/26/2014	6 Contributor address; City; State; Zip Code 5816 Traitridge Drive Austin, TX 78731		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 5816 Trailridge Drive Austin, TX 78731		\$25.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In		<u> </u>		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code		\$100.00	i I		
		Austin, TX		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
-	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 901 S. Mopac Expressway Suite 505, Bldg. 2 Austin, TX 78746		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	structions)			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 901 S. Mopac Expressway Suite 505, Bldg. 2 Austin, TX 78746		\$250.00	 		
<u></u>				<u> </u>	Texas, complete Schedule T)		
	Principal occup Architect/Dev	pation / Job title (See Instructions) veloper	Employer (See Ir Self	nstructions)			

	The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 22	/53 Report: 24/63		
2	FILER NAME	Gallo, Sheri	·	3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hill, Brian	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
-	06/26/2014	6 Contributor address; City; State; Zip Code 1616 Overland Stage Road Dripping Springs, TX 78620		\$175.00	! ! !		
					Texas, complete Schedule T)		
9	` Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 1616 Overland Stage Road Dripping Springs, TX 78620	•••••	\$175.00	t 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·					
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
-	06/30/2014	Contributor address; City; State, Zip Code 3206 Oakmont Blvd. Austin, TX 78703		\$100.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<u>*</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; City; State; Zip Code 3111 Westlake Drive Austin, TX 78746		\$175.00	 		
		·		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	structions)	<u></u>		
L							
<del>-</del>	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
ļ	06/06/2014	Contributor address; City; State; Zip Code 3111 Westlake Drive Austin, TX 78746		\$175.00	 		
				(if travel outside of	Texas, complete Schedule T)		
H	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	-,,		
				·			

	The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 23	/53 Report: 25/63	
2	FILER NAME	Gallo, Sheri		-	3 ACCOUNT # 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor Howard, Diane	Out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/16/2014	6 Contributor address; 3704 Meadowbank Drive Austin, TX 78703	City; State; Zip Code		\$25.00	I I I ,	
			· ·		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)		
	Date	Full name of contributor Howard, James	ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; 3704 Meadowbank Drive Austin, TX 78703	City; State; Zip Code		\$25.00	! !	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Hudspeth, Ann	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/15/2014	Contributor address; 8010 Stillwood Lane Austin, TX 78757	City; State; Zip Code		\$25.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	l pation / Job title (See Instruction	ns)	Employer (See In	structions)	·	
	Date	Full name of contributor Hudspeth, John F.	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; 4100 Jackson Avenue Apt. 346	City; State; Zip Code		\$25.00	   	
		Austin, TX 78731			(If travel outside o	f Texas, complete Schedule T)	
-	Principal occup	Leation / Job title (See Instruction	ns)	Employer (See In	estructions)	, <u> </u>	
	Date	Full name of contributor Hudspeth, William J.	out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/21/2014	Contributor address; 7602 Rim Cove Austin, TX 78731	City; State; Zip Code	,	\$350.00	 	
					(If travel outside o	f Texas, complete Schedule T)	
	Principal occup UX Architect	Dation / Job title (See Instruction	ns)	Employer (See In Dell	<u> </u>		
_					_	Electronic Filing Version 3.4.5	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 24	/53 Report: 26/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hughes, Cora Lee		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/27/2014	6 Contributor address; City; State; Zip Code 5808 Trailridge Drive Austin, TX 78731		\$25.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/27/2014	Contributor address; City; State; Zip Code 3409 Taylors Drive Austin, TX 78703-1047		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
<u> </u>	Principal occur	pation / Job title (See Instructions)	Employer (See In		,		
	- morpai ocoup						
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; City; State; Zip Code 3226 Tarryhollow Austin, TX 78703		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; City; State; Zip Code 3226 Tarryhollow Austin, TX 78703		\$50.00	 		
l				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 3200 Riva Ridge Road Austin, TX 78746		\$350.00	1 		
				(If tenue) mutalds ==	FTayon complete Debuguia Ti		
_	Dringing occur	potion / lob title (See Instructions)	Employer (See In		f Texas, complete Schedule T)		
	Investments	pation / Job title (See Instructions)	Self				

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	The INSTRUCTION	Guide explains how to complete this form.		1 PAGE # Schedule: 25	/53 Report: 27/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Inman, Nancy	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/16/2014	6 Contributor address; City; State; Zip Code 3200 Riva Ridge Road Austin, TX 78746	,	\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Professor	ation / Job title (See Instructions)	10 Employer (See In The University					
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/06/2014	Contributor address; City; State; Zip Code 3301 Bridle Path Austin, TX 78703-2711		\$175.00	1   			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	- · · · · · · · · · · · · · · · · · · ·			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/06/2014	Contributor address; City; State; Zip Code 3301 Bridle Path Austin, TX 78703-2711		\$175.00	<b> </b> 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event			
	06/30/2014	Contributor address; City; State; Zip Code 10926 Jollyville Road Apt. 610		\$15.00	 			
		Austin, TX 78759			'			
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T}			
	- :							
	Date	Full name of contributor	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/26/2014	Contributor address; City; State; Zip Code 1108 Nueces Austin, TX 78701		\$100.00	! ! !			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occu	pation / Job title (See Instructions)	Employer (See II	<u></u>				
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P.O.Box 12070

The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 26	/53 Report: 28/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_ Johnston, David	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/16/2014	6 Contributor address; City; State; Zip Code 116 Birnam Wood Ct. Austin, TX 78746		\$250.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Applied Micro		10 Employer (See In Self	structions)	
Date	Full name of contributor  ut-of-state PAC (ID#_ Joseph, Mildred S.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/20/2014	Contributor address; City; State; Zip Code 2511 Bridle Path Austin, TX 78703		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/21/2014	Contributor address; City; State; Zip Code 9 Pascal Lane Austin, TX 78746	***************************************	\$50.00	   
			1.:	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/25/2014	Contributor address; City; State; Zip Code PO Box 5930 Austin, TX 78763		\$200.00	 
	,	_	(if travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	estructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/27/2014	Contributor address; City; State; Zip Code 5608 Jim Hogg Avenue #8		\$350.00	 
	Austin, TX 78756			_
			<u> </u>	Texas, complete Schedule T)
Principal occu Investments	pation / Job title (See Instructions)	Employer (See Ir Self	nstructions)	

	The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 27	/53 Report: 29/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Knight, Robert	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/21/2014	6 Contributor address; City; State; Zip Code 307 East 2nd Austin, TX 78701		\$350.00	 		
				(If travel outside of	Texas, complete Schedute T)		
9	Principal occup Real Estate	ation / Job title (See Instructions)	10 Employer (See In: Knight Real Est				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 10101 Eastman Cove Austin, TX 78750		\$250.00	   		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In Self	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 10101 Eastman Cove Austin, TX 78750		\$250.00	<b>!</b> !		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	eation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# Kuperman, David	)	Amount of contribution (\$)	in-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 10820 Straw Flower Drive Austin, TX 78733		\$350.00	[ 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Kuperman, Orr,		· .		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 2511 McCallum Drive Austin, TX 78703		\$50.00	 		
				(16 agg, and note = 1.4 - 1.4	Tanan asmut 1: 8:1: : :		
	Bringing econo	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
	-тикираг оссир	MOREOUTY SOOD LIKE (SEE ITEM COLORES)	Employer (See in				

