CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 F	iler ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONL				
C	ANDIDATE / FFICEHOLDER AME	MS/MRS/MR FIRST She NICKNAME LAST	SUFFIX	Date Received RECEIVED RECEIVED				
	RIGINAL REPORT YPE	30th day before election 15th app	off Other (specify) eeded \$500 limit ———————————————————————————————————	Date Hand-delivered or Date Postmarked Receipt # Amount \$				
	RIGINAL PERIOD COVERED	Month Day Year 77 01 /2015 TH	Month Day Year ROUGH はんろしん	Date Imaged				
C	- Fy: 106-Descriptions added - T: Corrected to remove Expenditures made by Credit Cand - G: Corrected to remove Expenditures - AFFIDAVIT-FI: Bank service charges added report is true and correct.							
	AFFIDAVIT FI: Bonk Service Charges settled report is true and correct. Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.							
۰	ROBERTO ACOSTA reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate or Officeholder							
s	Sworn to and subscribed before me, by the said SHERI GALLO , this the ZIST day of JANUARY , 20 16 , to certify which, witness my hand and seal of office.							
<i>(</i>	ROBERTO ACSTA Signature of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections							

CANDIDATE / OFFICEHOLDER 1/19/16 Correction FORM C/OH **CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR МΙ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE 4 CANDIDATE / PO BOX 26550 **OFFICEHOLDER** MAILING Austin Tx 78755 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512) 502-0100 PHONE Amount \$ FIRST Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER ൧൛ Dale Processed NAME LAST NICKNAME SUFFIX Date Imaged Little 2 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE 7 CAMPAIGN TREASURER 2806 Strotford Or **ADDRESS** (Residence or Business) Austin Tx 78746 EXTENSION 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** (512)480.9702 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded \$500 limit Final Report (Altach C/OH - FR) 8th day before election July 15 10 PERIOD Month COVERED 07/01/2015 2015 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runetf Other Description Month Day General Special 13 OFFICE SOUGHT (il known) OFFICE HELD (if any) 12 OFFICE Austin City Council District 10 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			·						
14 C/OH NAME Sheri	Gallo	15 File	er ID (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	MADE BY POLITICAL COMMITTEES TO THE CANDIDATE'S OR OFFICEHOLDER'S MATION ONLY IF THEY RECEIVE NOTICE							
	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME							
Additional Pages									
_		COMMITTEE CAMPAIGN TREASURER ADDRESS							
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00						
	\$ 0.00								
EXPENDITURE TOTALS	1 3 IDIAI POLITIGAL EXPENDITURES OF SHUU OR LESS.								
	4. TOTAL	POLITICAL EXPENDITURES	s 493.48						
CONTRIBUTION BALANCE	5. TOTAL OF REF	\$ 3851.58							
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00						
18 AFFIDAVIT									
	ROBERTO ACOS otary Public, State o comm. Expires 04-2 Notary ID 130198	of Texas under Title 15, Election Code.							
		Signature of Candidate	or Officeholder						
AFFIX NOTARY STAM	1P/SEALABOVE								
	with a at the effective of	by the said SHERI GALLO	_, this the <u>2 5</u> T						
		·	, unsure <u></u>						
day of ANNARN	, 20 <u>16</u> ,	to certify which, witness my hand and seal of office.							
P. Acada	T	POBERTO ALOSTA	NOTARY BURLIC						
Signature of officer a	administering oath	Printed name of officer administering oath	itle of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
	Sheri Gallo	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 73.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1232.59
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2379.30
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 599.57
<u> </u>		

