

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	2016 NOV 3 PM 4 AUSTIN CITY CLERK RECEIVED			
	NICKNAME	LAST	SUFFIX					
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked				
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	Amount \$			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed				
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		09	30	2016	THROUGH	10	29	2016

6 EXPLANATION OF CORRECTION

Removed "Requested" + Supplied Occupation + Employer on Donors

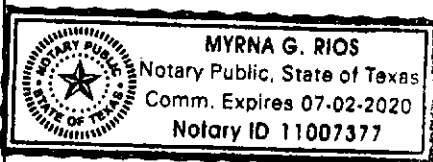
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected 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.

☐ **Other 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheri Gallo, this the 3rd day of November

2016, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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	2 Total pages filed: 66
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sheri	OFFICE USE ONLY Date Received 2016 NOV 3 PM 1 41 AUSTIN CITY CLERK RECEIVED	
	NICKNAME LAST SUFFIX Gallo		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 26550 Austin, TX 78755		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 09/30/2016 THROUGH 10/29/2016		
10 ELECTION	ELECTION DATE Month Day Year 11/08/2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Austin City Council District 10		12 OFFICE SOUGHT (if known) Austin City Council District 10

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

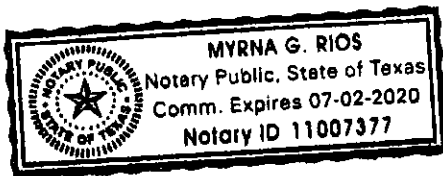
FORM C/OH
COVER SHEET PG 2

2 of 66

13 C / OH NAME Gallo, Sheri		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	Austin Board of Realtors PAC	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		4800 Spicewood Springs Rd. Austin, TX 78759	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Chenevert, Emily		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	4800 Spicewood Springs Rd. Austin, TX 78759		
16 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)	\$ 44,651.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 64,438.10
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,890.53
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sheri Gallo

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheri Gallo, this the 3 day of November, 2016, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering

Myrna Rios

Printed name of officer administering

Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 66

18 FILER NAME Gallo, Sheri		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 43,951.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 700.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 56,056.17
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8,381.93
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/42 Rpt: 4/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Jon 6 Contributor address; City; State; Zip Code 1611 Northwood Rd. Austin, TX 78703	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Self
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Valerie Contributor address; City; State; Zip Code 212 Lavaca St. Ste. 300 Austin, TX 78701	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, William Contributor address; City; State; Zip Code 212 Lavaca St. Ste. 300 Austin, TX 78701	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Stratus
Date 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attal, Ronald Kenneth Contributor address; City; State; Zip Code 6310 Big Cat Cove Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Board of Realtors PAC Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/42 Rpt: 5/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagby, W. Gaines <hr/> 6 Contributor address; City; State; Zip Code 6501 Rusty Ridge Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Commercial Real Estate		9 Employer (See Instructions) CBRE
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Carol <hr/> Contributor address; City; State; Zip Code 1418 Lance Way Austin, TX 78758	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Capitol City Insurance
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Randall <hr/> Contributor address; City; State; Zip Code 1418 Lance Way Austin, TX 78758	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belofsky, Virginia <hr/> Contributor address; City; State; Zip Code 4001 Greystone Dr. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Ginny B Photography
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergstrom, Alan <hr/> Contributor address; City; State; Zip Code 4505 Spicewood Springs Rd. Ste. 104 Austin, TX 78759	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Special Accountant		Employer (See Instructions) Eagle Securities

