# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

## 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 35				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Sheri  NICKNAME LAST Gallo	MI SUFFIX	OFFICE USE ONLY  Date Received  RECEIVED				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #.  PO Box 26550 Austin, TX 78755	CHY; STATE: /IP COINE	Date Hand-delivered or Date Postmarked  Receipt # Amount				
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Lew NICKNAME LAST Little	MI SUFFIX Jr.	Date Processed  Date Imaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT 2806 Stratford Drive Austin, TX 78746	/ SUITE #; CITY; STATE:	ZIP CODÉ				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 480-9702	EXTENSION					
8 REPORT TYPE	X January 15 30th day before		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year T 12/07/2014	Month Day HROUGH 12/31/20	Year 114				
10 ELECTION	ELECTION DATE ELECTION Month Day Year Property P	ON TYPE  rimary X Runoff	General Special				
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (If known Austin City Council					
	GO 1	ΓΟ PAGE 2					

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

13 C/OH NAME Gallo	, Sheri		14 ACCO 00110		thics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the capulation of the candidate's or officeholder's knowledge or consent. Candidaty receive notice of such expenditures			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN I REASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN		•	0.00
TOTALS	2. TOTAL	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  POLITICAL CONTRIBUTIONS  THAN BEFORE LOANS, OR CHARANTEES OF LOANS)		\$ 	
EXPENDITURE		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	ED	<u> </u>	21,544.98
TOTALS	4. TOTAL	POLITICAL EXPENDITURES		\$	0.00
	4. IOIAL	TO ETHORE EXPENSITIONES		\$ 	50,314.74
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  10,778.			1 <del>9,778.8</del> 1 10,842.0
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD		\$	0.00
17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
ANN FRANKLIN STATE AND STATE AND STATE AND STATE AND STATE OF TEXAS AN					
Sworn to and subscrib		0 101	, this	the	15th day
of Sanuage, 20 15 to certify which, witness my hand and seal of office.  Ann Franklin  Signature of officer administering oath  Title of officer administering oath					

Texas Ethics Commission

	The Instruction	ON GUIDE explains how to complete this form.	1	1 PAGE # Schedule: 1/2	22 Report: 3/35	
2	FILER NAME	Gallo, Sheri	-	3 ACCOUNT # 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Acuna, Oscar Gerard	<u>')</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/08/2014	6 Contributor address; City; State; Zip Code PO Box 26499 Austin, TX 78755		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Director	ation / Job title (See Instructions)	10 Employer (See In: Tri-Recycling	structions)		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/13/2014	Contributor address; City; State; Zip Code PO Box 14103 Austin, TX 78761		\$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  ut-of-state PAC (ID# Auler, Charles	))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/10/2014	Contributor address; City; State; Zip Code 1402 San Antonio Street Suite 200		\$350.00	 	
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)	
	Principal occup VP	ation / Job title (See Instructions)	Employer (See In Fall Creek Vine			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/14/2014	Contributor address; City; State; Zip Code 7706 Stoneywood Drive Austin, TX 78731		\$50.00	 	
				<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)	
	12/08/2014	Contributor address; City; State; Zip Code 1407 Wathen Avenue		\$175.00		
		Austin, TX 78703			_	
	Dringing! age	otion / Joh Billo (Coo Instructions)	F		Texas, complete Schedule T)	
	Principal occup Retired	eation / Job title (See Instructions)	Employer (See In N/A	structions)		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2	22 Report: 4/35
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)
12/08/2014	6 Contributor address; City; State; Zip Code 1407 Wathen Avenue Austin, TX 78703		\$175.00	 
	1		(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) ing & Probate	10 Employer (See In: McGinnis Lochr		
Date	Full name of contributor	<b>!</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/14/2014	Contributor address; City; State; Zip Code 6409 Mesa Drive Austin, TX 78731		\$200.00	   
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In:	structions)	
Real Estate		Self		
Date	Full name of contributor  ut-of-state PAC (ID# Breed, Ann H.	<i>t</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/08/2014	Contributor address; City; State; Zip Code 4405 Deepwoods Austin, TX 78731		\$110.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu Retailer	I pation / Job title (See Instructions)	Employer (See In Self		Tonas, complete constant ()
Date	Full name of contributor	7)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage
12/09/2014	Contributor address; City; State; Zip Code 1001 Congress Avenue Suite 400 Austin, TX 78701	•••••	\$87.22	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Dale	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage
12/09/2014	Contributor address; City; State; Zip Code 1005 Congress Avenue Suite 1040		\$87.22	 
"	Austin, TX 78701		116.4	·
Dringing!	pation / Joh title /See Instructions	Employer/Cont-		Texas, complete Schedule T)
г инорагосси	pation / Job title (See Instructions)	Employer (See In	au ucuons)	

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The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 3/2	22 Report: 5/35
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cahill, Macklin	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/10/2014	6 Contributor address; City; State; Zip Code 1801 Laurel Lane Leander, TX 78641		\$25.00	
			(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	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/08/2014	Contributor address; City; State; Zip Code 6702 West Courtyard Drive Austin, TX 78730		\$350.00	   
				<u> </u>
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In: Cammack & Str	structions) rong PC	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/08/2014	Contributor address; City; State; Zip Code 2704 Macken Street Austin, TX 78703		\$100.00	
			<u> </u>	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)
12/08/2014	Contributor address; City; State; Zip Code 2510 El Greco Cove Austin, TX 78703		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	<del>!</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/08/2014	Contributor address; City; State; Zip Code 4103 Honeycomb Rock Circle Austin, TX 78731		\$100.00	  -  -
			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 4/2	22 Report: 6/35	
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cooke, Carlton Lee Jr.	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/08/2014	6 Contributor address; City; State; Zip Code PO Box 50442 Austin, TX 78763		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Retired	ation / Job tille (See Instructions)	10 Employer (See In: N/A	structions)	<del>-</del>	
	Date	Full name of contributor  ut-of-state PAC (ID# Cooper, Helen L.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/08/2014	Contributor address; City; State; Zip Code 831 Sunfish Lakeway, TX 78734		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job tille (See Instructions)	Employer (See In: N/A	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/09/2014	Contributor address; City; State; Zip Code 1211 Country Club Drive Midland, TX 79701		\$350.00	[ [	
				<u>'</u>	Texas, complete Schedule T)	
	Principal occup Management	ation / Job title (See Instructions)	Employer (See In: Self	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
•	12/08/2014	Contributor address; City; State; Zip Code 4100 Jackson Avenue Apt. 214 Austin, TX 78731		\$50.00	       Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:			
		•	. , .	·		
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/08/2014	Contributor address; City; State; Zip Code 4100 Jackson Avenue Apt. 214		\$50.00	 	
		Austin, TX 78731		(If traval autaids of	Tourse complete Schooling TV	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	L '	Texas, complete Schedule T)	
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Texas Ethics Commission