1/19/16 Corrected LOANS No loans should have been teported

SCHEDULE E

The Instruction Guide explains how to complete this form. FILER NAME Shevi Gallo TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender out-of-state PAC (ID#:)	1 Total pages Schedule E: 3 Filer ID (Ethics Commission Filers)		
Shevi Gallo TOTAL OF UNITEMIZED LOANS			
TOTAL OF UNITEMIZED LOANS	\$ 000		
Date of loan 7 Name of lender	\$ O. OO		
	9 Loan Amount (\$)		
Is lender a financial Institution? 8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date		
Y N			
2 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions))		
1 Description of Collateral 15 Check if personal funds we account (See Instructions)	15 Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)		
not applicable not applicable The principal Occupation (See Instructions) 21 Employer (See Instructions) 18 Guarantor address; City; State; Zip Code 21 Employer (See Instructions) 21 Employer (See Instructions) 22 Employer (See Instructions) 23 Employer (See Instructions) 24 Employer (See Instructions) 25 Employer (See Instructions) 26 Employer (See Instructions) 27 Employer (See Instructions) 28 Employer (See Instructions) 29 Employer (See Instructions) 29 Employer (See Instructions) 29 Employer (See Instructions) 20 Em) .		
Date of loan Name of lender □ out-of-state PAC (ID#:	Loan Amount (\$)		
Is lender Lender address; City; State; Zip Code a financial	Interestrate		
Institution? Y N	Maturity date		
Principal occupation / Job title (See Instructions) Employer (See Instructions	:)		
Description of Collateral Check if personal funds we account (See Instructions) none	ere deposited into political		
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code			
Principal Occupation (See Instructions) Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS			

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

POLITICAL EXPENDITURES MADE 'S FROM POLITICAL CONTRIBUTIONS

Corrected 1/19/16

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer 1D (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name AUBA City, State; Zip Code Payee address; 6 Amount (\$) **\$3.00** (b) Description Ω Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Checking Acct mthly fee Accounting Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/15/15 Amount (\$) State: Zip Code \$15.00 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date $D(Y)D\delta S$ City: \ State: Zip Code Amount (\$) Pavee address: \$ 3.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, afficeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Corrected 1/19/16

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gill/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date <u> BUC</u>IT City. State; Zip Code 6 Amount (\$) 7 Payee address; \$15.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Checking Acct Mthly tee Accounting Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/15/15 BBUA Amount (\$) \$3,00 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 9/15/15 <u>M0859</u> Amount (\$) Pavee address: City; \ State; Zip Code £ 15.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Corrected 1/19/16

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address; State; Zip Code 6 Amount (\$) \$ 3.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Checking Acct milly fee Accounting Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12/15/15 Amount (\$) \$16.00 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; \ State: Zip Code Amount (\$) address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Sphedule T. PURPØSE Check if Austin, (X, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Corrected 1/9/16 EXPENDITURES MADE BY CREDIT CARD

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political (EXPENDITURE CATEG Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Committee Legal Services The Instruction Guide explain	CORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overtread/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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TOTAL OF UNITEMIZED TO THE UNITEMIZED TO THE TOTAL OF UNITEMIZED TO THE UNITEMIZED T	6 Payee name Notion Boilder 8 Payee address: City; State; 448 S. Hill St Los Angeles, CA X Political (a) Category (See Categories listed at the top of	Zip Code 9 00 13 Non-Political this schedule) (b) Descr	iption eck il travel outside of Texas. Complete Schedule T. eck il Austin, TX, officeholder fiving expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Payee name Notion Builder	Office sought	Olfice held
#29.00	1 100 1191		
TYPE OF EXPENDITURE	Political	Non-Political	
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Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE A	S NEEDED Revised 9/8/20

Corrected yin 16 EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
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9 TYPE OF EXPENDITURE	Political	Non-Politi	cai					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories to		Check i	travel outside of Texas. Complete Schedule T. I Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeho	older name Offic	e sought	Office held				
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TYPE OF EXPENDITURE	Political	Non-Politic						
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ormo provided by Turo Sti	ATTACH ADDITIONA	L COPIES OF THIS SCH	EDULE AS NEE	DED				

Corrected V19/16

EXPENDITURES MADE BY CREDIT CARD

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7 Amount (\$)	8 Payee		State; Zip Code		
_	l		state; ZIP Code		
\$ 29.00	1448 Los	5 S. Hill St Anaeles C	A 900B	•	
9 TYPE OF EXPENDITURE	凶	Political	Non-Politica		
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Amount (\$)	Payee		tate; Zip Code		
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T 247.00	l 1 1	Λ .	(12 AVV)	3	
TYPE OF		s Angeles,		<u> </u>	
EXPENDITURE	X	Political	Non-Politica	ıl	
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Corrected 419/16