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/42 Rpt: 6/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bledsoe, Bracton <hr/> 6 Contributor address; City; State; Zip Code 1602 Magpie Cv. Austin, TX 78746	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bledsoe, Mary <hr/> Contributor address; City; State; Zip Code 1602 Magpie Cv. Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Ronald Scott <hr/> Contributor address; City; State; Zip Code 3206 Riva Ridge Rd. Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Sharon McDonald <hr/> Contributor address; City; State; Zip Code 6409 Mesa Dr. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandes, Robert <hr/> Contributor address; City; State; Zip Code 312 W. Austin St. Fredericksburg, TX 78624	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/42 Rpt: 7/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/03/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittman, Marvin <hr/> 6 Contributor address; City; State; Zip Code 6110 Twin Ledge Circle Austin, TX 78731	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, J.Tim <hr/> Contributor address; City; State; Zip Code 2201 B Exposition Blvd. Austin, TX 78703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Lynda <hr/> Contributor address; City; State; Zip Code 2201 B Exposition Blvd. Austin, TX 78703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bukowski, Sean <hr/> Contributor address; City; State; Zip Code 505 W. 7th St. Apt. 216 Austin, TX 78701	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bukowski Law Firm
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Erin <hr/> Contributor address; City; State; Zip Code 9515 Woody Ridge Austin, TX 78730	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/42 Rpt: 8/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Kevin <hr/> 6 Contributor address; City; State; Zip Code 9515 Woody Ridge Austin, TX 78730	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) McKool Smith
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caffrey, James P. <hr/> Contributor address; City; State; Zip Code 6417 Wallace Cv. Austin, TX 78750	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantwell, Cindy <hr/> Contributor address; City; State; Zip Code 4215 Venado Dr. Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantwell, John <hr/> Contributor address; City; State; Zip Code 4215 Venado Dr. Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carothers, David <hr/> Contributor address; City; State; Zip Code 6114 Prestonshire Ln. Dallas, TX 75225	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/42 Rpt: 9/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Challenger, Elisabeth <hr/> 6 Contributor address; City; State; Zip Code 555 E 5th St. # 912 Austin, TX 78701	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Arts Manager		9 Employer (See Instructions) ZACH Theatre
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, John <hr/> Contributor address; City; State; Zip Code 615 W. 7th St. Apt. 1302 Austin, TX 78701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, John <hr/> Contributor address; City; State; Zip Code 615 W. 7th St. Apt. 1302 Austin, TX 78701	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Emory <hr/> Contributor address; City; State; Zip Code 4105 Green Cliffs Rd. Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copland, Ross W. <hr/> Contributor address; City; State; Zip Code 4416 212th St. SW Apt. G3 Mountlake Terrace, WA 98043	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) EMT, Medic		Employer (See Instructions) City of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/42 Rpt: 10/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/22/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Dawn <hr/> 6 Contributor address; City; State; Zip Code 5602 Palisade Ct. Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crorey, Steve <hr/> Contributor address; City; State; Zip Code PO Box 27168 Austin, TX 78755	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Sierra Homes Realty
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Carol <hr/> Contributor address; City; State; Zip Code 5902 Lonesome Valley Trl. Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Timothy <hr/> Contributor address; City; State; Zip Code 5902 Lonesome Valley Trl. Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Regional President		Employer (See Instructions) Frost Bank
Date 10/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danks, Clyde <hr/> Contributor address; City; State; Zip Code 7901 West Rim Dr. Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/42 Rpt: 11/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/22/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danks, Kay <hr/> 6 Contributor address; City; State; Zip Code 7901 West Rim Dr. Austin, TX 78731	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Susan <hr/> Contributor address; City; State; Zip Code 8 Woodstone Sq. Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Don <hr/> Contributor address; City; State; Zip Code 3301 Big Bend Dr. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PJS of Texas
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrlich, Robert <hr/> Contributor address; City; State; Zip Code 1601 W. 38th St. Ste. 206 Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Robert Ehrlich
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Jim <hr/> Contributor address; City; State; Zip Code 4105 Medical Pkwy. Ste. 210 Austin, TX 78756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/42 Rpt: 12/66
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellmer, Rich <hr/> 6 Contributor address; City; State; Zip Code 40 N IH 35 11A2 Austin, TX 78701	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Jay <hr/> Contributor address; City; State; Zip Code 139 Lone Wolf Ct. Dripping Springs, TX 78620	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 10/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fauerbacher, Carl <hr/> Contributor address; City; State; Zip Code 8312 Navidad Dr. Austin, TX 78735	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Judy <hr/> Contributor address; City; State; Zip Code 2602 Broken Oak Dr. Austin, TX 78745	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Robert <hr/> Contributor address; City; State; Zip Code 2602 Broken Oak Dr. Austin, TX 78745	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 10/41 Rpt: 13/65

2 FILER NAME
Gallo, Sheri

3 Filer ID

4 Date
10/25/2016

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Flynn, Patrick

7 Amount of Contribution (\$)
\$350.00

6 Contributor address; City; State; Zip Code
4638 S. Lamar
Austin, TX 78745

8 Principal occupation / Job title (See Instructions)
Construction

9 Employer (See Instructions)
Flynn Construction

Date
10/16/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Frost, Mercedes A.

Amount of Contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
5900 Waymaker Cv.
Austin, TX 78746

Principal occupation / Job title (See Instructions)
Private Equity Investor

Employer (See Instructions)
Self employed

Date
10/06/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gallagher, Belinda