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	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 5/2	22 Report: 7/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (IDA Crowley, Carol	<u>'</u> )	7 Amount of contribution (\$)	8
	12/08/2014	6 Contributor address; City; State; Zip Code 5902 Lonesome Valley Trail Austin, TX 78731		\$100.00	 
				(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)
	12/08/2014	Contributor address; City; State; Zip Code 5902 Lonesome Valley Trail Austin, TX 78731		\$100.00	1 1 1
	•		-		' 
_		4 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 1 (2 )	<u>L`</u>	Texas, complete Schedule T)
	Austin Region	vation / Job title (See Instructions) nal President	Employer (See In Frost Natiional	•	
	Date	Full name of contributor  ut-of-state PAC (ID# Curry, Mark J.	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2014	Contributor address; City; State; Zip Code 4000 Tablerock Drive Austin, TX 78731		\$100.00	 
				,	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)
	12/12/2014	Contributor address; City; State; Zip Code 4000 Tablerock Drive Austin, TX 78731		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Dale	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 4200 Jackson Avenue Apt. 1020		\$200.00	 
		Austin, TX 78731-6047			
				<u> </u>	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)	

	The Instruction	אס Guide explains how to complete this form.	_	1 PAGE # Schedule: 6/2	22 Report: 8/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-slate PAC (ID Curtis, Patricia	#)	7 Amount of contribution (\$)	8
	12/13/2014	6 Contributor address; City; State; Zip Code 4200 Jackson Avenue Apt. 1020 Austin, TX 78731-6047		\$150.00	 
		Additi, 1X 70731-0047	•	(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See Ir N/A	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/13/2014	Contributor address; City; State; Zip Code 3312 River Road Austin, TX 78703		\$150.00	 
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) ational Advisory Board	Employer (See In Triand, Inc.	nstructions)	· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/13/2014	Contributor address; City; State; Zip Code 3312 River Road Austin, TX 78703	· · · · · · · · · · · · · · · · · · ·	\$150.00	 
				<u> </u>	Texas, complete Schedule T)
	Principal occup Realtor	ation / Job title (See Instructions)	Employer (See Ir West Austin Pr		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/11/2014	Contributor address; City; State; Zip Code 5821 Trailridge Austin, TX 78731		\$100.00	 
_	Principal occur	pation / Job title (See Instructions)	Employer (See tr		Texas, complete Schedule T)
	, , , , , , , , , , , , , , , , , , ,			,	
_	Dale	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/11/2014	Contributor address; City; State; Zip Code 5821 Trailridge Austin, TX 78731		\$100.00	1
				(If tennel + total )	Tanana aannalata Saba ka Ta
-	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	1 '	Texas, complete Schedule T)
	p/				
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	The Instruction	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/	/22 Report: 9/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor	<i>t</i> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/12/2014	6 Contributor address; City; State; Zip Code 1601 W. 38th Street Suite 206 Austin, TX 78731		\$350.00	
L				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Real Estate	pation / Job title (See Instructions)	10 Employer (See In Self	istructions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage
	12/11/2014	Contributor address; City; State; Zip Code 200 Congress Avenue Suite 40FF Austin, TX 78701		\$350.00	 
			I	(If travel outside of	Texas, complete Schedule T)
Г		pation / Job title (See Instructions) Affairs Consultant	Employer (See In:	1	
L_	Government	Alians Consultant	Self		
	Date	Full name of contributor  ut-of-state PAC (ID# Gallo, Anthony	<i>i</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2014	Contributor address; City; State; Zip Code PO Box 26550 Austin, TX 78755	•••••	\$350.00	 
			!	de torrest aventals as	' '* : : : : : : : : : : : : : : : : : : :
	Principal occur	pation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)
<u> </u>	IT Director		PECU PECU	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 3125 Hemphill Park Austin, TX 78705		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
   	Principal occup Insurance Age	pation / Job title (See Instructions) ent	Employer (See Ins William Gammo		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 3125 Hemphill Park Austin, TX 78705		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	L	

Texas Ethics Commission

	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	22 Report: 10/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Ì	12/15/2014	6 Contributor address; City; State; Zip Code 4412 Rosedale Avenue Austin, TX 78756		\$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)
	12/08/2014	Contributor address; City; State; Zip Code 1304 W Oltorf Street Austin, TX 78704		\$350.00	!   
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	istructions)	
	President		PJS of Texas		
	Date	Full name of contributor	#)	Amount of cantribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 2612 Woolridge Drive Austin, TX 78703		\$175.00	1 
				(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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 5808 Trailridge Circle Austin, TX 78731		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Investment M	pation / Job title (See Instructions) lanagement	Employer (See In Capitol Wealth	nstructions) Management Gro	up
	Date	Full name of contributor	#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 2612 Woolridge Drive Austin, TX 78703		\$175.00	1 
				//6 4	·
-	Principal occur	pation / Job title (See Instructions)	Employer (See In	1	Texas, complete Schedule T)
			p.0,0,(000 iii		