	OTHER THAN PLEDGES OR LOANS						
The Instruction (	Guide explains how to com	plete this form.		1 PAGE # Schedule: 28	/53 Report: 30/63		
2 FILER NAME (	Gallo, Sheri			3 ACCOUNT # 00110414	(Ethics Commission filers)		
	Full name of contributor eigon, Charles W.	☐ out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
50	Contributor address; 008 Desert Oak Circle justin, TX 78749-2216	City; State; Zip Code		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9 Principal occupation Retired	on / Job title (See Instruction	s)	10 Employer (See In N/A	structions)			
Date L	Full name of contributor ink, Jennie	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; 400 Sweetbrush Drive austin, TX 78703	City; State; Zip Code		\$125.00	   		
				/If travel outside of	Texas, complete Schedule T)		
Principal occupation	on / Job title (See Instruction	s)	Employer (See In		14x43, complete balledals 1)		
, mogal obsopa		·		<b>,</b>			
Date L	Full name of contributor ink, Tom	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; 400 Sweetbrush Drive austin, TX 78703	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$125.00	 		
				(If travel outside of	Texas, complete Schedule T)		
Principal occupati	on / Job title (See Instruction	s)	Employer (See In	structions)			
Date L	Full name of contributor little, Lew	out-of-state PAC (ID#	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; 2806 Stratford Drive Austin, TX 78746-2344	City; State; Zip Code	,	\$325.00	I I I .		
				(If travel outside of	Texas, complete Schedule T)		
Principal occupati Accountant	ion / Job title (See Instruction	95)	Employer (See In Self	nstructions)			
Date L	Full name of contributor oudermilk, Brenda	out-of-state PAC (IDa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; 1604 Cliffwood Drive Austin, TX 78733	City; State; Zip Code	, , , , , , , , , , , , , , , , , , , ,	\$350.00	[ [		
				(If travel outside of	· f Texas, complete Schedule T)		
Principal occupati Reitred	ion / Job title (See Instruction	ns)	Employer (See In N/A	<u> </u>	v.nas, somplete sometime 1)		

# P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

The bisstraturnow Guice explains how to complete this form.  1 PAGE # Schedule; 29/53 Report: 31/63 2 FILER NAME   Sallo, Sheri   3 ACCOUNT # (Ehics Commission flers)   00110414 4 Date   5 Full name of contributor   out-of-state PAC (ID#   7 Amount of contribution (S)   8 Inchine contribution   8 Inchine contribution   06/16/2014   6 Contributor address; 250 Cd Spicewood Road   7 Amount of contribution   7 Amount of contri									
2 FILER NAME Gallo, Sheri 3 ACCOUNT # (Ethics Commission filers) 00110414 4 Date 5 Full name of contributor	_	The Instruction	N GUIDE explains how to complete this form.			/53 Report: 31/63			
Martine, Carol  06/16/2014 6 Contributor address; 836 0.00   Spicewood Road Cypress Mill, TX 78663   City: State; Zip Code   \$350.00    9 Principal occupation / Job title (See Instructions) Real Estate  Date Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   description (if applicable)  06/16/2014   Sacross Mill, TX 78663   Out-of-state PAC (ID#   Amount of contribution (S)   description (if applicable)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   description (if applicable)  Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   description (if applicable)  Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#   Amount of description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   description (if applicable)  Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	2	FILER NAME	Gallo, Sheri		3 ACCOUNT#				
State   Contributor	4	Date	•	:)					
9 Principal occupation / Job title (See Instructions) Real Estate  Date   Full name of contributor		06/16/2014	836 Old Spicewood Road		ı	Toyse complete Schoolule Ti			
Martine, Tom  Contributor address: Sa Old Spicewood Road Cypress Mill. TX 78663  Contributor address: City: State: Zip Code Sa Old Spicewood Road Cypress Mill. TX 78663  Principal occupation / Job title (See Instructions)  Commercial Real Estate  Date Full name of contributor Ontributor May, Darlene  O6/30/2014 Contributor address: City: State: Zip Code Sacription (If revel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor Out-of-state PAC (ID# Ontributor Sacription (If applicable) (If travel outside of Texas, complete Schedule T)  O8/16/2014 Contributor address: City: State: Zip Code Sacription (If applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor Out-of-state PAC (ID# Sacription (If applicable) (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (If applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  (If travel outside of Texas, complete Schedule T)  O6/16/2014 Contributor address: City: State: Zip Code S50.00 (If applicable)  O6/16/2014 Contributor address: City: State: Zip Code S50.00 (If applicable)  O6/16/2014 Contributor address: City: State: Zip Code S50.00 (If travel outside of Texas, complete Schedule T)	9		ation / Job title (See Instructions)		structions)	-2000 Asubiara Schaddia ()			
Base Old Spicewood Road Cypress Mill. TX 78663		Date	•	t)					
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  May, Darlene  Description (if applicable)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  May, Darlene  Description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Food for event    In-kind contribution description (if applicable)		06/16/2014	836 Old Spicewood Road		\$350.00	 			
Commercial Real Estate    Martine Properties, Inc.						Texas, complete Schedule T)			
May, Darlene    Contribution (\$)   Contribution (\$)   Food for event									
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#		Date	· ·	<u> </u>		description (if applicable)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor May, Darlene F.  O6/16/2014  Contributor address; City: State: Zip Code 4553 Golf Vista Drive Austin, TX 78730  Date  Full name of contributor  (If travel outside of Texas, complete Schedule T)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor May, Fred T.  O6/16/2014  Contributor address; City: State: Zip Code  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address; City: State: Zip Code 4553 Golf Vista Drive Austin, TX 78730  (If travel outside of Texas, complete Schedule T)  (If travel outside of Texas, complete Schedule T)  (If travel outside of Texas, complete Schedule T)	İ	06/30/2014	Contributor address; City; State; Zip Code		\$25.00	1 			
Date Full name of contributor May, Darlene F. City; State; Zip Code \$50.00   Gescription (if applicable)  Contributor address; City; State; Zip Code S50.00   Gescription (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor May, Fred T.   Amount of contribution (\$)   In-kind contribution description (if applicable)  O6/16/2014   Contributor address; City; State; Zip Code					(If travel outside of	· Texas, complete Schedule T)			
May, Darlene F.  O6/16/2014 Contributor address; City; State; Zip Code 4553 Golf Vista Drive Austin, TX 78730  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#		Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)				
4553 Golf Vista Drive Austin, TX 78730  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor May, Fred T.  Contributor address; City; State; Zip Code 4553 Golf Vista Drive Austin, TX 78730  (If travel outside of Texas, complete Schedule T)  (If travel outside of Texas, complete Schedule T)		Date	•	<u> </u>					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor May, Fred T.  O6/16/2014  Contributor address; 4553 Golf Vista Drive Austin, TX 78730  (If travel outside of Texas, complete Schedule T)		06/16/2014	4553 Golf Vista Drive						
May, Fred T.  O6/16/2014 Contributor address; City; State; Zip Code \$50.00   4553 Golf Vista Drive Austin, TX 78730 (If travel outside of Texas, complete Schedule T)	-	Principal occup	Dation / Job title (See Instructions)	Employer (See Ir	.L	reves, complete scriedule T)			
May, Fred T.  O6/16/2014 Contributor address; City; State; Zip Code \$50.00    Austin, TX 78730 (If travel outside of Texas, complete Schedule T)									
4553 Golf Vista Drive Austin, TX 78730  (If travel outside of Texas, complete Schedule T)		Date	L '	#)					
		06/16/2014	4553 Golf Vista Drive			! ! !			
		Principal occuş	pation / Job title (See Instructions)	Employer (See Ir	<u></u>	f Texas, complete Schedule T)			

