CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received: 2015 JUL 15 PM 4 11 AUSTIN CITY CLERK RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Sheri | MI

NICKNAME | LAST: Gello | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO Box 26550 | APT / SUITE #: | CITY: Austin. | STATE: Tx | ZIP CODE: 78755

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) | PHONE NUMBER: 502-0100 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Lew | MI

NICKNAME | LAST: Little | SUFFIX: JR

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 2806 Stratford Dr | APT / SUITE #: | CITY: Austin | STATE: Tx | ZIP CODE: 78746

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 480.9702 | EXTENSION

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☒ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 01/01/2015 THROUGH Month / Day / Year: 06/30/2015

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Austin City Council District 10

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Sheri Gallo

15 Filer ID (Ethics Commission Filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00
3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 2831.22
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7471.90
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 AFFIDAVIT

ROBERTO ACOSTA
Notary Public, State of Texas
My Commission Expires
April 21, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Sgallo

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SHERI GALLO, this the 15th day of JULY, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	ROBERTO ACOSTA	NOTARY

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	☐ SCHEDULE E: LOANS	$ 0.00
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 2657.32
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	☑ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$ 174.00
9.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
10.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
11.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: Sheri Gallo

3 Filer ID (Ethics Commission Filers):

4 Date: 1/2/15

5 Payee name: Kathryn Thompson

6 Amount ($): $113.00

7 Payee address; City; State; Zip Code: 12700 Cloud Mountain Crossing Austin, Tx 78726

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Accounting

(b) Description
- [ ] Check if travel outside of Texas, complete Schedule T
- [ ] Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Sheri Gallo

Office sought:

Office held: Austin City Council

Date: 1/2/15

Payee name: LVS - Local Voice Solutions

Amount ($): $700.00

Payee address; City; State; Zip Code: 3700 Thompson St Austin, Tx 78702

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Office expenses Phone Bank

Description
- [ ] Check if travel outside of Texas complete Schedule T
- [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 2/1/15

Payee name: Thompson + Knight

Amount ($): $750.00

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Legal Services

Description
- [ ] Check if travel outside of Texas complete Schedule T
- [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheri Gallo	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/15	5 Payee name Dialing Services	
6 Amount ($) $885.00	7 Payee address; City; State; Zip Code PO Box 372421 Denver, CO 80237	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office / phone bank	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ 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 1/19/15	Payee name Constant Contact	
Amount ($) $90.61	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Rd, Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office / emails newsletters	Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2/19/15	Payee name Constant Contact	
Amount ($) $90.61	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Rd, Waltham MA 02451	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office / newsletter	Description ☐ Check if travel outside of Texas complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheri Gallo	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/15	5 Payee name Compass Bank	
6 Amount ($) 3.00	7 Payee address; City; State; Zip Code Austin Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Banking / Service fee	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ 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 2/28/15	Payee name Compass Bank	
Amount ($) 3.00	Payee address; City; State; Zip Code Austin Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking / Service Fee	Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3/31/15	Payee name Compass Bank	
Amount ($) 3.00	Payee address; City; State; Zip Code Austin Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking / Service fee	Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheri Gallo	3 Filer ID (Ethics Commission Filers)
4 Date 4/30/15	5 Payee name Compass Bank	
6 Amount ($) 3.00	7 Payee address; City; State; Zip Code Austin Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Banking / Service fee	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ 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 5/31/15	Payee name Compass Bank	
Amount ($) 3.00	Payee address; City; State; Zip Code Austin Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking / Service Fee	Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 6/30/15	Payee name Compass Bank	
Amount ($) 3.00	Payee address; City; State; Zip Code Austin Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking / Service fee	Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME: Sheri Gallo	3 Filer ID (Ethics Commission Filers)
4 Date: 1/29/15	5 Payee name: Nation Builder	
6 Amount ($): $29.00 ☑ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: 448 S. Hill st, Los Angeles, CA 90013	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Office /website	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ 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: 2/28/15	Payee name: Nation Builder	
Amount ($): $29.00 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 448 S. Hill St, Los Angeles, CA 90013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 3/29/15	Payee name: Nation Builder	
Amount ($): $29.00 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 448 S. Hill St, Los Angeles, CA 90013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Sheri Gallo	3 Filer ID (Ethics Commission Filers)
4 Date 4/29/15	5 Payee name Nation Builder	
6 Amount ($) $29.00 ☑ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 448 S. Hill st Los Angeles, CA 90013	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office /website	(b) Description ☐ Check if travel outside of Texas complete Schedule T ☐ 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 5/29/15	Payee name Nation Builder	
Amount ($) $29.00 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 448 S. Hill St Los Angeles, CA 90013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 6/29/15	Payee name Nation Builder	
Amount ($) $29.00 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 448 S. Hill St Los Angeles, CA 90013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE ATX. 6
Reference 2-2-26, Austin City Code

EXEMPTION STATEMENT
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

Gallo Sheri
(Last) (First) (Middle)

ADDRESS: PO Box 26550, Austin TX 78755

DATE OF FILING: 7/15/15

STATEMENT

I/we, Sheri Gallo (Name of Candidate or Committee), have not raised and do not intend to raise more than $30,000 in contributions for the campaign period of Jan 1, 2015 through June 30, 2015. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed $30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Sgallo
Signed by Candidate or Campaign Committee

7/15/15
Date

NOTE: The Code requires that if contributions exceed $30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.