The Instruction Guide explains how to complete this form	m. 1 PAGE # Schedule: 9/22 Report: 11/35
2 FILER NAME Gallo, Sheri	3 ACCOUNT # (Ethics Commission filers) 00110414
4 Date 5 Full name of contributor □ out-of-sta Gregory, Bobby	tle PAC (ID#)  7 Amount of   8 In-kind contribution contribution (\$) description (if applicable)
12/16/2014 6 Contributor address; City; State; 2939 Westlake Cove Austin, TX 78746	Zip Code \$350.00
	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Owner & CEO	10 Employer (See Instructions) Texas Disposal Systems
Date Full name of contributor out-of-sta Gregory, Kay	ate PAC (ID#)  Amount of In-kind contribution contribution (\$) description (if applicable)
12/16/2014 Contributor address; City; State; 2939 Westlake Cove Austin, TX 78746	Zip Code \$350.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A
Date Full name of contributor out-of-star Habitzreiter, Ronald	ate PAC (ID#)  Amount of In-kind contribution contribution (\$) description (if applicable)
12/08/2014 Contributor address; City; State; 1208 West Avenue Austin, TX 78701	Zip Code \$350.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self
Date Full name of contributor ☐ out-of-sta Hooser, Greg	ate PAC (ID#)  Amount of In-kind contribution contribution (\$) description (if applicable)
12/16/2014 Contributor address; City; State; 4501 Westlake Drive # 14 Austin, TX 78746	Zip Code \$350.00
Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Self
Date Full name of contributor	ate PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
12/08/2014 Contributor address; City; State; 7602 Rim Cove Austin, TX 78731	Zip Code \$350.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Chairman	Employer (See Instructions) Austin Trust Company

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 10	/22 Report: 12/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Jamail, Tim	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
i	12/08/2014	6 Contributor address; City; State; Zip Code 1006 Mopac Circle Suite 101 Austin, TX 78746		\$250.00	Texas, complete Schedule T)
			<del></del>	<u> </u>	
9	Principal occup Real Estate E	pation / Job title (See Instructions) Broker	10 Employer (See In Self	structions)	
	Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2014	Contributor address; City; State; Zip Code 9805 Glenlake Drive Austin, TX 78730		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
		<u> </u>		<u> </u>	
	Retired	pation / Job title (See Instructions)	Employer (See In N/A	istructions)	
	Date	Full name of contributor	<i>t</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 4231 Westlake Drive	• • • • • • • • • • • • • • • • • • • •	\$25.00	i 
		Austin, TX 78746		L	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	
	Date	Full name of contributor	7)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage
	12/09/2014	Contributor address; City; State; Zip Code 6508 Mesa Austin, TX 78731		\$87.22	 
				(If travel outside of	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)
	12/12/2014	Contributor address; City; State; Zip Code PO Box 500128 Austin, TX 78613		\$200.00	! 
				(If travel outside of	I Texas, complete Schedule T)
$\vdash$	Principal occur	pation / Job title (See Instructions)	Employer (See In	istructions)	
	Realtor	salion, soo allo (soo madadana)	Ketler Williams		

P.O.Box 12070

	The Instruction	อง Guide explains how to complete this form.		1 PAGE#	(22 Panat: 42/25	
2	FILER NAME	Gallo, Sheri		Schedule: 11 3 ACCOUNT#	/22 Report: 13/35 (Ethics Commission filers)	
-	) IEEI ( IATAINE	22.01 3		00110414	<i>.</i>	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Kruger, David	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/13/2014	6 Contributor address; City; State; Zip Code 722 Congress Avenue Austin, TX 78701		\$350.00	 	
				<u> </u>	Texas, complete Schedule T)	
9	Principal occup Owner	pation / Job title (See Instructions)	10 Employer (See In Krugers Diamo			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/13/2014	Contributor address; City; State; Zip Code 722 Congress Avenue Austin, TX 78701		\$350.00	! ! !	
				(If travel outside of	Texas, complete Schedule T)	
		pation / Job title (See Instructions)	Employer (See In	structions)		
	Retired		N/A			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/13/2014	Contributor address; City; State; Zip Code 1307 Elton Lane Austin, TX 78703		\$350.00	   	
				1	Texas, complete Schedule T)	
	Principal occup Finance	pation / Job title (See Instructions)	Employer (See In The Lauderbac			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/13/2014	Contributor address; City; State; Zip Code 1307 Elton Lane Austin, TX 78703		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occuş GM	pation / Job title (See Instructions)	Employer (See Ir Hill and Knowlt	nstructions) on Strategies		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/08/2014	Contributor address; City; State; Zip Code PO Box 202211 Austin, TX 78720		\$350.00	 	
		-		/If travel outside of	「Texas, complete Schedule T) ☐	
_	, ,	Loation / Job title (See Instructions)	Employer (See In	<u> </u>	<u> </u>	
	Attorney		Law Offices of	Jeanne Leilill <b>aii</b> I		

	The Instruction	ом Guide explains how to complete this form.		1 PAGE# Schedule: 12	//22 Report: 14/35		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lewis, Derek	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/11/2014	6 Contributor address; City; State; Zip Code 2300 McCullough Street Austin, TX 78703		\$350.00	 		
Į				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Real Estate	ation / Job title (See Instructions)	10 Employer (See In Stresann Realt				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/08/2014	Contributor address; City; State; Zip Code 2408 Windsor Road Austin, TX 78703		\$350.00	 		
	-				Texas, complete Schedule T)		
	Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See Ir Endeavor	estructions)			
	Dale	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage		
	12/09/2014	Contributor address; City; State; Zip Code 823 Congress Avenue Suite 900 Austin, TX 78701		\$87.22	 		
				<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)		
	12/13/2014	Contributor address; City; State; Zip Code 7601 Sandia Loop Austin, TX 78735		\$350.00	 		
		Addition, 17,70700			<u></u>		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ir Greenberg Tra				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/08/2014	Contributor address; City; State; Zip Code PO Box 5968 Austin, TX 78763		\$350.00	1 		
				(If travel outside of	f Texas, complete Schedule T)		
	Principal occur	Dation / Job title (See Instructions)	Employer (See In	`			
	Investments	sales soo alle (soo medesdells)	Self				