Amount of Contribution (\$)
\$350.00

Contributor address; City; State; Zip Code
4600 High Gate Dr.
Austin, TX 78730

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
NA

Date
10/06/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gallagher, Gary

Amount of Contribution (\$)
\$350.00

Contributor address; City; State; Zip Code
4600 High Gate Dr.
Austin, TX 78730

Principal occupation / Job title (See Instructions)
V. President

Employer (See Instructions)
Integris Semiconductor

Date
10/03/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gallo, Anthony

Amount of Contribution (\$)
\$350.00

Contributor address; City; State; Zip Code
PO Box 26550
Austin, TX 78755

Principal occupation / Job title (See Instructions)
SAAS Consulting

Employer (See Instructions)
Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/41 Rpt: 14/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/08/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Hailey <hr/> 6 Contributor address; City; State; Zip Code 3105 Westlake Drive Austin, TX 78746	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) NA
Date 10/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Harrison <hr/> Contributor address; City; State; Zip Code 3105 Westlake Drive Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) NA
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Jennifer <hr/> Contributor address; City; State; Zip Code 600 Fir Court Norwood, NJ 17648	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Laurie <hr/> Contributor address; City; State; Zip Code 3105 Westlake Dr. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Ross <hr/> Contributor address; City; State; Zip Code 3105 Westlake Dr. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/41 Rpt: 15/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/03/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Scott J. <hr/> 6 Contributor address; City; State; Zip Code 600 Fir Court Norwood, NJ 17648	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) IT Consultant		9 Employer (See Instructions) iTeam Consultants
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaylord, Eric <hr/> Contributor address; City; State; Zip Code 5802 Sierra Madre Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Sierra Homes Project & Design
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Casey <hr/> Contributor address; City; State; Zip Code 5103 Split Cedar Cr. Austin, TX 78735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) PSW
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goff, Eric <hr/> Contributor address; City; State; Zip Code 2500 E. 2nd St. Austin, TX 78702	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Citigroup
Date 10/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golding, Rob <hr/> Contributor address; City; State; Zip Code 4008 Idlewild Rd. Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/41 Rpt: 16/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Arthur A. <hr/> 6 Contributor address; City; State; Zip Code 1700 Ravey St. # B Austin, TX 78704	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Volume Studios
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Chuck <hr/> Contributor address; City; State; Zip Code 811 E. 11th St. # 432 Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Spire Foot
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregorcyk, David <hr/> Contributor address; City; State; Zip Code 3200 Grandview # 6 Austin, TX 78705	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Journeyman Group
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregorcyk, Jennifer <hr/> Contributor address; City; State; Zip Code 3200 Grandview # 6 Austin, TX 78705	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Hahn Public Communciations
Date 10/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HDR, Inc. PAC <hr/> Contributor address; City; State; Zip Code 8404 Indian Hills Dr. Omaha, NE 68114	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/41 Rpt: 17/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HNTB Holdings LTD PAC 6 Contributor address; City; State; Zip Code 715 Kick Dr. Kansas City, MO 64105	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanslik, Edward Contributor address; City; State; Zip Code 5800 Kentucky Derby Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hay, John Contributor address; City; State; Zip Code 2103 Sharon Ln. Austin, TX 78703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Hay Legal Group PLLC
Date 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, Lisa Contributor address; City; State; Zip Code 1000 E. 38th St. Austin, TX 78705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, William Contributor address; City; State; Zip Code 1000 E. 38th St. Austin, TX 78705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/41 Rpt: 18/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/18/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobby, William <hr/> 6 Contributor address; City; State; Zip Code PO Box 326 Houston, TX 77001	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooser, Greg <hr/> Contributor address; City; State; Zip Code 4501 Westlake Dr. # 14 Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Nancy D. <hr/> Contributor address; City; State; Zip Code 3201 Riva Ridge Rd. Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Benjamin <hr/> Contributor address; City; State; Zip Code 5500 Kite Tail Dr. Austin, TX 78730	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Self
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Janine <hr/> Contributor address; City; State; Zip Code 5500 Kite Tail Dr. Austin, TX 78730	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/41 Rpt: 19/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Robert <hr/> 6 Contributor address; City; State; Zip Code 1404 Ethridge Austin, TX 78703	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) ABC Home & Commercial Services
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kathy <hr/> Contributor address; City; State; Zip Code 4105 Shimmering Cv. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Tom <hr/> Contributor address; City; State; Zip Code 4105 Shimmering Cv. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) AGC of Texas
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justit, Manuel J. <hr/> Contributor address; City; State; Zip Code 4806 Precipice Cove Austin, TX 78731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dean		Employer (See Instructions) University of Texas
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaspar, Ma <hr/> Contributor address; City; State; Zip Code 10521 Pointe View Dr. Austin, TX 78738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 17/41 Rpt: 20/65

2 FILER NAME

Gallo, Sheri

3 Filer ID

4 Date
10/06/2016

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kelsey, Douglas

7 Amount of Contribution (\$) \$350.00

6 Contributor address; City; State; Zip Code
11200 Deadoak Ln.

Austin, TX 78759

8 Principal occupation / Job title (See Instructions)
Physical Therapist

9 Employer (See Instructions)
The Kelsey Group

Date
10/06/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kelsey, Ellen

Amount of Contribution (\$) \$350.00

Contributor address; City; State; Zip Code
11200 Deadoak Ln.

Austin, TX 78759

Principal occupation / Job title (See Instructions)
Real Estate Agent

Employer (See Instructions)
Austin Porfolio Real Estate

Date
10/10/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Khataw, Ali Raza

Amount of Contribution (\$) \$175.00

Contributor address; City; State; Zip Code
7914 Bee Caves Rd.

Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Khataw, Nahid

Amount of Contribution (\$) \$175.00

Contributor address; City; State; Zip Code
7914 Bee Caves Rd.

Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/23/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Kochwelp, Bill

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code
10101 Eastman Cv.

Austin, TX 78750

Principal occupation / Job title (See Instructions)
Real Estate Broker

Employer (See Instructions)
First Austin Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/41 Rpt: 21/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/24/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Hema <hr/> 6 Contributor address; City; State; Zip Code 1628 Westlake Dr. Austin, TX 78746	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Accounting		9 Employer (See Instructions) Journeyman Construction
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Sam <hr/> Contributor address; City; State; Zip Code 1628 Westlake Dr. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Journeyman Construction
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamon, Matthew <hr/> Contributor address; City; State; Zip Code 2605 Enfield Rd. # 217 Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Elected Official Staff		Employer (See Instructions) State of Texas
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landrey, Zachary <hr/> Contributor address; City; State; Zip Code 2401 Never Bend Cv. Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Dale <hr/> Contributor address; City; State; Zip Code 3 Niles Rd Austin, TX 78703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/41 Rpt: 22/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/15/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Libby 6 Contributor address; City; State; Zip Code 3 Niles Rd Austin, TX 78703	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 10/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlefield, Jennifer Contributor address; City; State; Zip Code 7906 Henry Kinney Row Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlefield, Mark Contributor address; City; State; Zip Code 7906 Henry Kinney Row Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockart, James Contributor address; City; State; Zip Code PO Box 27187 Austin, TX 78755	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord LLP Firm PAC Contributor address; City; State; Zip Code 2200 Ross Ave. Ste. 2200 Dallas, TX 75201	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/41 Rpt: 23/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockwood, Andrews, & Newman PAC <hr/> 6 Contributor address; City; State; Zip Code 2925 Briarpark Dr. Ste. 400 Houston, TX 77042	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loukas, Demetrius <hr/> Contributor address; City; State; Zip Code 4611 Ridge Oak Dr. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Oncologist		Employer (See Instructions) Texas Oncology
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loukas, Janis <hr/> Contributor address; City; State; Zip Code 4611 Ridge Oak Dr. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Michele Rogerson <hr/> Contributor address; City; State; Zip Code 5520 Wild Foxglove Rd. Spicewood, TX 78669	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madere, Pamela <hr/> Contributor address; City; State; Zip Code 4207 Bennedict Lane Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Coats, Rose