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

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

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

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILERNAME Sheri Gallo		3 Filer 1D (Ethics Commission Filers)					
4 TOTAL OF UNITEN	IIZED EXPENDITURES CHARGED TO A CREE	DITCARD	\$					
5 Date 7/31/15	6 Payee name Adobe Export	·						
7 Amount (\$)	8 Payee address; City; State; Zip Code							
\$ 25.46	CA							
9 TYPE OF EXPENDITURE	Political Non-Politica	al						
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n					
PURPOSE OF Expenditure	Office Overhead	Check it	travel outside of Texas. Complete Schedule T. I Austin, TX, officeholder living expense					
11 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office	sought SOFTW	Office held					
Date	Payee name		,					
Amount (\$)	Payee address; City; State: Zip Code							
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought	Office held					
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	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEE	DED					

Corrected VI9/16 EXPENDITURES MADE BY CREDIT CARD

		EXPEND	ITURE CATE	ORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Politing Expense y Gitt/Awards/Memorials Expense		n/Reimbursement d/Rental Expense e se s/Contract Lebor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
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5 Date 7/19/15	6 Payee	name	Conta			
7 Amount (\$) \$ 10.66	R Payee	address; Proole Latrana	Place	Zip Code	han m	12 N 7451
9 TYPE OF EXPENDITURE	•	Political		Non-Politica	,	In Cars
10 PURPOSE OF EXPENDITURE			i listed at the top of thi		Check i	Uravel outside of Texas. Complete Schedule T. A Austin, TX, officeholder living expense
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		EXPENDITI	URE CATE(GORIES FOR	ROX 10(a)	
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7 Amount (\$)	8 Payee	address; c	State:	Zip Code		
9 TYPE OF EXPENDITURE	160	1 Trapeli	o Rd	welf		TA O 2451
10	<u> </u>	Political Ory (See Categories lister	ed at the top of this	Non-Politica	(b) Description	<u> </u>
PURPOSE OF Expenditure		ice Over			Check if 1	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Can	didate / Officeholds	er name	Office	sought	Office held
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Corrected VIA 16 EXPENDITURES MADE BY CREDIT CARD

		SCHEDULE #4
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not Ested above)
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· · · · · · · · · · · · · · · · · · ·	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
5 Date 11 /19 /15	Constant Contact	
7 Amount (\$) \$ 10.66	Reservois Place	
:	1601 Trapelo Rd. Wolthon, n	12 PC A A
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	วก
PURPOSE OF EXPENDITURE	Effice Overhead Greeki	travel culside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
11 Complete <u>QNLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name	an email service Office held
Date 11 27 15	Payee name	
Amount (\$)	Constant Contact	
\$ 66-45	Payee address: City: State: Zip Code Reservoir Place	
TYPE OF EXPENDITURE	Political Non-Political	MA 02451
PURPOSE OF Expenditure	Office Overhead Check if	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> il direct expenditure to benelit C/OH	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	DED