Texas Ethics Commission

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	/22 Panati 15/25	
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	/22 Report: 15/35 (Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# McNutt, Kay	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/08/2014	6 Contributor address; City; State; Zip Code PO Box 5968 Austin, TX 78763		\$350.00	<b>i</b> 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Retired	pation / 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)	
	12/16/2014	Contributor address; City; State; Zip Code 5363 Austral Loop Austin, TX 78739		\$25.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	District transfer	ation to take title (Constructions)	F-mloves (Coole	<u> </u>	Texas, complete schedule 1)	
	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)	
	12/08/2014	Contributor address; City; State; Zip Code 3211 Hampton Road Austin, TX 78705		\$50.00	<b> </b> 	
			- · · - · · · · · · · · · · · · · · · ·	L '	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Morrison, Michael	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/12/2014	Contributor address; City; State; Zip Code 4211 Canoas Drive Austin, TX 78730		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
-	Principal occup Pharmacist	pation / Job title (See Instructions)	Employer (See Ir HCA-/St. David			
	Date	Full name of contributor	ļ)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/12/2014	Contributor address; City; State; Zip Code 4211 Canoas Drive Austin, TX 78730		\$50.00	 	
				<b></b>	' 	
-	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	1 '	Texas, complete Schedule T)	
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 14	/22 Report: 16/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Dale	5 Full name of contributor ☐ out-of-state PAC (ID# Mullen, Carole	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/13/2014	6 Contributor address; City; State; Zip Code 6902 Mesa Drive Austin, TX 78731		\$300.00	 
				(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)
	12/13/2014	Contributor address; City; State; Zip Code 6902 Mesa Drive Austin, TX 78731		\$350.00	 
					'
_	Dringing pages	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	Insurance	ation 7 Job title (See Instructions)	Small Employer		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Munoz, Ned	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage
	12/09/2014	Contributor address; City; State; Zip Code 1711 W. 32nd Street Austin, TX 78703		\$87.22	;   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor	<u>/)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/13/2014	Contributor address; City; State; Zip Code 8506 Dorotha Court Austin, TX 78759		\$350.00	
L				<u> </u>	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)	
	Date	Full name of contributor	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 5802 Kentucky Derby Austin, TX 78746	, ,	\$50.00	[ [
				III Americal and a second	
L	Principal accur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	f Texas, complete Schedule T)
	i ililapai occuj	panon i soo nne (oee mandonona)	Employer (ode ii	ion donoris;	

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	The Instruction	N GUIDE explains how to complete th	nis form.		1 PAGE # Schedule: 15/	/22 Report: 17/35
2	FILER NAME	Gallo, Sheri			3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor □ ou Muse, Ewell H.	t-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/08/2014	6 Contributor address; City; 5802 Kentucky Derby Austin, TX 78746	State; Zip Code		\$50.00	  -  -
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job litle (See Instructions)	1	Employer (See Ins.	structions)	
	Date	Full name of contributor	it-of-slale PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; 809 Canyon Creek Drive Austin, TX 78746	State; Zip Code		\$25.00	 
			-			
					(If travel outside of	Texas, complete Schedule T)
Г	Principal occup	ation / Job title (See Instructions)	*	Employer (See Ins	structions)	
	Dale	Full name of contributor	ıt-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage
	12/09/2014	Contributor address; City; PO Box 2185 Austin, TX 78768	State; Zip Code		\$87.22	 
	<u> </u>		·	Sandana (Caraba		Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	structions)	
	Date	Full name of contributor	ut-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage
	12/09/2014	Contributor address; City; 313 E. 12th Street Suite 210 Austin, TX 78768	State; Zip Code		\$87.22	Texas, complete Schedule T)
$\vdash$			···			Texas, complete schedule 1)
	Principal occup	pation / Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor	ut-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; 3800 Woodbrook Circle Austin, TX 78759	State; Zip Code		\$100.00	1 
1					(If travel outside of	Texas, complete Schedule T)
	Principal occur	Dation / Job title (See Instructions)		Employer (See In	structions)	
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Texas Ethics Commission

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 16	/22 Report: 18/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/08/2014	6 Contributor address; City; State; Zip Code 3800 Woodbrook Circle Austin, TX 78759		\$100.00	 
L				<u></u>	Texas, complete schedule 1)
9	Principal occup	alion / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 7511 Fireoak Drive Austin, TX 78759		\$200.00	1 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Front Office	pation / Job title (See Instructions)	Employer (See In Austin Vision A	•	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2014	Contributor address; City; State; Zip Code 7706 Rustling Road Austin, TX 78731-1336		\$350.00	1 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup CPA	pation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	<i>f</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable) Advertising/Bubbles
	12/11/2014	Contributor address; City; State; Zip Code 7706 Rustling Road Austin, TX 78731-1336		\$350.00	!    -
L				(If travel outside of	Texas, complete Schedule T)
	Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See Ir Self	istructions)	
	Date	Full name of contributor	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/14/2014	Contributor address; City; State; Zip Code 6203 Cat MountainCove Austin, TX 78731		\$50.00	1 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	
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#### SCHEDULE A

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 17	/22 Report: 19/35		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Cammission filers)		
4	Dale	5 Full name of contributor  ut-of-state PAC (ID# Prescott, Phyllis	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/08/2014	<b>6</b> Contributor address; City; State; Zip Code 4601 Greystone Drive Austin, TX 78731		\$100.00	 		
					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)		
	12/08/2014	Contributor address; City; State; Zip Code 4601 Greystone Drive Austin, TX 78731		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
├─	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
<u> </u>	T intelpar occup	and the food mendalisms,					
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/16/2014	Contributor address; City; State; Zip Code 5908 Overlook Austin, TX 78731		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Chief Operati	ation / Job title (See Instructions) ng Officer	Employer (See In Prophet Capital	structions) Asset Manageme	ent		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/08/2014	Contributor address; City; State; Zip Code 4408 Enclave Cove Austin, TX 78731		\$25.00	 		
				(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)		
	12/08/2014	Contributor address: City; State; Zip Code 4408 Enclave Cove Austin, TX 78731		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
$\vdash$	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u>'</u>	, ,		
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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 18	/22 Report: 20/35	
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	<b>5</b> Full name of contributor  ut-of-state PAC (ID: Rhodes, Sonny	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/08/2014	<b>6</b> Contributor address; City; State; Zip Code 6506 Mesa Drive Austin, TX 78731		\$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)	
	12/14/2014	Contributor address; City; State; Zip Code 6506 Mesa Drive Austin, TX 78731		\$100.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
$\vdash$	Principal occup	vation / Job title (See Instructions)	Employer (See In	nstructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage	
	12/09/2014	Contributor address; City; State; Zip Code 1402 Nueces Street Austin, TX 78701		\$87.22	 	
			T	L `	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	istructions)		
	Date	Full name of contributor	fl)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/13/2014	Contributor address; City; State; Zip Code 3201 Pecos Street # 7 Austin, TX 78703		\$250.00	! ! !	
				<u>.L.`</u> _	Texas, complete Schedule T)	
	Principal occup Retired	pation / Job title (See Instructions)	Emplayer (See Ir N/A	nstructions)		
	Dale	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/13/2014	Contributor address; City; State; Zip Code 3201 Pecos Street # 7		\$250.00	   	
		Austin, TX 78703			' 	
L			T 6 7 %	<u> 1 '</u>	Texas, complete Schedule T)	
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ii N/A	nstructions)		