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/41 Rpt: 24/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maier, Richard <hr/> 6 Contributor address; City; State; Zip Code 704 E. 45th 1/2 St. Austin, TX 78751	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Homebuilder		9 Employer (See Instructions) Lenmar
Date 10/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Cindy <hr/> Contributor address; City; State; Zip Code 6413 Williams Ridge Way Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) ASSO Management
Date 10/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Michael <hr/> Contributor address; City; State; Zip Code 6413 Williams Ridge Way Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ASSO Executive		Employer (See Instructions) ASSO Management
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martine, Carol <hr/> Contributor address; City; State; Zip Code 836 Old Spicewood Rd. Cypress Mill, TX 78663	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Martine Properties
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martine, Tom <hr/> Contributor address; City; State; Zip Code 836 Old Spicewood Rd. Cypress Mill, TX 78663	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Martine Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/41 Rpt: 25/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, David <hr/> 6 Contributor address; City; State; Zip Code 2706 Macken St. Austin, TX 78703	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Mary <hr/> Contributor address; City; State; Zip Code 2706 Macken St. Austin, TX 78703	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Kathleen <hr/> Contributor address; City; State; Zip Code 11339 Taylor Draper Ln. Austin, TX 78759	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Thomas <hr/> Contributor address; City; State; Zip Code 11339 Taylor Draper Ln. Austin, TX 78759	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Tom's Way, Inc.
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalfe, Sally <hr/> Contributor address; City; State; Zip Code 388 Cortona Dr. Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/41 Rpt: 26/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Steven	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 388 Cortona Dr. Austin, TX 78746	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Don A.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 9001 Wintercreeper Cv. Austin, TX 78735	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The County Line
Date 10/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Vanessa	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 9001 Wintercreeper Cv. Austin, TX 78735	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The County Line
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mobley, Ann	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2801 W. 35th St. Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mobley, John	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2801 W. 35th St. Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/41 Rpt: 27/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moceri, Closs <hr/> 6 Contributor address; City; State; Zip Code 12611 Cedar St. Austin, TX 78732	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Real Estate Developer		9 Employer (See Instructions) Presidium Group, LLC
Date 10/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moceri, Susan <hr/> Contributor address; City; State; Zip Code 12611 Cedar St. Austin, TX 78732	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) NA
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, Putnam <hr/> Contributor address; City; State; Zip Code 4705 Balcones Dr. Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) More, George <hr/> Contributor address; City; State; Zip Code 2904 Hillview Rd. Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) More, Marion <hr/> Contributor address; City; State; Zip Code 2904 Hillview Rd. Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 25/41 Rpt: 28/65

2 FILER NAME
Gallo, Sheri

3 Filer ID

4 Date
10/11/2016

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Morris, Bill

7 Amount of Contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
10605 Spicewood Club Dr.

Austin, TX 78750

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/24/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Morrison, Suzy

Amount of Contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
100 Lido Circle
B-1
Lakeway, TX 78734

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/05/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Moulinet, Nick

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
15201 Gebron Dr.

Lakeway, TX 78734

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Development

Stantec

Date
10/14/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Niendorff, Frank

Amount of Contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
2900 Pecos

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/14/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Niendorff, Kathleen

Amount of Contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
2900 Pecos

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 26/41 Rpt: 29/65

2 FILER NAME
Gallo, Sheri

3 Filer ID

4 Date
10/13/2016

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Novy, Brian M.

7 Amount of Contribution (\$) \$125.00

6 Contributor address; City; State; Zip Code
3913 Edgerock Dr.

Austin, TX 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/13/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Novy, Ilene L.

Amount of Contribution (\$) \$125.00

Contributor address; City; State; Zip Code
3913 Edgerock Dr.

Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/26/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Perkins, Lauren

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code
3702 Soaring Eagle

Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Peterson, Christian

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code
1114 Lost Creek Blvd.
Ste. 200
Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Pike, Debbie