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=	The Instruction	IN GUIDE explains how to complete this form.		1 PAGE#		
<u> </u> _		<del>.</del>			/53 Report: 32/63	
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# McDaniel, Demetrius	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/30/2014	6 Contributor address; City; State; Zip Code 7601 Sandia Loop Austin, TX 78735		\$200.00	 	
		<u> </u>		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Greenberg Trac			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/29/2014	Contributor address; City; State; Zip Code 3112 Windsor Road # A329 Austin, TX 78703		\$350.00	!   	
		- Adolin, 1A 10100		(If travel outside of	Texas, complete Schedule T)	
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In EM Consulting,			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/29/2014	Contributor address; City; State; Zip Code 3112 Windsor Road # A329 Austin, TX 78703		\$350.00	   	
				1 ·	f Texas, complete Schedule T)	
	Principal occus Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/22/2014	Contributor address; City; State; Zip Code 21018 Mystic Stone Drive Tomball, TX 77375		\$100.00	1 	
				(If travel outside o	f Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See li	nstructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/22/2014	Contributor address; City; State; Zip Code 21018 Mystic Stone Drive Tomball, TX 77375		\$100.00		
				(If travel outside o	of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		

	OTHER	THAN FLEDGES OR LOAD	<b>10</b>		
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 31	/53 Report: 33/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# McLendon, Connie	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/06/2014	6 Contributor address; City; State; Zip Code 4822 Twin Valley Drive Austin, TX 78731-3539		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event
	06/30/2014	Contributor address; City; State; Zip Code 4822 Twin Valey Drive Austin, TX 78731		\$37.00	I   
	·			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor		Amount of	In-kind contribution
	24.0	McPhail, Gail B.		contribution (\$)	description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 8546 Adirondack Trail # 4 Austin, TX 78759		\$100.00	 
		The same of the sa	ĺ	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	ł)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/20/2014	Contributor address; City; State; Zip Code 3403 Southill Circle Austin, TX 78703-1045		\$50.00	<b>↓</b> 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxas, company contracts 1,
	Date	Full name of contributor	<i>t</i> )	Amount of	In-kind contribution
	_ = = = =	Meador, Jeff	/	contribution (\$)	description (if applicable)
	06/20/2014	Contributor address; City; State; Zip Code 3403 Southill Circle		\$50.00	 
		Austin, TX 78703-1045			
	Principal assura	ration / Joh title /See Instructions)	Employer/Sec In	<u> </u>	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					

## SCHEDULE A

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 32/53 Report: 34/63				
2	FILER NAME	Gallo, Sheri	:	3 ACCOUNT# 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Meece, Sharon	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/25/2014	6 Contributor address; City; State; Zip Code 5315 Musket Ridge Austin, TX 78759		\$250.00	 			
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In N/A		Texas, complete Schedule T)			
,	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 611 S. Congress Avenue Suite 510		\$150.00	l   			
		Austin, TX 78704		(If travel outside of	Texas, complete Schedule T)			
-	Principal occupation / Job title (See Instructions)		Employer (See In	(See Instructions)				
_	·							
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 4200 Jackson Avenue Apt. 1005 Austin, TX 78731		\$100.00	 			
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)			
	Principal occupation / Job title (See Instructions)		Employer (ede m					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
ı	06/20/2014	Contributor address; City, State, Zip Code 8507 Adirondack Cove Austin, TX 78759		\$87.50	   			
	<u>.</u>				f Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)				
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	I In-kind contribution description (if applicable)			
	06/26/2014	Contributor address; City; State; Zip Code 8507 Adirondack Cove Austin, TX 78759		\$87.50	!   			
				(If travel outside o	f Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)				
•								

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 33/53 Report: 35/63				
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Metzger, Julie	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/20/2014	6 Contributor address; City; State; Zip Code 8507 Adirondack Cove Austin, TX 78759		\$87.50	 			
_	Driveinal conve	etion / Joh title (See Instructions)	46 Employer/See to	<u> </u>	Texas, complete Schedule T)			
9	Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)					
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/26/2014	Contributor address; City; State; Zip Code 8507 Adirondack Cove Austin, TX 78759		\$87.50	! ! !			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	eation / Job title (See Instructions)	Employer (See In	yer (See Instructions)				
	Date	Full name of contributor  ut-of-state PAC (ID# Miller, David	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/28/2014	Contributor address; City; State; Zip Code 8200 Neely #122 Austin, TX 78759		\$100.00	 			
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)					
		,		ŕ				
	Date	Full name of contributor  ut-of-state PAC (ID# Miller, Eugenia B.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/20/2014	Contributor address; City; State; Zip Code 1510 Gaston Avenue Austin, TX 78703-2419	· · · · · · · · · · · · · · · · · · ·	\$25.00	 			
			E contract (October		Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	ISTUCTIONS)				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 2500 Barton Creek Blvd. Apt. 3214 Austin, TX 78735		\$350.00	【 【 】 f Texas, complete Schedule T) ☐			
Principal occupation / Job title (See Instructions)			Employer (See II	1.				
Retired			N/A					

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 34	/53 Report: 36/63	
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor  uut-of-state PAC (ID# Monroe, Putnam W.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/29/2014	6 Contributor address; City; State; Zip Code 4705 Balcones Drive Austin, TX 78731		\$25.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)					
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; City; State; Zip Code 3234 Tarryhollow Drive Austin, TX 78703		\$300.00	 	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In	nstructions)		
	Retired		N/A			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/26/2014	Contributor address; City; State; Zip Code 2904 Hillview Road Austin, TX 78703		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupation / Job title (See Instructions)		Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/26/2014	Contributor address; City; State; Zip Code 2904 Hillview Road Austin, TX 78703		\$100.00	 	
		•		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	nation / Job title (See Instructions)	Employer (See Ir	structions)		
F	Date	Full name of contributor  out-of-state PAC (ID#	<b>†</b> )	Amount of	In-kind contribution	
		Morrison, Patricia A.	,	contribution (\$)	description (if applicable)	
	05/22/2014	Contributor address; City; State; Zip Code 1804 Rockmoor Avenue Austin, TX 78703		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupation / Job title (See Instructions) Investments		Employer (See Ir Self	nstructions)		
			<u> </u>			

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 35	/53 Report: 37/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID: Morrison, Selma	<del>'</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/26/2014	6 Contributor address; City; State; Zip Code 4211 Canoas Drive Austin, TX 78730	,	\$200.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Pharmacist	ation / Job title (See Instructions)	10 Employer (See In HCA-/St. David	structions) 's Hospital				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 5802 Kentucky Derby Austin, TX 78746		\$50.00	<b> </b> 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
		<u></u>						
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 5802 Kentucky Derby Austin, TX 78746		\$50.00	 			
				<u> </u>	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code Austin, TX		\$100.00	 			
					f Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)				
	Date	Full name of contributor	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 5818 Trailridge Drive Austin, TX 78731		\$250.00	│ │ <b>│</b> f Texas, complete Schedule T)  □			
$\vdash$	Denoinal assure	nation / Job little /See Instructions)	Employer (See I	<u> 1 '                                  </u>	i ioxas, complete schedule 1)			
	Business Ow	pation / Job title (See Instructions) /ner	Ellis & Salazar					