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 19	/22 Report: 21/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sager, Jessica	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/08/2014	6 Contributor address; City; State; Zip Code 4205 Greystone Austin, TX 78731		\$350.00	 
				L.i.	Texas, complete Schedule T)
9	Principal occup Consultant	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2014	Contributor address; City; State; Zip Code 1110 Iron Horse		\$350.00	! !
		Leander, TX 78641			· · · · · · · · · · · · · · · · · · ·
<u> </u>	Delegiant	edian / Jah title (See Jasta edians)	Employer (See In	<u>l.'</u>	Texas, complete Schedule T)
	Principal occup Trust Adminis	pation / Job title (See Instructions) ster	Austin Trust Co		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 100 Congress Avenue Suite 1100		\$350.00	   
		Austin, TX 78701		<u> </u>	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Jackson Walke		
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 100 Congress Avenue Suite 1100 Austin, TX 78701		\$350.00	  - 
<u>L</u>				<u> </u>	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	nstructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 3655 Glen Haven Blvd.		\$350.00	 
		Houston, TX 77025			
	Dringing!	valion / Joh title /See Instructions)	Employer (See In	1.`	f Texas, complete Schedule T)
	CEO	pation / Job title (See Instructions)	PJS of Houstor		

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	The Instruction	אס Guide explains how to complete this form.	•	1 PAGE # Schedule: 20	/22 Report: 22/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Spohn, Darren	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/16/2014	6 Contributor address; City; State; Zip Code 9605 Corbe Drive Austin, TX 78726		\$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 cantribution (\$)	In-kind contribution description (if applicable) Event/Food & Beverage
	12/09/2014	Contributor address; City; State; Zip Code 919 Congress Avenue Suite 455		\$87.22	' 
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
	Principal occup	l pation / Job title (See Instructions)	Employer (See In	estructions)	V-
	Date	Full name of contributor  ut-of-state PAC (ID# Trotter, J. David	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 2499 S. Capital of Texas Hwy. Suite A-107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$250.00	[   
		Austin, TX 78746		(If travel outside of	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)
	12/10/2014	Contributor address; City; State; Zip Code 4903 Valley Oak Drive Austin, TX 78731		\$100.00	   
$\vdash$	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	r (exas, complete Schedule 1)
			, , , , , , , , ,	,	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 6702 Mesa Drive Austin, TX 78731		\$100.00	 
				(If travel outside of	f Texas, complete Schedule T}
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	<u> 1 :</u>	
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	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 21	/22 Report: 23/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/08/2014	6 Contributor address; City; State; Zip Code 6702 Mesa Drive Austin, TX 78731		\$100.00	 
l				(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)
	12/10/2014	Contributor address; City; State; Zip Code 21322 Sequoia Drive Chatsworth, CA 91311		\$100.00	 
				/If travel outside of	Texas, complete Schedule T)
⊢	Balancia II annua	- Link little (Con Instructions)	Employer (See In	l `	reas, complete contract ()
	Principal occup	pation / Job title (See Instructions)	Employer (See II	istructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2014	Contributor address; City; State; Zip Code 21322 Sequoia Drive Chatsworth, CA 91311		\$100.00	 
				1 '	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	H)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 11200 Jollyville Road Austin, TX 78759		\$350.00	[   
1				(If travel outside o	f Texas, complete Schedule T)
-	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2014	Contributor address; City; State; Zip Code 11200 Jollyville Road Austin, TX 78759		\$350.00	 
				(If travel outside o	f Texas, complete Schedule T)
$\vdash$	Data aire de a a aire	nation / Joh title /Con Instructions)	Employer/See l	<u> </u>	
	Principal occuj Insurance	pation / Job title (See Instructions)	Employer (See li Whorton Insura	,	

## **POLITICAL CONTRIBUTIONS**

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 22	/22 Report: 24/35
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor  out-of-state PAC (ID/Wilson, Margaret	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/10/2014	6 Contributor address; City; State; Zip Code 2005 Arthur Lane Austin, TX 78704		\$50.00	<b>1</b> 
				(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)
	12/08/2014	Contributor address; City; State; Zip Code 4604 West Rim Cove		\$100.00	 
		Austin, TX 78731			1
				<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
			<u> </u>		·
	,				
		•			
		·			
					•
		•			

	EXPENDITURE CATE	EGORIES
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wager ing Legal Services Solicitalion/Fur ise Food/Boverage Expense Travel In Distric Polling Expense Travel Out Of L	S/Contract Labor draising Expense Contributions/Donations Mado By Candidate/Officeholder/Political Committee ad/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filer
Schedule: 1/11 F	- Calla Shari	00110414
4 Date	5 Payee name	00110414
12/18/2014	Ampco Parking	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$15.00	100 Congress Avenue Austin, TX 78701	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) Parking
EXPENDITURE		Chack if Austin TV officeholder living evenes
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure to benefit C/OH	Canadate / Cincertolaer Harrie	Office googin.
Date	Payee name	
12/19/2014	Constant Contact	
Amount (\$)	Payee address City; State; Zip Code	
\$90.61	Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Emails
OF	Office Overhead/Rental Expense	
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder Hairle	office sought. Office field.
Date	Payee name	
12/08/2014	Democracy Engine LLC	
Amount (\$)	Payee address City; State; Zip Code	·
\$23.66	850 Quincy Street	
V=0.00	# 402	
	Washington, DC 20011	
PURPOSE OF	Calegory (See Calegories listed at the top of this schedule) Accounting/Banking	Description (If Iravel outside of Texas, complete Schedule T) Website donation fees
EXPENDITURE		Check if Auctin TV office had destined as a suppose
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/17/2014	Democracy Engine LLC	
Amount (\$)	Payee address City; State; Zip Code	
\$123.88	850 Quincy Street	
\$123.00	# 402 Washington, DC 20011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Website donation fees
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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)