Amount of Contribution (\$) \$175.00

Contributor address; City; State; Zip Code
101 Colorado St.
Ste. 3402
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/41 Rpt: 30/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pike Jr., HM <hr/> 6 Contributor address; City; State; Zip Code 101 Colorado St. Ste. 3402 Austin, TX 78701	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) The Sutton Co.
Date 10/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portnoy, Steven <hr/> Contributor address; City; State; Zip Code 7617 Journeyville Dr. Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 10/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Rebecca <hr/> Contributor address; City; State; Zip Code 1036 Liberty Park Dr. # 36 Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Watkins Insurance Group
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Rob <hr/> Contributor address; City; State; Zip Code 4016 Sierra Dr. Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raven, Joyce <hr/> Contributor address; City; State; Zip Code 7304 Reed Dr. Leander, TX 78641	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/41 Rpt: 31/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/04/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raven, Louie <hr/> 6 Contributor address; City; State; Zip Code 7304 Reed Dr. Leander, TX 78641	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Billy <hr/> Contributor address; City; State; Zip Code 4100 McBrine Pl. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Reagan Outdoor Advertising
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lucy <hr/> Contributor address; City; State; Zip Code 4100 McBrine Pl. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) NA
Date 10/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodus, David T. <hr/> Contributor address; City; State; Zip Code PO Box 65 Guffey, CO 80820	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riordan, Lydia <hr/> Contributor address; City; State; Zip Code 10606 Oak Valley Ct. Austin, TX 78736	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/41 Rpt: 32/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/24/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riordan, Patrick <hr/> 6 Contributor address; City; State; Zip Code 10606 Oak Valley Ct. Austin, TX 78736	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodrigues, Jose J. <hr/> Contributor address; City; State; Zip Code U Shell St. New Bedford, MA 12744	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Jay <hr/> Contributor address; City; State; Zip Code 10609 McFarlie Cove Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NonProfit Consultant		Employer (See Instructions) Self
Date 10/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert <hr/> Contributor address; City; State; Zip Code 4200 Jackson Ave. Apt. 5015 Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sager, Alan <hr/> Contributor address; City; State; Zip Code 7801 N. Lamar A114 Austin, TX 78752	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/41 Rpt: 33/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/22/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sager, Susan <hr/> 6 Contributor address; City; State; Zip Code 7801 N. Lamar A114 Austin, TX 78752	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salomon, Bruce <hr/> Contributor address; City; State; Zip Code 4911 Elizabeth Jane Ct. Austin, TX 78730	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Eiberon LLC
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salomon, Linda <hr/> Contributor address; City; State; Zip Code 4911 Elizabeth Jane Ct. Austin, TX 78730	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) NA
Date 10/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Stephen <hr/> Contributor address; City; State; Zip Code 2630 Exposition Blvd. Ste. 203 Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schele, David <hr/> Contributor address; City; State; Zip Code 5604 Lemonwood Dr. Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Felder Group Architects

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/41 Rpt: 34/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmitt, Karla <hr/> 6 Contributor address; City; State; Zip Code 8809 Mount Batten Circle Austin, TX 78730	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Administration Assistant		9 Employer (See Instructions) Ranstad
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmitt, Sandra <hr/> Contributor address; City; State; Zip Code 8809 Mount Batten Circle Austin, TX 78730	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) UCB Designer		Employer (See Instructions) Edgenuity
Date 10/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Robert <hr/> Contributor address; City; State; Zip Code 4105 Cat Mountain Dr. Austin, TX 78731	Amount of Contribution (\$) \$101.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Bradley S. <hr/> Contributor address; City; State; Zip Code 299 S. Main St. Ste. 1300 Salt Lake City, UT 84111	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Summit Injury Law
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Marietta <hr/> Contributor address; City; State; Zip Code 2901 Oakhurst Austin, TX 78703	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Wilson Goldrick

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/41 Rpt: 35/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott III, Wallace <hr/> 6 Contributor address; City; State; Zip Code 2901 Oakhurst Austin, TX 78703	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Sutton Company
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Araminta <hr/> Contributor address; City; State; Zip Code 3307 Perry Ln. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Tom <hr/> Contributor address; City; State; Zip Code 3307 Perry Ln. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Conoco Phillips
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shiv, Chester <hr/> Contributor address; City; State; Zip Code 1285 Sutter St. Unit 802 San Francisco, CA 94109	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Emerald Therapeutics, Inc.
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Jennifer <hr/> Contributor address; City; State; Zip Code 11 Cousteau Ln. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Skinner Transportaion

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/41 Rpt: 36/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/03/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, LeAnne <hr/> 6 Contributor address; City; State; Zip Code 4127 Honeycomb Rock Circle Austin, TX 78731	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Dietician		9 Employer (See Instructions) Austin Nutrition Consultants
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner II, Stephen <hr/> Contributor address; City; State; Zip Code 11 Cousteau Ln. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Skinner Transportaion
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Steve <hr/> Contributor address; City; State; Zip Code 4127 Honeycomb Rock Circle Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Skinner Transportation
Date 10/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Terral <hr/> Contributor address; City; State; Zip Code 6304 Cat Mountain Cv. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soeur, Channy <hr/> Contributor address; City; State; Zip Code 7908 Cameron Rd Austin, TX 78754	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CAS Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/41 Rpt: 37/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soeur, Laura <hr/> 6 Contributor address; City; State; Zip Code 7908 Cameron Rd Austin, TX 78754	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) CAS Consulting
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Straub, Joseph <hr/> Contributor address; City; State; Zip Code 7903 Jester Blvd. Austin, TX 78750	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Straub, Kim <hr/> Contributor address; City; State; Zip Code 7903 Jester Blvd. Austin, TX 78750	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Donald <hr/> Contributor address; City; State; Zip Code 4105 Long Champ Dr. Austin, TX 78746	Amount of Contribution (\$) \$113.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Loraine <hr/> Contributor address; City; State; Zip Code 4105 Long Champ Dr. Austin, TX 78746	Amount of Contribution (\$) \$112.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/41 Rpt: 38/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Connee <hr/> 6 Contributor address; City; State; Zip Code 2904 Waterbank Cv. Austin, TX 78746	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Interim General Director		9 Employer (See Instructions) Austin Opera
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kent <hr/> Contributor address; City; State; Zip Code 2904 Waterbank Cv. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Laurie J. <hr/> Contributor address; City; State; Zip Code 1611 Northwood Rd. Austin, TX 78703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) V.President		Employer (See Instructions) Stratus
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson Jr., A. Leon <hr/> Contributor address; City; State; Zip Code 1301 Capital of Tx Hwy S. Ste. A234 Austin, TX 78741	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Thompson Properties
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson, William <hr/> Contributor address; City; State; Zip Code 1010 Mopac Circle Austin, TX 78746	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/41 Rpt: 39/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/24/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson, Wissie <hr/> 6 Contributor address; City; State; Zip Code 1010 Mopac Circle Austin, TX 78746	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 10/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Jeff <hr/> Contributor address; City; State; Zip Code 3604 Westlake Dr. Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) EDGE Realty Partners
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unruh, Justin <hr/> Contributor address; City; State; Zip Code 1704 West Ave. # 304 Austin, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDeGraaf, Margaret <hr/> Contributor address; City; State; Zip Code 5315 Valburn Cr. Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDeGraaf, William <hr/> Contributor address; City; State; Zip Code 5315 Valburn Cr. Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 37/41 Rpt: 40/65