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Olliceholder/Politi	By cal Committee	Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	a Expense amonals Expense	Loan Repay Office Overt Polling Expe Printing Exp Safartes/Wa	ment/Reimbursement read/Rental Expense ense	Travel In District Travel Out Of Da	quipment & Related Expe
1 Total pages Schedule F4:	2 FILER		Salla		mpiete this form.	3 Filer ID (Ethi	cs Commission Filers)
4 TOTAL OF UNITER	11ZED EXP	ENDITURE	S CHARGE	OTOACRE	EDIT CARD	\$	
7 Amount (\$)	8 Payee	astant	Conta City: State: Place				
9 TYPE OF EXPENDITURE	1601	·	elo Rd	_	than, m	A O A	S
PURPOSE OF EXPENDITURE			s listed at the top of th	nis schedule)	(b) Description Check if to	ravel culside of Texas. Co	
11 Complete ONLY if direct expenditure to benefit C/Oh	Cand	idate / Officeh	iolder name	Offic	ce sought	Office	
Amount (\$) TYPE OF EXPENDITURE	[60]	stent	· Plage	Zip Code	althen,	MA O	245
PURPOSE OF EXPENDITURE Complete ONLY it direct	Office	See Categories in	disted at the top of this		Greck if A	vel outside of Texas. Com uslim, TX, officeholder	1
expenditure to benefit C/OH		Onlend	noor name	Office	sought	Office t	neid
	ATTACH	ADDITIONA	L COPIES OF	THIS SCHE	DULE AS NEFO	IED '	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	·
1 Total pages Schedule F4:	2 FILERNAME Shevi Gollo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 7/10 15	6 Payee name Kiwanis Club		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
\$ 43.00	4501 Andalus Austin Tx 7	9759	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	on
PURPOSE	0 + 1 + 1	Checki	I travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Contribution		il Auslin, TX, officehalder living expense
, 		Nontroti	t- "Aeach" Fund-reiser
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 7/17 15	Payee name Kneeded Pleas	U185 (2)	
Amount (\$)	Payee address: City; State;		
\$ 14.40	3573 Far Wes	5T 7873	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of th		•
PURPOSE OF	End occurre	! =	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
EXPENDITURE	tood expense	1	-
			office staff
Complete ONLY it direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
			
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED

	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME WAY Gollo	<u></u>	3 Filer 1D (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED T	OACREDIT CARD	\$
5 Date 7/17/15	6 Payee name (hinctois)	3)	
7 Amount (\$)	8 Payee address; City; State; Z	ip Code	
\$103.82	3407 Greyston		
9 TYPE OF EXPENDITURE	Political X	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Descri	otion
PURPOSE		Che	ck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Food expense	Chi	ck if Austin, TX, officeholder living expense
EXPENDITURE			il office staff
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office heid
Date 7/28/15	Payee name	4	
Amount (\$)	Payee address; City; State;	Zip Code	
\$92.93	Avenport Ville	14C	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this Food expense		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
		r TUIC COUEDIN 5 40	NEEDED
l	ATTACH ADDITIONAL COPIES O	FIHIS SCHEDULE AS	NEEDED

Coviected 1/19/16 EXPENDITURES MADE BY CREDIT CARD

			
EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense	Event Expense Lo	an Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense	Fees Of	ice Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made B	y Gift/Awards/Memorials Expense Pri	lling Expense nting Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica	al Committee Legal Services Sa	laries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains he	w to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
12	Sheri Gallo		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$
5 Date	6 Payee name		
8/8/15	KINAMIS CLUB	(5)	
7 Amount (\$)	8 Payee address; City; State; Zip	Code	
	4501 Andalosia	2 1/2	
\$ 43.00	A	C0	
	Tustin 1x 181	37	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	òn
PURPOSE		, c	I travel outside of Texas. Complete Schedule T.
OF	Es Monation		·
EXPENDITURE	101611010		il Auslin, TX, officeholder living expense
		Non-pro-	fit, "feach" fundraiser
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI		5	
<u>.</u>			
		11	
Date	Payee name		
8/14/15	Tiny Pies	(6)	
Amount (\$)	Payee address, City; State; Zip	Code	
	5035 Burnet Ro	.	
\$24.00	000000000000	~ .	
	TOSTIN IX 7815	26	
TYPE OF EXPENDITURE	Political	Non-Political	
	L A	· · · · · · · · · · · · · · · · · · ·	
	Category (See Categories listed at the top of this sch	edule) Description	on
PURPOSE		Check i	travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check	il Austin, TX, officeholder living expense
CAT ENDITIONE			~ ~
		Council	office staff
Gomplete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
expenditure to beliefit O/O:	•		
	,		
	·		
			1
	· · · · · · · · · · · · · · · · · · ·		
`	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED
		==	