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 36	/53 Report: 38/63				
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)				
4 Date	5 Full name of contributor  ut-of-state PAC (ID#_Needham, John	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
06/30/2014	6 Contributor address; City; State; Zip Code 100 Congress # 1540 Austin, TX 78701		\$350.00	  - 				
			<u></u>					
9 Principal occul Real Estate	pation / Job title (See Instructions)	10 Employer (See In Riverside Reso						
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
06/30/2014	Contributor address; City; State; Zip Code 5820 Trailridge Drive Austin, TX 78731		\$125.00	   				
			(if travel outside of	Texas, complete Schedule T)				
Dringing! conv	action / Joh title (Coe Instructions)	Employer (See In	<u> </u>	,				
Principal occu	pation / Job title (See Instructions)	Employer (See III	sudcuons)					
Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	i In-kind contribution description (if applicable)				
06/30/2014	Contributor address; City; State; Zip Code 5820 Trailridge Drive Austin, TX 78731		\$125.00	! 				
			<u> </u>	Texas, complete Schedule T)				
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)					
Date	Full name of contributor  ut-of-state PAC (ID# Nellor, Don	)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
05/28/2014	Contributor address; City; State; Zip Code 4024 Walnut Clay Drive Austin, TX 78731		\$350.00	 				
			(If travel outside of	Texas, complete Schedule T) 🔲				
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)					
<u> </u>				In Ideal castalle, Man				
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
05/28/2014	Contributor address; City; State; Zip Code 4024 Walnut Clay Drive Austin, TX 78731		\$350.00	1 				
			(If travel outside of	f Texas, complete Schedule T)				
Disabel ser	Institut / Joh title /See Instructions)	Employer (See In	<u>, , , , , , , , , , , , , , , , , , , </u>					
Environmen	upation / Job title (See Instructions) tal Engineer		mental Engineer	·				

#### Texas Ethics Commission

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 37	/53 Report: 39/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Nelson, Amy	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Food for event		
	06/30/2014	6 Contributor address; City; State; Zip Code 3 Jasperwood Court Austin, TX 78738		\$25.00	   		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# Newsom, Beverly	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 4102 Aqua Verde Drive Austin, TX 78746		\$50.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
					·		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 4102 Aqua Verde Drive Austin, TX 78746		\$50.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	· · · · · · · · · · · · · · · · · · ·		
Г	Date	Full name of contributor	#)	Amount of	In-kind contribution		
		Norman, Ann		contribution (\$)	description (if applicable)		
	05/21/2014	Contributor address; City; State; Zip Code 600 West 10th Street Apt. 740		\$100.00			
		Austin, TX 78701			·		
<u> </u>	Principal accur	pation / Job title (See Instructions)	Employer (See In	`	f Texas, complete Schedule T)		
	- muipai occuj	DEBIGN 1 500 BBG (SEE MISH GEROIS)	Employer (ode ii				
	Date	Full name of contributor  ut-of-state PAC (ID Norman, Bill	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/21/2014	Contributor address; City; State; Zip Code 600 West 10th Street Apt. 740		\$100.00	! 		
		Austin, TX 78701		(If travel outside o	f Texas, complete Schedule T)		
	Principal occu	pation / Job title (See Instructions)	Employer (See I	<u></u>	<u> </u>		
	•				•		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/53 Report: 40/63				
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID)  Norwood, Barbara	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/16/2014	6 Contributor address; City; State; Zip Code 2908 Clearview Drive Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$25.00	   			
	,			(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 2908 Clearview Drive Austin, TX 78703		\$25.00	[ [ 1			
				(If travel outside of	Texas, complete Schedule T)			
Г	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	<b>#</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 1503 Marshall Lane Austin, TX 78703		\$175.00	[ , [ ] [ ]			
				(If travel outside of	Texas, complete Schedule T)			
$\vdash$	Principal occup	ation / Job title (See Instructions)	Employer (See In	1 '	, , , _			
<b>=</b>	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 1503 Marshall Lane Austin, TX 78703		\$175.00	 			
				(If travel outside of	Texas, complete Schedule T)			
_	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Taxas, compate schaule 1)			
<u> </u>				1				
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 3300 Mount Bonnell Drive Austin, TX 78731		\$75.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>				

The Instruction Guide explains how to complete this form.  1 PAGE # Schedule: 39/53 Report: 2 FILER NAME Gallo, Sheri 3 ACCOUNT # (Ethics Com 00110414	41/63 mission filers)
	nmission filers)
I	
	d contribution ion (if applicable)
06/16/2014 6 Contributor address; City; State; Zip Code \$75.00 3300 Mount Bonnell Drive Austin, TX 78731	
(If travel outside of Texas, comple	ete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	
	nd contribution ion (if applicable)
06/27/2014 Contributor address; City; State; Zip Code \$350.00 4201 Churchill Downs Drive Austin, TX 78746-1103	
(If travel outside of Texas, comple	ete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Student N/A	
	nd contribution ion (if applicable)
06/16/2014 Contributor address; City; State; Zip Code \$100.00 Austin, TX 78703	
(If travel outside of Texas, comple	ete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	<del></del>
	nd contribution tion (if applicable)
06/06/2014 Contributor address; City; State; Zip Code \$100.00   4100 Jackson Avenue Apt. 433   (If travel outside of Texas, complete	lete Schadule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ata ociiaddia ()
	nd contribution tion (if applicable)
06/26/2014 Contributor address; City; State; Zip Code \$350.00   Sate   S	
(If travel outside of Texas, complete	lete Schedule T)
Principal occupation / Job title (See Instructions)  Real Estate  Employer (See Instructions)  Aquilla Real Estate	

P.O.Box 12070

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 40	/53 Report: 42/63		
2	FILER NAME	Gallo, Sheri	<u> </u>	3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor  out-of-state PAC (ID#, Perry, Edgar (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/08/2014	6 Contributor address; City; State; Zip Code 5905 Overlook Drive Austin, TX 78731		\$350.00	   		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In N/A	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 2906 Cherry Lane Austin, TX 78703-2822		\$350.00	   		
				(If travel outside of	Texas, complete Schedule T)		
H	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>		
	N/A		None				
	Date	Full name of contributor  ut-of-state PAC (ID# Perry, Linda (Mrs.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; City; State; Zip Code 5905 Overlook Drive Austin, TX 78731		\$350.00	 		
			<u> </u>	<u> </u>	Texas, complete Schedule T)		
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	estructions)			
Г	Date	Full name of contributor ☐ out-of-state PAC (ID#	<u>;</u> )	Amount of	In-kind contribution		
		Perry, Melissa		contribution (\$)	description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 7706 Rustling Road Austin, TX 78731-1336		\$350.00	·    -		
		,			· · · · · · · · · · · · · · · · · · ·		
<u></u>	Delogical accus	anting / Joh title (Coe Instructions)	Employer (See In	`	Texas, complete Schedule T)		
	Accountant	pation / Job title (See Instructions)	Self	istructions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
}	06/26/2014	Contributor address; City; State; Zip Code 7706 Rustling Road Austin, TX 78731-1336		\$350.00	1 1 1		
			·	(If travel outside o	f Texas, complete Schedule T)		
		pation / Job title (See Instructions)	Employer (See In	nstructions)			
	Real Estate		Self				