2 FILER NAME

Gallo, Sheri

3 Filer ID

4 Date
10/04/2016

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Von Dohlen, Chris

7 Amount of Contribution (\$)
\$175.00

6 Contributor address; City; State; Zip Code
1406 Kent Ln.

Austin, TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/04/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Von Dohlen, Teresa

Amount of Contribution (\$)
\$175.00

Contributor address; City; State; Zip Code
1406 Kent Ln.

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/26/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Walker, Auddie

Amount of Contribution (\$)
\$125.00

Contributor address; City; State; Zip Code
2303 Cheswick Ct.

Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/04/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Walker, Danny

Amount of Contribution (\$)
\$350.00

Contributor address; City; State; Zip Code
209 Jaydee Terrace

Georgetown, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Development

Self

Date
10/04/2016

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Walker, Diana

Amount of Contribution (\$)
\$350.00

Contributor address; City; State; Zip Code
209 Jaydee Terrace

Georgetown, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/41 Rpt: 41/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/04/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Dillon 6 Contributor address; City; State; Zip Code 2101 Griswold Lane Austin, TX 78703	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Business Development		9 Employer (See Instructions) Self
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Philip Contributor address; City; State; Zip Code 2303 Cheswick Ct. Austin, TX 78746	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Fred Contributor address; City; State; Zip Code 9302 Knoll Crest Loop Austin, TX 78759	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Ginger Contributor address; City; State; Zip Code 9302 Knoll Crest Loop Austin, TX 78759	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheelus, Cleveland Daniel Contributor address; City; State; Zip Code 3103 Bee Caves Rd. Ste. 201 Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wheelus Law

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/41 Rpt: 42/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheelus, Estella <hr/> 6 Contributor address; City; State; Zip Code 3103 Bee Caves Rd. Ste. 201 Austin, TX 78746	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney, Leon A. <hr/> Contributor address; City; State; Zip Code 3909 Rockledge Dr. Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Date 10/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhite, Phillip <hr/> Contributor address; City; State; Zip Code 5326 Western Hills Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) M&A Professional		Employer (See Instructions) Self
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Talley <hr/> Contributor address; City; State; Zip Code 8209 Dark Ridge Cv. Austin, TX 78737	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Brent <hr/> Contributor address; City; State; Zip Code 3401 Fritz Hughes Park Rd. Austin, TX 78723	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Project R&D		Employer (See Instructions) Journeyman Construction