rees	The Instruction Guide explains how	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/11 R	Calla Shari	00110414
4 Date	5 Payee name	
12/24/2014	Democracy Engine LLC	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$92.71	850 Quincy Street	
	# 402   Washington, DC 20011	
		(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Website donation fees
OF EXPENDITURE	Cilide Gromeda/Nontal Exposito	
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
12/10/2014	Dialing Services	
Amount (\$)	Payee address City; State; Zip Code	
\$584.58		
<b>\$55</b> 1.55	Denver, CO 80237	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)   Phonebank
OF	Office Overhead/Rental Expense	1
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Dale	Payee name	
12/12/2014	Dialing Services	
Amount (\$)	Payee address City; State; Zip Code	
\$431.73	-0.0	
Ψ401.70	Denver, CO 80237	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	TONGBAIN
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
12/15/2014	Facebook	
Amount (\$)	Payee address City; State; Zip Code	
\$65.86	1	
Ψ00.00	PO Box 10005	
	Palo Alto, CA 94303	
BUBBOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Ad
PURPOSE OF	Advertising Expense	, Au
EXPENDITURE		Check if Austin TV - Minch adds United to the
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Canadate / Cincertone name	Chief coagni.

	EXPEN	IDITURE CATEGOR	RIES		
Advertising Expe	nse Gifts/Awards/Memorial Expense	Salaries/Wages/Conti	ract Labor	Loan Repayme	nt/Reimbursement
Accounting/Bank Consulting Expense	nso Food/Beverage Expense	Solicitation/Fundraisir Travel In District	• ,	Contributions/E	Equipment & Related Expense Conations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Reni			Officeholder/Political Committee a calegory not listed above)
	<u> </u>	Suide explains how to	complete this fe		<b>g,</b> ,
1 PAGE#	2 FILER NAME				3 ACCOUNT # (TEC filers)
Schedule: 3/11 F	Report: 27/35 Gallo, Sheri				00110414
4 Date	5 Payee name				
12/15/2014	Facebook				•
6 Amount (\$)	7 Payee address City; State;	Zip Code			
\$36.57	Dept 415				
	PO Box 10005 Palo Alto, CA 94303				
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				
8 PURPOSE	(a) Category (See Categories listed at the top o	( this schedule)	(b) Description Ad	(If travel outside	of Texas, complete Schedule T)
OF	Advertising Expense		Au		
EXPENDITURE			<u> </u>		.,
9 Complete ONLY if	Candidate / Officeholder name		Check if Austi Office so	n, TX, officeholde	or living expense Office held:
direct expenditure	Candidate / Officendide frame		Office so	ugin.	Office field.
to benefit C/OH					
Date	Payee name				
12/31/2014	Facebook				<u> </u>
Amount (\$)	Payee address City; State;	Zip Code			
\$220.03	Dept 415				
	PO Box 10005 Palo Alto, CA 94303				
PURPOSE	Category (See Categories listed at the top o	f this schedule)	Description Ads	(If travel outside	of Texas, complete Schedule T)
OF	Advertising Expense		7.05		
EXPENDITURE			C	_ TV _&6L_IJ	18*
Complete ONLY if	Candidate / Officeholder name		Office so	n, TX, officeholde ught:	Office held:
direct expenditure to benefit C/OH				-9	
Date	Payee name				
12/31/2014	Google	<del></del>			w
Amount (\$)	Payee address City; State;	Zip Code			
\$5.00	Googleplex Mountain View, CA 94043				
	Modificant View, CA 54043				
_	Category (See Categories listed at the top of	f this schedule)	Description	(If traval outside	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	uno sonoccio,	Email	(ii traver ourside	or rexas, complete ocheanie 1)
OF EXPENDITURE	,				
			Check if Austi	n, TX, officeholde	r living expense
Complete ONLY if	Candidate / Officeholder name		Office so	ught:	Office held:
direct expenditure to benefit C/OH					
Date	Payee name				····
12/15/2014	Home Depot				
Amount (\$)	Payee address City; State;	Zin Code			
\$16.22	10515 N Mopac Exp	2.p <b>3</b> 000			
\$10.22	Austin, TX 78759				
	Category (See Categories listed at the top of	f this schedule)	Description	(If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense		Signs		_
EXPENDITURE					
<del></del>			Check if Austi	n, TX, officeholde	r living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office so	ught:	Office held:
to benefit C/OH					

#### Austin, Texas 78711-2070 P.O.Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how	Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 4/11 F	0.000	00110414
4 Date	5 Payee name	
12/15/2014	Home Depot	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$89.07	10515 N Mopac Exp Austin, TX 78759	
		[4) D
8 PURPOSE	(a) Calegory (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	- July 1
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
12/08/2014	Johnson, Christina	
Amount (\$)	Payee address City; State; Zip Code	
\$200.00		
Ψ200.00		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Field work
EXPENDITURE		
6 1. <b>6</b>	One Kidada & Official Indiana and	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
12/10/2014	KEYE	
Amount (\$)	Payee address City; State; Zip Code	
\$5,155.25	10700 Metric Blvd	
	Austin, TX 78758	
		T 5 - 15 - 16 - 17 - 17 - 17 - 17 - 17 - 17 - 17
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name KEYE	
12/10/2014		
Amount (\$)	Payee address City; State; Zip Code	
\$170.00	10700 Metric Blvd Austin, TX 78758	
	Calegory (See Categories listed at the top of this schodule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Ad (if traver established in Texas, semiplical established in
OF EXPENDITURE		
LAI LIIDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling 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