The Instruction	อง Guipe explains how to com	nplete this form.		1 PAGE # Schedule: 41/	/53 Report: 43/63		
2 FILER NAME	Gallo, Sheri			3 ACCOUNT# 00110414	(Ethics Commission filers)		
4 Date	5 Full name of contributor Peterson, LaTrelle	out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06/25/2014	6 Contributor address; 6203 Cat MountainCove Austin, TX 78731	City; State; Zip Code		\$50.00	;    -		
				(If travel outside of	Texas, complete Schedule T)		
9 Principal occup	oation / Job title (See Instruction	ns)	10 Employer (See In:	structions)			
Date	Full name of contributor Peterson, Ralph	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/25/2014	Contributor address; 6203 Cat MountainCove Austin, TX 78731	City; State; Zip Code		\$50.00	 		
				(If tenun)taids	Toyac complete Schodule T)		
Principal accus	 pation / Job title (See Instructio	ne) T	Employer (See In	'	Texas, complete Schedule T)		
Finicipal occup	Panou Laon ma (See Insurcho	no <i>j</i>	Employer (See In				
Date	Full name of contributor Plum, Jon M.	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/26/2014	Contributor address; 5806 Trailridge Drive Austin, TX 78731	City; State; Zip Code		\$30.00	1   		
				(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructio	ns)	Employer (See In	structions)			
Date	Full name of contributor Price, Robert	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/05/2014	Contributor address; 4016 Sierra Drive Austin, TX 78731	City; State: Zip Code		\$52.00	! ! !		
	<u></u>			<u> </u>	Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructio	ns)	Employer (See In	estructions)			
Date	Full name of contributor Puett, Caroline Cardwell	□ out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/22/2014	Contributor address; 108 Bluff Park Circle Austin, TX 78746	City; State; Zip Code		\$350.00	! ! !		
				(If travel outside of	Texas, complete Schedule T)		
Principal occu Investments	I pation / Job title (See Instruction	ns)	Employer (See In Self	<u> </u>			

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 42	/53 Report: 44/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Puett, Nelson Harwood	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/06/2014	6 Contributor address; City; State; Zip Code		\$350.00	<b> </b> 			
		Austin, TX	,	(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Real Estate/In		10 Employer (See In Self	structions)				
	Date	Full name of contributor  ut-of-state PAC (ID# Ramsey, Francis M.	)	Amount of contribution (\$)	In-kind contribution   description (if applicable)			
	05/22/2014	Contributor address; City; State; Zip Code 515 Congress Avenue Suite 1900		\$350.00	   			
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)			
	Principal occup Investments	ation / Job title (See Instructions)	Employer (See In Self	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/22/2014	Contributor address; City; State; Zip Code 515 Congress Avenue Sulte 1900 Austin, TX 78701		\$350.00	 			
		Trading TX TOTO		(if travel outside of	Texas, complete Schedule T)			
	Principal occup Investments	pation / Job title (See Instructions)	Employer (See In Self	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/26/2014	Contributor address; City; State; Zip Code 5908 Overlook Austin, TX 78731		\$350.00	 			
				(if travel outside of	Texas, complete Schedule T)			
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	istructions)				
	Date	Full name of contributor  ut-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/20/2014	Contributor address; City; State; Zip Code 6506 Mesa Drive Austin, TX 78731		\$100.00	 			
L	<u></u>			(If travel outside o	f Texas, complete Schedule T)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)				

	The Instruction	א Guide explains how to com	plete this form.		1 PAGE#	/53 Report: 45/63		
2	FILER NAME	Gallo, Sheri			3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor Rider, Kathy T.	☐ out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/25/2014	6 Contributor address; 3221 Clearview Drive Austin, TX 78703-2753	City; State; Zip Code		\$75.00	 		
					(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instruction	s)	10 Employer (See In	structions)			
	Date	Full name of contributor Rider, Kent M.	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; 3221 Clearview Drive Austin, TX 78703-2753	City; State; Zip Code		\$75.00	  - 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	structions)			
_					1	1		
	Date	Full name of contributor Robbins, Pat Sweeney	☐ out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event		
	06/30/2014	Contributor address; 11017 Casitas Drive Austin, TX 78717	City; State; Zip Code		\$35.00	' [ !		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instruction	s)	Employer (See In	structions)			
	Date	Full name of contributor Robinson, John Oscar	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	•	City; State; Zip Code		\$350.00			
		1408 Wathen Avenue Austin, TX 78703				İ		
						Texas, complete Schedule T)		
	Principal occup Manager	pation / Job title (See Instruction	is)	Employer (See In Austin White Li		•		
	Date	Full name of contributor Robinson, Nancy	out-of-state PAC (ID#	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; 1408 Wathen Avenue Austin, TX 78703	City; State; Zip Code		\$350.00	 		
Ī					(If travel outside of	Texas, complete Schedule T)		
$\vdash$	Principal occur	I pation / Job title (See Instruction	ns)	Employer (See In				
	Retired		,	N/A				

#### Texas Ethics Commission

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

L								
	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 44	/53 Report: 46/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Rogers, George Anne	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/16/2014	6 Contributor address; City; State; Zip Code 3201 Pecos Street		\$300.00	 			
		# 7 Austin, TX 78703		(if travel outside of	Texas, complete Schedule T)			
9	Principal occup Retired	nation / Job title (See Instructions)	10 Employer (See In N/A					
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/30/2014	Contributor address; City; State; Zip Code 808 W. 10th Street Austin, TX 78701		\$350.00	    -			
		Additi, 17,70701		(If travel outside of	Texas, complete Schedule T)			
	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)				
	Owner		Granite Propert					
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/22/2014	Contributor address; City; State; Zip Code 2413 Winsted Lane Austin, TX 78703		\$350.00	 			
			÷	(If travel outside of	Texas, complete Schedule T)			
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ir Ruggero Law F					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 8714 Silverhill Lane Austin, TX 78759		\$50.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See li	nstructions)				
F	Dat-	Full name of contributor  ut-of-state PAC (ID:	<u> </u>	Amount of	In-kind contribution			
	Date	Full name of contributor LI out-of-state PAC (ID: Scurlock, Jan	<del>t</del> )	contribution (\$)	description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 4103 Mesa Court Austin, TX 78731		\$50.00	!   			
				(If travel outside of	f Texas, complete Schedule T)			
H	Principal occur	pation / Job title (See Instructions)	Employer (See I	<u> </u>				
	7 Illiopai occu	F-10 250 tille (400a. 2010)						