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/41 Rpt: 43/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Rogers <hr/> 6 Contributor address; City; State; Zip Code 5902 N. West Pl. Austin, TX 78731	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ross <hr/> Contributor address; City; State; Zip Code 811 Christopher St. Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) PSW
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Sandra <hr/> Contributor address; City; State; Zip Code 5902 N. West Pl. Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead, Pete <hr/> Contributor address; City; State; Zip Code 79 Pascal Ln. Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead, Tomi <hr/> Contributor address; City; State; Zip Code 79 Pascal Ln. Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/41 Rpt: 44/65
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 10/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, David Trevor	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 3205 Riva Ridge Rd. Austin, TX 78746	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wojtewicz, Chris	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 8409 Adirondack Trl. Austin, TX 78759	
Principal occupation / Job title (See Instructions) Management Analyst/Student		Employer (See Instructions) State of Texas
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, David A.	Amount of Contribution (\$) \$225.00
	Contributor address; City; State; Zip Code 1206 W. 8th St. Austin, TX 78701	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Drenner & Stewart
Date 10/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worob, Marc	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 4604 W. Rim Cove Austin, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worob, Phyllis	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 4604 W. Rim Cove Austin, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 46/66	
2 FILER NAME Gallo, Sheri		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/16/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Bob <hr/> 7 Contributor address; City; State; Zip Code 3200 Riva Ridge Rd. Austin, TX 78746	8 Amount of contribution (\$) \$350.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Food & beverage for event
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professor		11 Employer (FOR NON-JUDICIAL) (See instructions) University of Texas	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Nancy <hr/> Contributor address; City; State; Zip Code 3200 Riva Ridge Rd. Austin, TX 78746	Amount of contribution (\$) \$350.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food & beverage for event
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) NA	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 47/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/21/2016	5 Payee name Citi Mastercard	
6 Amount (\$) \$2,401.35	7 Payee address; City; State; Zip Code Box 6062 Sioux Falls, SD 57117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Itemized expenditures listed in Schedule F-4
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2016	Payee name Cygnol LLC	
Amount (\$) \$8,188.00	Payee address; City; State; Zip Code PO Box 17235 Galveston, TX 77552	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2016	Payee name Democracy Engine LLC	
Amount (\$) \$106.27	Payee address; City; State; Zip Code 850 Quincy Street # 402 Washington, DC 20011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website donation fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 48/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/12/2016	5 Payee name Democracy Engine LLC	
6 Amount (\$) \$243.93	7 Payee address; City; State; Zip Code 850 Quincy Street # 402 Washington, DC 20011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website donation fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/19/2016	Candidate/Officeholder name Democracy Engine LLC	
Amount (\$) \$129.48	Payee address; City; State; Zip Code 850 Quincy Street # 402 Washington, DC 20011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website donation fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/26/2016	Candidate/Officeholder name Democracy Engine LLC	
Amount (\$) \$188.24	Payee address; City; State; Zip Code 850 Quincy Street # 402 Washington, DC 20011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website donation fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 49/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/05/2016	5 Payee name Democracy Engine LLC	
6 Amount (\$) \$13.55	7 Payee address; City; State; Zip Code 850 Quincy Street # 402 Washington, DC 20011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website donation fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2016	Candidate/Officeholder name Payee name Democracy Engine LLC	
Amount (\$) \$80.57	Payee address; City; State; Zip Code 850 Quincy Street # 402 Washington, DC 20011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website donation fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/15/2016	Candidate/Officeholder name Payee name Henning Productions	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2003 North Lamar Suite 200 Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video shoot
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 50/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/21/2016	5 Payee name Henning Productions	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 2003 North Lamar Suite 200 Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2016	Candidate/Officeholder name Left Hand Design	Office sought Office held
Amount (\$) \$974.25	Payee address; City; State; Zip Code 7233 Manchaca Rd. Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Affordability mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/05/2016	Candidate/Officeholder name Malone, Ryan	Office sought Office held
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 807 Brazos Street #810 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 51/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/25/2016	5 Payee name McKinney, Tolliver	
6 Amount (\$) \$840.00	7 Payee address; City; State; Zip Code 3400 Speedway # 203 Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/21/2016	Candidate/Officeholder name Payee name Paragon Printing	
Amount (\$) \$1,741.13	Office sought Payee address; City; State; Zip Code 10423 McKalla Place Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Muny printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/26/2016	Candidate/Officeholder name Payee name Paragon Printing	
Amount (\$) \$1,944.28	Office sought Payee address; City; State; Zip Code 10423 McKalla Place Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Muny mailer #2
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 52/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/17/2016	5 Payee name Powell, Madison	
6 Amount (\$) \$2,955.00	7 Payee address; City; State; Zip Code 1903 West 32nd Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/25/2016	Candidate/Officeholder name Payee name Powell, Madison	
Amount (\$) \$3,185.00	Payee address; City; State; Zip Code 1903 West 32nd Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2016	Candidate/Officeholder name Payee name Roberson, Debbie	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 11138 Brista Way Austin, TX 78726	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 53/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/25/2016	5 Payee name Thomas Graphics	
6 Amount (\$) \$7,552.00	7 Payee address; City; State; Zip Code 9501 N. IH 35 Austin, TX 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NW Hills mailing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2016	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,797.64	Payee name Thomas Graphics Payee address; City; State; Zip Code 9501 N. IH 35 Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Great Hills mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/21/2016	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$9,286.00	Payee name Thomas Graphics Payee address; City; State; Zip Code 9501 N. IH 35 Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Affordability mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 54/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/25/2016	5 Payee name Thompson, Katie Ann	
6 Amount (\$) \$340.00	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) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2016	Candidate/Officeholder name Thompson & Knight, LLP	
Amount (\$) \$2,650.00	Office sought 98 San Jacinto Blvd. Suite 1900 Austin, TX 78701	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/18/2016	Candidate/Officeholder name US Post Office Chimney Corners Station	
Amount (\$) \$43.00	Office sought 3575 Far West Blvd. Austin, TX 78731	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate/Officeholder name	
Amount (\$)	Office sought	
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 55/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 Date 10/21/2016	5 Payee name US Post Office Chimney Corners Station	
6 Amount (\$) \$3,247.65	7 Payee address; City; State; Zip Code 3575 Far West Blvd. Austin, TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Muny postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/26/2016	Candidate/Officeholder name US Post Office Chimney Corners Station	Office sought Office held
Amount (\$) \$3,748.83	Payee address; City; State; Zip Code 3575 Far West Blvd. Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Muny mailer #2 postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/11 Rpt: 56/66	2 FILER NAME Gallo, Sheri	3 Filer ID
----------------------------------------------------	------------------------------	------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
-------------------------------------------------------------	----

5 Date 10/15/2016	6 Payee name 34th St. Cafe
----------------------	-------------------------------

7 Amount (\$) \$43.88	8 Payee address; City; State; Zip Code 1005 W. 34th St. Austin, TX 78705
--------------------------	------------------------------------------------------------------------------------

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

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

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

Date 10/01/2016	Payee name A1 Signs
--------------------	------------------------

Amount (\$) \$284.31	Payee address; City; State; Zip Code 111-B N. Bell Blvd. Cedar Park, TX 78613
-------------------------	-----------------------------------------------------------------------------------------

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

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
-----------------------------------------------------	-----------------------------	---------------	-------------

--	--	--	--

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/11 Rpt: 57/66	2 FILER NAME Gallo, Sheri	3 Filer ID
----------------------------------------------------	------------------------------	------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
-------------------------------------------------------------	----

5 Date 09/30/2016	6 Payee name A1 Signs
----------------------	--------------------------

7 Amount (\$) \$2,673.78	8 Payee address; City; State; Zip Code 111-B N. Bell Blvd. Cedar Park, TX 78613
-----------------------------	-------------------------------------------------------------------------------------------

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

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

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

Date 10/01/2016	Payee name Austin Terrier
--------------------	------------------------------

Amount (\$) \$24.35	Payee address; City; State; Zip Code 3435 Greystone Austin, TX 78731
------------------------	--------------------------------------------------------------------------------

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

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
-----------------------------------------------------	-----------------------------	---------------	-------------

--	--	--	--

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/11 Rpt: 58/66	2 FILER NAME Gallo, Sheri	3 Filer ID
----------------------------------------------------	------------------------------	------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
-------------------------------------------------------------	----