Corrected \$19 16 EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Raimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Cheri GAILO)	3 Filer 1D (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 8/14/15	6 Payee name Taco Shock 6)	
7 Amount (\$) \$80,46	8 Payee address; City; State;	zip Code Porkway	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Checki	on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 8/19 / 15	Payee name Dione Dusac	k (8)	
Amount (\$)	Payee address; City: State: 7300 Hort Lan		
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Calegories listed at the top of this Advertising Exp	Checki	iravel outside of Texas. Complete Schedule T. if Austin, TX, atticeholder living expense Soft of May 2116
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
			•
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out OI District Candidate/Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 320,75 3rd St TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food expense EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10 Pavee address; City; State; Zip Code Colorado TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Food expense Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Corrected 1/19/16 EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Political Committee **Legal Services** Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 11/2/15 Wolarcens 7 Amount (\$) City; State; Zip Code 3104 Mesa Dr **\$49**5 9 TYPE OF **Political** Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Food expense EXPENDITURE Check if Austin, TX, officeholder living expense office sta 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name City; State; Zip Code 4115 S. Cap of Tx Hwy S \$68.80 TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX. officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

Corrected 1/9/16

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shows)

Contributions/Donations Made 8 Candidate/Officeholder/Politica	cal Committee Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out OI District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F4:	Sheri Gollo		3 Filer ID (Ethics Commission Filers)
	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 1 20 15	6 Payee name Chicos		
7 Amount (\$)	8 Payee address: City; State;	Zip Code	
\$ 55.53	10000 Research Austin Tx 78	# 111	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	
PURPOSE		' - '	f travel outside of Texas. Complete Schedule T.
OF Expenditure	Gifts		if Austin, TX, officeholder living expense
٠.			
11 Complete ONLY if direct	Cardidate / Officeholder name		cil office steff
expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date I.S.	Payee name		
12/2/15	Austin Terrier		
Amount (\$)	Payee address; City; State;		
\$ 23.38	3435 Greystone	,	
	Austin Tx 78	17.31	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	s schedule) Descriptio	חכ
PURPOSE OF			travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food expense	Check if	f Austin, TX, officeholder living expense
	1	Carracit	office stoff
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
			A-14-
			ı
	ATTACH ADDITIONAL CORIES OF	TUIS SCHEDIN E AC NEI	The Park

Corrected 1/19/16 S None made **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gill/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credil Card Payment The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) City; State; Zip Code Rembursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions . intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, afficeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zio Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES Corrected /19/16 MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I

	The Instruction Guide explains how to comp	lete this form.
	The historian data expans for to comp	
1 Total pages Schedule I:	2 FILERNAME Cheri Gallo	3 Filer ID (Ethics Commission Filers)
4 Date 8/20/15	5 Payee name Austin High Football	Booster Club
6 Amount (\$)	7 Payee address; City; State; Zip Code 1715 W Cesar Chauez Austin 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Acceptage Expense	(b) Description (See instructions regarding type of information required.) Ad design for Football progre
Date 8/20/15	Payee name McCallum Booster (IUP
Amount (\$)	Payee address; City; State; Zip Code 5600 Sunshine Dr Austin Tx 78756	·
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Advertising expense	Description (See instructions regarding type of information required.) Footloall Pragram
,Date B(20/15	Payee name Anderson High Schoo	1 Football Booster Club
4300 00	Payee address: City; State; Zip Code 8403 West Dr Austin Tx 78759	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Advertising expense	Description (See instructions regarding type of information required.) Foothell progrem
8/18/15	Payee name Westloke Bond Pave	nts
Amount (\$) \$ 650.00	Payee address: City: State; Zip Code 4100 Westlank Westlake Hills 7874	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of accaptable categories.) Advertising expense	Description (See instructions regarding type of information required.) Football program

NON-POLITICAL EXPENDITURES Corrected \$19/16 MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I