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 45	/53 Report: 47/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (I Scurlock, John C.	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/16/2014	6 Contributor address; City; State; Zip Cod 4103 Mesa Court Austin, TX 78731	B	\$50.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/28/2014	Contributor address; City; State; Zip Cod 5811 Kentucky Derby Austin, TX 78746	9	\$50.00	I   			
				(if travel outside of	Texas, complete Schedule T)			
┢╌	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	1.`				
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/28/2014	Contributor address; City; State; Zip Cod 5811 Kentucky Derby Austin, TX 78746	e	\$50.00	 			
	,			(If travel outside of	Texas, complete Schedule T)			
	Principal occup	Leation / Job title (See Instructions)	Employer (See Ir	1 `				
_	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/06/2014	Contributor address; City; State; Zip Cod 609 West Lynn Unit 4	e	\$175.00	] ]			
		Austin, TX 78703	•		· · · · · · · · · · · · · · · · · · ·			
	Dringing cour	pation / Job title (See Instructions)	Employer (See II	<u> </u>	f Texas, complete Schedule T)			
	Principal occup	auon / Job title (See Instituctions)	Employer (See in	istractions)				
	Date	Full name of contributor	ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/06/2014	Contributor address; City; State; Zip Coc 609 West Lynn Unit 4 Austin, TX 78703	le	\$175.00	1   			
		Auguit, TA 10100		(If travel outside o	f Texas, complete Schedule T)			
<u> </u>	Principal occur	Dation / Job title (See Instructions)	Employer (See I	'	<u> </u>			
1								

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 46	/53 Report: 48/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Skinner, LeAnne	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/06/2014	6 Contributor address; City; State; Zip Code 4177 Honey 2000 Rock Cr.	······································	\$250.00	    -			
		Austin, TX 78731		L `	Texas, complete Schedule T)			
9	Principal occup Dietitian	eation / Job title (See Instructions)	10 Employer (See In Self	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/06/2014	Contributor address; City; State; Zip Code 4177 Honeycomb Rock Cr. Austin, TX 78731		\$250.00	   			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Business Ow	pation / Job title (See Instructions) ner	Employer (See In Skinner Transp					
	Date	Full name of contributor  ut-of-state PAC (ID# Smith, Eddie	:)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event			
-	06/30/2014	Contributor address; City; State; Zip Code 101 Loblolly Elgin, TX 78621		\$30.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)				
-	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/26/2014	Contributor address; City; State; Zip Code 1130 Camino La Costa Apt. 143 Austin, TX 78752-3984		\$100.00	 			
	<del></del>			L -	f Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See Ii	istructions)				
	Date	Full name of contributor  ut-of-state PAC (ID# Smith, Ralph M.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/26/2014	Contributor address; City; State; Zip Code 6000 Mountain Villa Drive Austin, TX 78731		\$200.00	1 			
				<u> </u>	f Texas, complete Schedule T)			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See I	nstructions)				

# **POLITICAL CONTRIBUTIONS**

	OTHER THAN PLEDGES OR LOANS							
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 47	/53 Report: 49/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID#_Standerfer, J. Brent	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/16/2014	6 Contributor address; City; State; Zip Code 7929 Mesa Trails Circle Austin, TX 78731		\$75.00				
				(If travel outside of	Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) 10 Employer (See In			structions)					
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 445 Kandus Cove China Spring, TX 76633		\$175.00	]   			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u></u>				
		· ·						
	Date	Full name of contributor  ut-of-state PAC (ID# Starling, Sunny L.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
06/16/2014 Contributor address; City; State; Zip Code 445 Kandus Cove China Spring, TX 76633		445 Kandus Cove		\$175.00	 			
ŀ				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/25/2014	Contributor address; City; State; Zip Code 3201 B Hillview Road Austin, TX 78703		\$50.00	i   			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/25/2014	Contributor address; City; State; Zip Code 23 Woodstone Square Austin, TX 78703		\$100.00	! 			
				(If travel outside of	f Texas, complete Schedule T)			
	Principal occup	Dation / Job title (See Instructions)	Employer (See Ir	estructions)				

		THER THAN PLEDGES OR LOANS						
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 48/	/53 Report: 50/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sullivan, Mary E.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/27/2014	6 Contributor address; City; State; Zip Code 7204 Montana Norte Austin, TX 78731		\$100.00   				
					Texas, complete Schedule T)			
9	Principal occup	Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)			•			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for event			
	06/30/2014	Contributor address; City; State; Zip Code 7204 Montana Norte Austin, TX 78731		\$25.00	   			
				(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See In	structions)	1111			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 801 Cedar Park Drive Austin, TX 78746		\$250.00	 			
				(if travel outside of	Texas, complete Schedule T)			
	Principal occup Housewife	ation / Job title (See Instructions)	Employer (See In N/A	<u></u>				
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/16/2014	Contributor address; City; State; Zip Code 801 Cedar Park Drive Austin, TX 78746		\$250.00	1 1 1			
		·		(If travel outside of	Texas, complete Schedule T)			
	Principal occup Dentist	ation / Job title (See Instructions)	Employer (See Ir Sel <b>f</b>	nstructions)				
-	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/30/2014	Contributor address; City; State; Zip Code 823 Congress Suite 1505		\$350.00	 			
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)			
	Principal occup Commissione	pation / Job title (See Instructions) er	Employer (See Ir Travis County	<u>'</u> .				

#### Austin, Texas 78711-2070 (512)463-5800

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

P.O.Box 12070

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/	/53 Report: 51/63			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Townsend, Jean	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/26/2014	6 Contributor address; City; State; Zip Code 2906 B Windsor Austin, TX 78703-2346		\$350.00	Texas, complete Schedule T)			
				<u> </u>	Texas, complete schedule 1/			
9	Principal occup Investments	ation / Job title (See Instructions)	10 Employer (See In: Self	structions)				
Date Full name of contributor ☐ out-of-state PAC (ID Triplett, Jennifer		)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
ļ	05/27/2014	Contributor address; City; State; Zip Code 1511 Granrey Drive Edinburg, TX 78541	,	\$150.00				
				(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See In					
Principal occupation / 300 title (See instructions)								
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
06/06/2014 Contributor address; City; State; Zip Code 2499 S. Capital of Texas Hwy. Suite A-107 Austin, TX 78746			\$250.00	 				
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Investments	ation / Job title (See Instructions)	Employer (See In Self	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
06/30/2014 Contributor address; City; State; Zip Code 20308 Crooked Stick Drive Pflugerville, TX 78660-8195			\$37.50	l I I				
				(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See In	nstructions)					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/30/2014	Contributor address; City; State; Zip Code 20308 Crooked Stick Drive Pflugerville, TX 78660-8195		\$37.50	   			
				(If traval outside of	Texas, complete Schedule T)			
┝	Principal accur	 pation / Job title (See Instructions)	Employer (See Ir	<u></u>	I aves! combiere actionnie ()			
	r incipal occup	Janott / 000 title (000 title televis)	Employer (oee ii					