5 Date 10/06/2016	6 Payee name Citi Mastercard
----------------------	---------------------------------

7 Amount (\$) \$31.64	8 Payee address; City; State; Zip Code Box 6062 Sioux Falls, SD 57117
--------------------------	---------------------------------------------------------------------------------

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

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

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

Date 10/01/2016	Payee name Constant Contact
--------------------	--------------------------------

Amount (\$) \$101.27	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451
-------------------------	---------------------------------------------------------------------------------------------------

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

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

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

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/11 Rpt: 59/66		2 FILER NAME Gallo, Sheri		3 Filer ID	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$
5 Date 09/30/2016		6 Payee name HEB			
7 Amount (\$) \$226.01		8 Payee address; City; State; Zip Code 7025 Village Center Dr. Austin, TX 78731			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for fundraiser	
11 Complete ONLY if direct expenditure to benefit C/OH					
Date 09/30/2016		Candidate/Officeholder name Office sought Office held			
Payee name Home Depot					
Amount (\$) \$51.87		Payee address; City; State; Zip Code 10515 N. Mopac Expressway Austin, TX 78759			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
Complete ONLY if direct expenditure to benefit C/OH					
Candidate/Officeholder name Office sought Office held					

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/11 Rpt: 60/66	2 FILER NAME Gallo, Sheri	3 Filer ID
-----------------------------------------------------------	-------------------------------------	-------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--------------------------------------------------------------------	----

5 Date 10/02/2016	6 Payee name Kneaded Pleasures
-----------------------------	------------------------------------------

7 Amount (\$) \$14.44	8 Payee address; City; State; Zip Code 3573 Far West Blvd. Austin, TX 78731
---------------------------------	----------------------------------------------------------------------------------------------

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

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

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

Date 09/30/2016	Payee name Nation Builder
--------------------	------------------------------

Amount (\$) \$29.00	Payee address; City; State; Zip Code 448 S. Hill Drive Los Angeles, CA 90013
------------------------	----------------------------------------------------------------------------------------

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

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

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

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/11 Rpt: 61/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/01/2016	6 Payee name Office Depot	
7 Amount (\$) \$62.80	8 Payee address; City; State; Zip Code 2620 W. Anderson Ln. Austin, TX 78757	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2016	Payee name Office Depot	
Amount (\$) \$318.11	Payee address; City; State; Zip Code 2620 W. Anderson Ln. Austin, TX 78757	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/11 Rpt: 62/66	2 FILER NAME Gallo, Sheri	3 Filer ID
----------------------------------------------------	------------------------------	------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
-------------------------------------------------------------	----

5 Date 10/05/2016	6 Payee name Office Depot
----------------------	------------------------------

7 Amount (\$) \$146.12	8 Payee address; City; State; Zip Code 2620 W. Anderson Ln. Austin, TX 78757
---------------------------	----------------------------------------------------------------------------------------

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

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

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

Date 09/30/2016	Payee name Paragon Printing
--------------------	--------------------------------

Amount (\$) \$2,109.01	Payee address; City; State; Zip Code 10423 McKalla Place Austin, TX 78758
---------------------------	-------------------------------------------------------------------------------------

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

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
-----------------------------------------------------	-----------------------------	---------------	-------------

--	--	--	--

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/11 Rpt: 63/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 09/30/2016	6 Payee name Paragon Printing	
7 Amount (\$) \$1,155.22	8 Payee address; City; State; Zip Code 10423 McKalla Place Austin, TX 78758	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2016	Candidate/Officeholder name Post Net	
Amount (\$) \$3.78	Office sought 3571 Far West Blvd. Austin, TX 78731	
Office held		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/11 Rpt: 64/66	2 FILER NAME Gallo, Sheri	3 Filer ID
----------------------------------------------------	------------------------------	------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
-------------------------------------------------------------	----

5 Date 10/06/2016	6 Payee name Republican Club
----------------------	---------------------------------

7 Amount (\$) \$25.00	8 Payee address; City; State; Zip Code 1609 Shoal Creek Blvd. Austin, TX 78701
--------------------------	------------------------------------------------------------------------------------------

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

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

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

Date 10/01/2016	Payee name Shalom Austin
--------------------	-----------------------------

Amount (\$) \$425.00	Payee address; City; State; Zip Code 4007 Madrid Cove Austin, TX 78759
-------------------------	----------------------------------------------------------------------------------

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

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
-----------------------------------------------------	-----------------------------	---------------	-------------

--	--	--	--

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/11 Rpt: 65/66	2 FILER NAME Gallo, Sheri	3 Filer ID
-----------------------------------------------------	------------------------------	------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
-------------------------------------------------------------	----

5 Date 10/16/2016	6 Payee name Shalom Austin
----------------------	-------------------------------

7 Amount (\$) \$425.00	8 Payee address; City; State; Zip Code 4007 Madrid Cove Austin, TX 78759
---------------------------	------------------------------------------------------------------------------------

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

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

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

Date 09/30/2016	Payee name US Post Office Chimney Corners Station
--------------------	------------------------------------------------------

Amount (\$) \$94.00	Payee address; City; State; Zip Code 3575 Far West Blvd. Austin, TX 78731
------------------------	-------------------------------------------------------------------------------------

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

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
-----------------------------------------------------	-----------------------------	---------------	-------------

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/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/11 Rpt: 66/66	2 FILER NAME Gallo, Sheri	3 Filer ID
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/10/2016	6 Payee name Vista Print	
7 Amount (\$) \$137.34	8 Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 12451	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank You cards
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held