Fees	Printing Expense Office Overhead.  The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 5/11 F	Calla Chasi	00110414
4 Date	5 Payee name	- · · · · · · · · · · · · · · · · · · ·
12/12/2014	KEYE	
6 Amount (\$)	7 Payee address City; State; Zip Code	<del> </del>
\$488.75	10700 Metric Blvd	
<b>4</b> 10011 <b>4</b>	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	Advertising Expense	Ad
OF EXPENDITURE		
EXPENDITORE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date 12/12/2014	Payee name KEYE	
Amount (\$)	Payee address City; State; Zip Code	
` '	1	
\$1,266.50	Austin, TX 78758	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Ad
OF EXPENDITURE		
EXI ENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/18/2014	Kneaded Pleasures	
Amount (\$)	Payee address City; State; Zip Code	
\$62.08	3573 Far West	
*******	Austin, TX 78731	•
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Meeting expense
OF	Food/Beverage Expense	moding expense
EXPENDITURE		Charle of Assatis TV office had dead living assaura
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Sandado i Omosticido rialito	omos sougra.
to benefit C/OH		
Date	Payee name	
12/08/2014	KTBC	
Amount (\$)	Payee address City; State; Zip Code	
\$4,760.00	119 East 10th Street	
	Austin, TX 78701	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	TV
OF EXPENDITURE		·
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal S nse Food/Bo Polling	vards/Memorial Exper ervices everage Expense Expense Expense	Solicitation/F Travel In Dis Travel Out C Office Overh	ges/Contract Labor Fundraising Expense strict	Transportation Contributions/ Candidate/ OTHER (enter	ent/Reimbursement n Equipment & Related Expense Donations Made By Officeholder/Political Committee r a category not listed above)
. 5.05.0			<u> </u>	Thow to complete this it		3 ACCOUNT # (TEC filers)
1 PAGE # Schedule: 6/11 R	Report: 30/35	2 FILER NAME Gallo, Sheri				00110414
4 Date	5 Payee name	<u> </u>				
12/15/2014	KTBC					·
6 Amount (\$)	7 Payee addres	- ·	State; Zip Code			
\$1,853.00	119 East 10 Austin, TX					
8 PURPOSE OF	(a) Calegory (Se Advertising		t the top of this schedule)	(b) Description TV	(If Iravel outside	e of Texas, complete Schedule T)
EXPENDITURE				Check if Austi	n. TX. officehold	ler living expense
9 Camplete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office so	<del></del> -	Office held:
Date	Payee name					
12/10/2014	KVUE					
Amount (\$)	Payee addres	ss City;	State; Zip Code			
\$5,843.75	3201 Steck Austin, TX					
	Calegory (Se	e Categories listed a	t the top of this schedule)	Description	(If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising	-	,	Ad .	•	
OF EXPENDITURE	1					
						ler living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office so	ught:	Office held:
Date	Payee name					· · · · · · · · · · · · · · · · · · ·
12/12/2014	KVUE					
Amount (\$)	Payee addres	•	State; Zip Code			
\$1,338.75	3201 Steck Austin, TX					
PURPOSE OF	Calegory (Se Advertising	_	the top of this schedule)	Description Ad	(If travel outside	e of Texas, complete Schedule T)
EXPENDITURE						
O ON W W	Condidate / C	Manhaldor somo		<del></del>		der living expense Office held:
Complete ONLY if direct expenditure to benefit C/OH	Carioldate / C	Officeholder name		Office so	ugni.	Office field.
Date	Payee name					
12/11/2014	Lily Pad Art	s				
Amount (\$)	Payee addres	ss City;	State; Zip Code			
\$2,390.63	1924 Kemp Round Roct	wood Loop k, TX 78665				
, PURPOSE OF	Category (So Advertising	_	t the top of this schedule)	Description Graphics	(If travel outside	e of Toxas, complete Schedule T)
EXPENDITURE	1			Check if Aust	n. TX. officehold	der living expense
Complete ONLY if	Candidate / C	Officeholder name	·	Office so		Office held:
direct expenditure to benefit C/OH						

	EVECTION CATE	CODIES
Advertising Exper Accounting/Banki Consulting Expan Event Expense Fees	ng Legal Servicos Solicitation/Fun ise Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D Printing Expense Office Overhear The Instruction Guide explains he	AContract Labor draising Expense cit Contributions/Donations Made By Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) ow to complete this form.
1 PAGE# Schedule: 7/11 R	2 FILER NAME Gallo, Sheri	3 ACCOUNT # (TEC filers) 00110414
4 Date 12/10/2014	5 Payee name LiN Television Sales	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$1,576.75	908 W MLK Blvd. Austin, TX 78701	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	/Nu
EXPENDITURE		lm
	Condidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 12/10/2014	Payee name LiN Television Sales	
Amount (\$)	Payee address City; State; Zip Code	
\$1,254.00	908 W MLK Blvd. Austin, TX 78701	
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad
OF EXPENDITURE	j	
EAT LIBOTIONS		Check if Austin, TX, officeholder living expense
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/12/2014	Lone Star Directions	
Amount (\$)	Payee address City; State; Zip Code	
\$3,845.00	403 Dawson Street	
. ,	#5 San Antonio, TY 78202	
	San Antonio, TX 78202	
PURPOSE OF	Calegory (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) TV production
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 12/29/2014	Payee name Nation Builder	
Amount (\$)	Payee address City; State; Zip Code	
\$29.00	448 S. Hill Street	
<b>⊅</b> ∠9.00	Los Angeles, CA 90013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Website
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

<u> </u>	EXPENDITURE CATI	EGORIES
Advertising Exper Accounting/Banki Consulting Expen Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wage ng Legal Services Solicitation/Fuu ise Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of I	s/Contract Labor ndraising Expense classing Expense classing Expense classing Expense classing Expense classing Expense contributions/Donations Made By Candidate/Officeholder/Political Committee ad/Rental Expense  Loan Repayment/Reimbursement Transportation Equipment & Related Expense  Contributions/Donations Made By Candidate/Officeholder/Political Committee  OTHER (enter a category not listed above)
1 PAGE# Schedule: 8/11 R		3 ACCOUNT # (TEC filers) 00110414
4 Date	5 Payee name	
12/08/2014	Olvero, Lisbete	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$600.00	2121 Burton # 1058 Austin, TX 78741	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor data entry
EXPENDITURE	1.	Charlest America TV - 150 - 151 - 151 - 151
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
9 Complete ONLY if direct expenditure to benefit C/OH	Canada / Cinobiologi Hanle	Onice ried.
Date	Payee name	
12/09/2014	Paragon Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$1,502.83	10423 McKalla Place Austin, TX 78758	
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Mailer printing
OF EXPENDITURE	<u>-</u> .	
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Dale	Payee name	
12/09/2014	Paragon Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$1,408.00	10423 McKalla Place Austin, TX 78758	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T).
PURPOSE OF	Office Overhead/Rental Expense	Postage
EXPENDITURE		ln
	Condidate / Office haller	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Dale	Payee name	
12/11/2014	Paragon Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$3,839.78	10423 McKalla Place	
	Austin, TX 78758	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Comparison mailer printing
EXPENDITURE		
		Check if Austin, TX, officeholder tiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