# SCHEDULE A

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

P.O.Box 12070

The Instruction Guide explains how to complete this form.  1 PAGE # Schedule: 50/53 Repo 2 FILER NAME Gallo, Sheri  3 ACCOUNT # (Ethics Control of the contr	ort: 52/63 commission filers)
Z TIERRIANE GUIG, GIOTI	ommission filers)
	kind contribution ription (if applicable)
06/16/2014 6 Contributor address; City; State; Zip Code \$125.00 2303 Cheseick Ct.	
Austin, TX 78746  (If travel outside of Texas, com	nplete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	
	-kind contribution ription (if applicable)
05/21/2014 Contributor address; City; State; Zip Code \$350.00 4408 Long Champ Drive #26	
Austin, TX 78746 (If travel outside of Texas, com	nplete Schedule T)
Principal occupation / Job title (See Instructions) Investments  Employer (See Instructions) Self	
	-kind contribution ription (if applicable)
05/21/2014 Contributor address; City; State; Zip Code \$350.00   4408 Long Champ Drive #26	
Austin, TX 78746 (If travel outside of Texas, con	mplete Schedule T)
Principal occupation / Job title (See Instructions) Investments  Employer (See Instructions) Self	
	-kind contribution ription (if applicable)
06/16/2014	_
(If travel outside of Texas, cor	mplete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
	-kind contribution cription (if applicable)
06/29/2014 Contributor address; City; State; Zip Code \$350.00   5901 Saratoga Cove Austin, TX 78746	
(If travel outside of Texas, cor	mplete Schedule T)
Principal occupation / Job title (See Instructions)  Executive  Employer (See Instructions)  UCS	

	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 51/	/53 Report: 53/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# White, Barbara W.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/16/2014	6 Contributor address; City; State; Zip Code 5308 Wishek Cove Austin, TX 78730		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 2904 Glenview Austin, TX 78703		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See In	structions)	
	Date .	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/20/2014	Contributor address; City; State; Zip Code 6301 Mountainclimb Drive Austin, TX 78731-3907		\$20.00	   
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	istructions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/06/2014	Contributor address; City; State; Zip Code 7505 Parkview Circle Austin, TX 78731		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In Self	nstructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code. 5902 N West Place Austin, TX 78731-3659		\$250.00	  -  -
L		<u> </u>		(if travel outside of	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)	

P.O.Box 12070

The Instru	стіом Guide explains how to complete this form.		1 PAGE # Schedule: 52	/53 Report: 54/63			
2 FILER NAM	E Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)			
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Winn, Anne	(1)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
06/16/201	4 6 Contributor address; City; State; Zip Code 3807 Toro Canyon Road # 9		\$50.00	 			
	Austin, TX 78746		(If travel outside of	l Texas, complete Schedule T)			
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See In					
Date	Full name of contributor  ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
06/16/201	4 Contributor address; City; State; Zip Code 3807 Toro Canyon Road # 9		\$50.00	 			
	Austin, TX 78746		(If travel outside of	Texas, complete Schedule T)			
Principal od	ccupation / Job title (See Instructions)	Employer (See Ir	nstructions)				
Date	Full name of contributor  ut-of-state PAC (ID# Womack, Carolynn H.	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
05/21/201	4 Contributor address; City; State; Zip Code 2905 Round Table Road Austin, TX 78746	. , , , ,	\$350.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal of Retired	ccupation / Job title (See Instructions)	Employer (See In N/A	nstructions)				
Date	Full name of contributor  ut-of-state PAC (ID: Womack, Eva	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
06/26/20	Contributor address; City; State; Zip Code 4305 Waterford Place Austin, TX 78731		\$350.00	I *			
			(If travel outside of	Texas, complete Schedule T)			
Principal o Retired	ccupation / Job title (See Instructions)	Employer (See h N/A	nstructions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
06/26/20	Contributor address; City; State; Zip Code 4305 Waterford Place Austin, TX 78731		\$350.00	l 			
			(If travel outside o	f Texas, complete Schedule T)			
Principal o Retired	ccupation / Job title (See Instructions)	Employer (See I N/A	nstructions)				

# **POLITICAL CONTRIBUTIONS**

The bistruction	אכ Guide explains how to complete this form.		1 PAGE # Schedule: 53	/53 Report: 55/63
FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
Date	5 Full name of contributor  ut-of-state PAC (ID# Worob, Marc J.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/20/2014	6 Contributor address; City; State; Zip Code 4604 West Rim Cove Austin, TX 78731		\$50.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Worob, Phyllis	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/20/2014	Contributor address; City; State; Zip Code 4604 West Rim Cove Austin, TX 78731		\$50.00	 
	Additi, 1X 10101		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	·	, <u> </u>
Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26/2014	Contributor address; City; State; Zip Code 3803 Tonkawa Trail		\$200.00	 
	# 1 Austin, TX 78756		(If travel outside of	i Texas, complete Schedule T)
Principal occu Dean	pation / Job title (See Instructions)	Employer (See In University of Te		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form, PAGE # FILER NAME 3 ACCOUNT # (TEC filers) 2 Gallo, Sheri Schedule: 1/8 Report: 56/63 00110414 5 Payee name 4 Date **BBVA Compass Bank** 06/16/2014 6 Amount (\$) Pavee address City; State; Zip Code PO Box 10566 \$3.00 Birmingham, AL 35296 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Accounting/Banking Paper statement fee QF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Costco 06/07/2014 Amount (\$) Payee address City: State: Zip Code 10401 Research Blvd. \$67.92 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Food & beverage for event OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/23/2014 Costco Amount (\$) Payee address City; State; Zip Code 10401 Research Blvd. \$176.94 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Food and beverage for event OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/14/2014 Democracy Engine LLC Amount (\$) Payee address City; State; Zip Code 850 Quincy Street \$62.11 # 402 Washington, DC 20011 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking Website donation fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.					
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 2/8 Re	eport: 57/63	Gallo, Sheri		00110414		
4 Date 05/14/2014	5 Payee name Democracy	Engine LLC				
6 Amount (\$)	7 Payee addres	s City; State; Zip Code				
\$1.13	850 Quincy # 402 Washington					
8 PURPOSE OF EXPENDITURE	(a) Category (Se Accounting/I	e Categories listed at the top of this schedule) Banking	(b) Description (If travel outside Website donation fees	of Texas, complete Schedule T)		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:		
Date	Payee name		····			
05/28/2014	Democracy					
Amount (\$) \$45.04	Payee addres 850 Quincy # 402 Washington	Street				
DUDDOOF		e Categories listed at the top of this schedule)	• • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)		
PURPOSE OF	Accounting/l	Banking	Website donation fees			
EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:		
Date	Payee name					
06/04/2014	Democracy					
Amount (\$)	Payee addres					
\$2.15 	850 Quincy # 402 Washington					
DUDDOGE		e Categories listed at the top of this schedule)		of Texas, complete Schedule T)		
PURPOSE OF EXPENDITURE	Accounting/l	3anking	Website donation fees			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:		
Date	Payee name					
06/11/2014	Democracy	Engine LLC				
Amount (\$)	Payee addres					
\$9.57	850 Quincy # 402 Washington					
PURPOSE OF EXPENDITURE	Category (Se Accounting/l	e Categories listed at the top of this schedule) Banking	Description (If travel outside Website donation fees	o of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME 2 Gallo, Sheri 00110414 Schedule: 3/8 Report: 58/63 5 Payee name 4 Date 06/18/2014 Democracy Engine LLC 6 Amount (\$) Payee address City; State; Zip Code 850 Quincy Street \$13.32 # 402 Washington, DC 20011 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking Website donation fees **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Follico, Vinnie 06/09/2014 Payee address City; State; Zip Code Amount (\$) 1901 Woodland Avenue \$200.00 Austin, TX 78741 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Music for event **Event Expense** OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/17/2014 GoDaddy Payee address Amount (\$) City; State; Zip Code GoDaddy.com \$47.88 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Email Provider Office Overhead/Rental Expense OF **EXPENDITURE** Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name **IREM** 05/21/2014 Amount (\$) Payee address City State: Zip Code PO Box 91028 \$45.00 Austin, TX 78709 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Event/Fundraising Planning OF **EXPENDITURE** Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH

Austin, Texas 78711-2070

### **POLITICAL EXPENDITURES**

SCHEDULE F

#### **EXPENDITURE CATEGORIES**

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

	The Instruction Guide explains	how to complete this form.	<u> </u>
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 4/8 Re			00110414
4 Date 05/21/2014	5 Payee name Nation Builder		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$19.00	nationbuilder.com	•	
8	(a) Category (See Categories listed at the top of this schedule)	1, ,	de of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Website Hosting	
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/17/2014	NWACA		
Amount (\$)	Payee address City; State; Zip Code		
\$25.00	PO Box 26554 Austin, TX 78755		
	Category (See Categories listed at the top of this schedule)	, ,	de of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Parade Vehicle Fee	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date ·	Payee name		
05/21/2014	Office Depot		
Amount (\$)	Payee address City; State; Zip Code		•
\$189.43	2620 W. Anderson Lane Austin, TX 78757		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Software	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name	<u> </u>	
05/21/2014	Office Depot		
Amount (\$)	Payee address City; State; Zip Code		
\$124.48	2620 W. Anderson Lane Austin, TX 78757		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outs HP Printer	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

		The Instruction Guide explains ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/8 Re	•	Gallo, Sheri		00110414
4 Date	5 Payee name			
05/21/2014	Office Depo			
6 Amount (\$)	7 Payee addres	• • • • •		
\$77.92	2620 W. And Austin, TX			
	7 (30(1)), 17(	. 0. 0.		
8	(a) Category (Se	e Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE		nead/Rental Expense	Office Supplies	_
OF EXPENDITURE				
		<u> </u>		
9 Complete ONLY if direct expenditure	Candidate / C	officeholder name	Office sought:	Office held:
to benefit C/OH		•		
Date	Payee name			
05/21/2014	Office Depo	t		
Amount (\$)	Payee addres	ss City; State; Zip Code		
\$21.64		derson Lane		
, , , , ,	Austin, TX	78757		
PURPOSE	• • • • • • • • • • • • • • • • • • • •	e Categories listed at the top of this schedule)	• •	le of Texas, complete Schedule T)
<b>OF</b>	Office Overl	nead/Rental Expense	Office Supplies	
EXPENDITURE			,	
Complete ONLY if	Candidate / C	Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
				<del></del>
Date	Payee name Office Depo	*		
06/05/2014 Amount (\$)	Payee addres			
1 ' '	, ,	derson Lane		
\$266.18	Austin, TX			
-	Category (Se	ee Categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE OF	Event Expe	nse	Supplies for event	
EXPENDITURE				
·				
Complete ONLY if direct expenditure	Candidate / C	Officeholder name	Office sought:	Office held:
to benefit C/OH			<u> </u>	
Date	Payee name			
06/04/2014	Paragon Pr	inting		
Amount (\$)	Payee addres	ss City; State; Zip Code		
\$3,984.90	10423 McK			
1	Austin, TX	18108		
			D	<u> </u>
PURPOSE		ee Categories listed at the top of this schedule)	Description (If travel outsi Invitations for fundraise	de of Texas, complete Schedule T)
l OF	Printing Exp	75(13 <del>0</del>	invitations for fundraise	
EXPENDITURE	1		1	
Complete ONLY if	Candidate / C	Officeholder name	Office sought:	Office held:
direct expenditure			_	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Travel Out Of District
Office Overhead/Rental Expense Candidate/Officeholder/Political Committee Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Schedule: 6/8 Report: 61/63 Gallo, Sheri 00110414 4 Date 5 Payee name 06/04/2014 Paragon Printing 6 Amount (\$) Payee address City: State: Zip Code \$1,041.10 10423 McKalla Place Austin, TX 78758 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/26/2014 Paragon Printing Amount (\$) Payee address State: Zip Code City 10423 McKalla Place \$202.09 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage to Mail Fundraiser Invitations OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/26/2014 Paragon Printing Amount (\$) Payee address City; State; Zip Code 10423 McKalla Place \$56.83 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Printing/Poster for Fundraiser OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/30/2014 Perry Company Amount (\$) Payee address City; State; Zip Code 3921 Steck Avenue \$100.00 Suite A115 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Rent on office space **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES
divertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract La

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains hor	w to complete this form.	er a category fibt listed aboyer
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 7/8 R	<del></del>		00110414
4 Date	5 Payee name		
06/30/2014 6 Amount (\$)	Thompson & Knight, LLP		
	7 Payee address City; State; Zip Code		
\$2,500.00	98 San Jacinto Blvd. Suite 1900		
	Austin, TX 78701		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE OF	Legal Services	Attorney consultation	To at venice, complete concease ty
EXPENDITURE			
0.0 11.00			
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name	<del></del>	
05/21/2014	US Post Office Chimney Corners Station		
Amount (\$)	Payee address City; State; Zip Code		
\$6.15	3575 Far West Blvd.		
	Austin, TX 78731		
	Cotton (2)		
PURPOSE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	•	de of Texas, complete Schedule T)
OF EXPENDITURE	Conditation undraising Expense	Postage	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		_	
Date	Payee name		
06/11/2014	US Post Office Chimney Corners Station		
Amount (\$)	Payee address City; State; Zip Code		
\$196.00	3575 Far West Blvd.		
Ψ130.00	Austin, TX 78731		
BUBBOSE	Calegory (See Categories listed at the top of this schedule)	Description (If travel outside	le of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Postage for Fundraiser	-
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name		
direct expenditure	Odificiate / Officeriolder flattle	Office sought:	Office held:
to benefit C/OH			
Date	Payee name	· ·	
05/21/2014	Walmart		
Amount (\$)	Payee address City; State; Zip Code	•	
\$746.89	2525 W. Anderson Lane Austin, TX 78757		
	ridding (77.1010)		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Laptop	e or rexas, complete Schedule T)
OF EXPENDITURE			
	<u> </u>	<u> </u>	,
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

Advertising Expe	EXPENDITURE CATEGORIES  Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement						
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	Pense Gifts/Awards/Memorial Expense Salaries/Wages/Contractivity   Legal Services Solicitation/Fundraising   Food/Beverage Expense Travel In District   Polling Expense Travel Out Of District   Printing Expense Office Overhead/Rental   The Instruction Guide explains how to c			tal Expense Candidate/Officeholder/Political Committee  otal Expense OTHER (enter a category not listed above)			
1 PAGE#		FILER NAME	ioloe explains now to	o complete this for		3 ACCOUNT#	(TEC filers)
Schedule: 8/8 Re	I -	Gallo, Sheri				00110414	(120 111013)
4 Date	5 Payee name						·
06/26/2014	Worley Printing	01	7'- 0-4-			<u> </u>	
6 Amount (\$) \$32.48	7 Payee address 3217 N. IH 35 Austin, TX 787	City; State;	Zip Code				
PURPOSE OF EXPENDITURE		tegories listed at the top of draising Expense	f this schedule)	(b) Description Logo Design	(If travel outside of	Texas, complete Se	chedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office soug	ght:	Office held:	