	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
\$2	Theri Gallo	
4 Date	5 Payee name	
8/20/15	Austin High Booste	of Clark
	7 Payee address; City; State; Zip Code	
6 Amount (\$)	1715 W. Cesar Chavez	
4515.00	Austin Tx 78703	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Advertising expense	Football program
Date	Payee name	•
12/14/15	Kip Garth	
Amount (\$)	Payee address; City; State; Zip Code	
\$75.00	Austin Tx	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
EXPENDITURE	Gifts	Council office staff
,Date 9/3/15	Payee name	
alousias	Mostercord- Citi	
Amount (\$) 4.00	Payee address; City; State; Zip Code PO Box 78645	
Phoenix AR 85062-8045		8045
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Thems # (1) (2) (3) (4)	See F4
	on Schedule F4	
Date	Payee name	·
10/9/15	Cifi Mastercard	·
Amount (\$)	Payee address; City; State; Zip Code	
\$ 400.30	PO BOX 78045 Phoenix, AR 85062	2-8045
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Ifans # 5 65 (8 (9) (10) on Schedule F4	See F4

INTEREST, CREDITS, GAINS, REFUNDS, AND 614 CONTRIBUTIONS RETURNED TO FILER No corrections SCHEDULE K 1 Total pages Schedule K: The Instruction Gulde explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sheri Gallo 4 Date 5 Name of person from whom amount is received Amount (\$) Fox TV \$ 63.75 10/26/15 6 Address of person from whom amount is received; City; State; Zip Code 119 E. 10th Check if political contribution returned to filer Refund of unspent advertising Amount (\$) Date Name of person from whom amount is received Cox media/cmg Conposate Services \$ 475.82 10/15/15 Address of person from whom amount is received; City; PO BOX 105376 At lants GA 30348 Purpose for which amount is received Check if political contribution returned to filer Refund of unspent advertising Amount (\$) Date Name of person from whom amount is received Address of person from whom amount is received; City; State; \$ 60.00 11/23/15 Austin Tr Check if political contribution returned to filer Refund bank charges Date Name of person from whom amount is received Amount (\$) State: Purpose for which amount is received if political contribution returned to file ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

BANK RECONCILIATION Acct # 1

A candidate, officeholder, or campaign committee filing a January 15 y expenditure report shall provide the following information for the previous	vear-end contribution and ous calendar year.
Name of candidate, officeholder or campaign committee:	Gallo
For each checking, savings or other financial institution account maintained following information indicated. For each additional institution, use a co	d during 20 <u>15</u> , enter the ppy of this schedule.
The name of the financial institution: BBUA Compass	
Type of account: Checking	
The beginning balance: on $\sqrt{1/2015} = $10,789.15$	
The ending balance: $\frac{12}{31} = \frac{1545.33}{12015} = \frac{1545.33}{1$	
Enter the following information for checks issued on that account that have 31:	not cleared by December
Date Payee	Amount
(NONE)	
	,
Enter the following information for checks received as contributions and d by the contributor's financial institution:	eposited but dishonored
- Interest Hightential.	

Date of receipt	Contributor	Amount
NONE		
10010		

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	med: None	
All deposits and withdrawals not di	sclosed on a filed contribution	n and expenditure report:
Saco of deposit of windrawai	Amount of deposit	Amount of withdrawal
(None)		

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		Election Code):
Date of receipt	Contributor	Amount
None),		

BANK RECONCILIATION Acct # 2

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year. Name of candidate, officeholder or campaign committee: ______Sheri___Gallo For each checking, savings or other financial institution account maintained during 20____, enter the following information indicated. For each additional institution, use a copy of this schedule. The name of the financial institution: First State Bank Central Toxas Type of account: Checking The beginning balance: $\frac{1}{12015} = \frac{40}{12015}$ The ending balance: on 12/31/2015 = \$ 3306.25 Enter the following information for checks issued on that account that have not cleared by December 31: Date Payee Amount NONE Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution: Date of receipt Contributor Amount NONE 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 earned:	None /

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
15000		
L NONE		
		
<u> </u>		

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):

Data of war in	···	.,.
Date of receipt	Contributor	Amount
(None		
		