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

Travel Out Of District OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Gallo, Sheri 00110414 Schedule: 9/11 Report: 33/35 5 Payee name 4 Date Platinum Parking 12/15/2014 6 Amount (\$) Pavee address City; State; Zip Code 221 W. 6th Street \$5.00 Lot 177 Austin, TX 78701 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Parking Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Starbucks 12/30/2014 Amount (\$) Payee address City; State; Zip Code 3637 Far West Blvd \$2.11 Austin, TX 78731 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Meeting expense Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name Date Thompson, Kathryn 12/08/2014 Amount (\$) Payee address City: State: Zip Code 12700 Cloud Mountain Crossing \$400.00 Austin, TX 78726 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Data entry contract labor Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefil C/OH Date Payee name 12/24/2014 Thompson, Kathryn Payee address City; State; Zip Code Amount (\$) 12700 Cloud Mountain Crossing \$400.00 Austin, TX 78726 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description Contract labor **PURPOSE** Salaries/Wages/Contract Labor ΩF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure

#### 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 ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 10/11		Gallo, Sheri		00110414
4 Date	5 Payee name			
12/11/2014	Thompson 8	& Knight, LLP	· -	
6 Amount (\$)	7 Payee addres	ss City; State; Zip Code		
\$650.00	98 San Jacii	nto Blvd.		
	Suite 1900 Austin, TX	78701		
			Title to an	
8 PURPOSE	1	e Categories listed at the top of this schedule)	(b) Description (If trave Attorney fees	I outside of Texas, complete Schedule T)
OF	Legal Servic	es	,,,	
EXPENDITURE			Check if Austin TV of	iceholder living expense
9 Complete ONLY if	Candidate / C	Officeholder name	Office sought:	Office held:
direct expenditure	Canadate / C	mideliologi Hamo	300 00 <b>ug</b>	
to benefit C/OH	L			
Date	Payee name			
12/10/2014	Time Warne	er Cable	<u>.</u> . <u>-</u>	
Amount (\$)	Payee addres	ss City; State; Zip Code		
\$4,340.20	10801 N. Me	opac Expressway		
	Bldg. 1, Suit Austin, TX	18 300 78759		
	<u> </u>			
PURPOSE	1 .	e Categories listed at the top of this schedule)	Description (If trave	I outside of Texas, complete Schedule T)
OF	Advertising	Expense	///	
EXPENDITURE				Control of the Charles and Cha
Complete ONLY if	Candidate / C	Officeholder name	Office sought:	ficeholder living expense Office held:
direct expenditure	Candidate	onicendider harrie	Onice sought.	Smot field.
to benefit C/OH				
Date	Payee name			
12/11/2014	Time Warne	er Cable		
Amount (\$)	Payee addres	ss City; State; Zip Code		
\$530.00		opac Expressway		
	Bldg. 1, Suit Austin, TX	re 300 78759		
			5 12 22	
PURPOSE	Advertising	e Categories listed at the top of this schedule)	Description (If trave	l outside of Texas, complete Schedule T)
OF	Advertising	Expense		
EXPENDITURE			Check if Austin TX of	ficeholder living expense
Complete ONLY if	Candidate / C	Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			J	
·	<u> </u>			
Date	Payee name			
12/11/2014	<del> </del>	ice Chimney Corners Station		
Amount (\$)	Payee addres			
\$3,742.94	3575 Far W Austin, TX			
ļ	Austin, IA	10131		
PURPOSE		e Categories listed at the top of this schedule)	Description (If trave Postage	el outside of Texas, complete Schedule T)
OF	Advertising	Expense	, 55.095	
EXPENDITURE			Charles As aster TM .	Figobolder living
Complete ONLY if	Candidate / C	Officeholder name	Office sought:	ficeholder living expense Office held:
direct expenditure	Canadate / C	And Charles	Office Sought.	Strice field.
to benefil C/OH	I			

SCHEDULE  $\mathbf{F}$ 

(TEC filers)

	EXPENDITURE CATEGORIES	3
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wages/Contract L ing Legal Services Solicitation/Fundraising Ex	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee (pense OTHER (enter a category not listed above)
PAGE #	2 FILER NAME	3 ACCOUNT # (TEC fil
chedule: 11/11	Report: 35/35 Gallo, Sheri	00110414
Date 12/10/2014	5 Payee name West Austin News	
Amount (\$)	7 Payee address City; State; Zip Code	
\$408.75	5511 Parkcrest Drive # 105 Austin, TX 78731	
PURPOSE		Description (If travel outside of Texas, complete Schedule T

6 Amount (\$) \$408.75	0" 0" 0 1	
	7 Payee address City; State; Zip Code	
ψ400.73	5511 Parkcrest Drive # 105 Austin, TX 78731	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Ad
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/11/2014	West Austin News	<u> </u>
Amount (\$)	Payee address City; State; Zip Code	
\$456.75	5511 Parkcrest Drive # 105 Austin, TX 78731	
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

#### AUSTIN CITY CLERK RECEIVED

SCHEDULE ATX. 4 - attach to form C/OH (C&E) Reference §2-2-25, Austin City Code

2015 JUL 28 AM 11 31

#### **BANK RECONCILIATION**

	er, or campaign committee filing a January 15 provide the following information for the previous	•
Name of candidate, office	ceholder or campaign committee:	i Gallo
	gs or other financial institution account maintain adicated. For each additional institution, use a continuous continuous account maintain	
The name of the financia	al institution: BBUA Compass	
Type of account:	ecking	
The beginning balance:	\$0 (5/1/14)	
Enter the following infor	mation for checks issued on that account that have	ve not cleared by December
31:	Davisa	Amount
Date	Payee	Amount
12/8/14	Lisbete Olvera Kathryn Thompson	\$ 400.00
Enter the following infor	mation for checks received as contributions and	I denocited but dichonored
by the contributor's finar		racpositea out distionored
Date of receipt	Contributor	Amount

Office of the City Clerk, 20.36

Revised by the Ethics Review Commission 03/26/2014

Page 1 of 2

Amount of interest or dividends ear	ned: 5 0	
All deposits and withdrawals not dis	sclosed on a filed contribution	n and expenditure report:
Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
12/8	Mike t Susan Edgar	200.00
12/8	Bill + Pat Warren	200.00
•		