CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

\vdash	1									
Th	e C/OH Instruction Guid	E explains how to complete this form	^{).}	ACCOUNT # (Ethics Commission filers)	2 PAGE # 1 of 63					
3	CANDIDATE /	MS / MRS / MR FIRST	v	00110414 MI		U 9<u>E</u>ONL Y				
	OFFICEHOLDER NAME	Sheri								
	IVAIVIL	NICKNAME LAST		CHEEN	Date Received	_				
		Gallo		SUFFIX		130 130 130				
4	CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE	-					
•	OFFICEHOLDER				,	PIN IAEL				
	MAILING ADDRESS	PO Box 26550			Daniel de la lance					
	ABBRECO	Austin, TX 78755			Date Hand-delivere	d or Date Postmarked				
	Change of Address					^{RK} 34				
	_									
					Receipt #	Amount				
.5	CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	Date Processed					
	NAME	Lew			Date Imaged					
		NICKNAME LAST		SUFFIX	.					
		Little		Jr.						
6	CAMPAIGN	CTREET ADDRESS AND DO DOY ON CASHA	AINT COURTS 4.	CITY. CTATE.	TID CODE	·				
ľ	TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE;	ZIP CODE					
	ADDRESS	2806 Stratford Drive								
	(Residence or business)	Austin, TX 78746								
L	<u> </u>			 .	· .					
7	CAMPAIGN	AREA CODE PHONE NUMBER		EXTENSION						
1	TREASURER PHONE	(512) 480-9702								
		. ,								
8	REPORT TYPE	January 15 X 30th day be	efore election	Runoff	15th day after	campaign treasurer				
		Samuely to A Sources by	ciore election	· ·		officeholder only)				
		July 15 Sth day bef	fore election	Exceeded \$500 limit	☐ Final concet /A	trock C/OH ED)				
		July 15 Cili day bei	iore election	Exceeded \$300 min	Final report (A	uttach C/OH - FR)				
9	PERIOD				-					
	COVERED	Month Day Year		Month Day	r Year					
		07/01/2014	THROUGH		04.4					
		07/01/2014		09/25/2						
10	ELECTION	ELECTION DATE ELE	ECTION TYPE							
		Month Day Year	Primary	Runoff	General	Special				
		11/04/2014	_		_	_				
<u></u>										
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if know	vn)					
				Austin City Counci	District 10					
L					•• -					
			0.70.00	<u> </u>		-				
	GO TO PAGE 2									
1										

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				<u> </u>		
13 C/OH NAME Gallo	, Sheri		14 ACCC 00110	,	lers)	
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to sur out the candidate's or officeholder's knowledge or conser y receive notice of such expenditures				
POLITICAL COMMITTEE TYPE COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	·			
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER S, LOANS, OR GUARANTEES OF LOANS), UNLESS IT		\$ 0.00	0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 31,448.04	4	
EXPENDITURE TOTALS	3. TOTAL F	B. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00	0	
	4. TOTAL	OTAL POLITICAL EXPENDITURES		\$ 16,445.4	.7	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	<u> </u>	\$ 42,807.65	5	
OUTSTANDING LOAN TOTALS	6. TOTAL I	AS OF THE	\$ 0.00	0		
17 AFFIDAVIT	·					
			d includes all informat	that the accompanying report tion required to be reported by		
	NN MARGRETT FRANKLII IY COMMISSION EXPIRES October 17, 2014		nature of Candidate or	r Officeholder	_	
AFFIX NOTARY	STAMP / SEAL ABO\		,			
Swom to and subscrib	.11	ne said Sher, Gallo rtify which, witness my hand and seal of offic		s the day		
Signature of officer adm	ot Frank	Ahn Marsrett Frank Print name of officer administering oath	da No-	Lary		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3	38 Report: 3/63		
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
07/31/2014	6 Contributor address; City; State; Zip Code 4608 Crestway Drive Austin, TX 78731-5204		\$100.00	Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/25/2014	Contributor address; City; State; Zip Code 3808 Hidden Hollow Austin, TX 78731		\$175.00	; 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occur	Dation / Job title (See Instructions)	Employer (See In	1 '			
	,					
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/25/2014	Contributor address; City; State; Zip Code 3808 Hidden Hollow Austin, TX 78731		\$175.00			
			()E traval autoids of	Tawan ang salata Sahadula 7)		
Principal occur	bation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
T Tiricipal occu	Selicity 300 lide (See Instructions)	Employer (See III	su denotis)			
Date	Full name of contributor ut-of-state PAC (ID# Bailey, Kathy)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/20/2014	Contributor address; City; State; Zip Code 4200 Burney Drive Austin, TX 78731		\$100.00	1 1		
			(If travel outside of	Texas, complete Schedule T)		
Principal occu	oation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/31/2014	Contributor address; City; State; Zip Code 3801 N. Capital of Texas Hwy. E240-209 Austin, TX 78746		\$100.00	 		
	<u>L</u>		(If travel outside of	Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)			

				
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3	38 Report: 4/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Barclay, Dolly)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/25/2014	6 Contributor address; City; State; Zip Code 3412 Mt Barker Austin, TX 78731		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; City; State; Zip Code 3412 Mt Barker Austin, TX 78731		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In	·	
			,	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; City; State; Zip Code 2704 Oakhurst Austin, TX 78703		\$250.00	·
•			(If travel outside of	Texas, complete Schedule T)
Principal occup Co-Founder	pation / Job title (See Instructions)	Employer (See In Candlelight Rar	structions) nch	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/30/2014	Contributor address; City; State; Zip Code 804 Canyon Creek Drive West Lake Hills, TX 78746		\$100.00	1 1
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Beattie, Chester S.	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; City; State; Zip Code 8402 Burkwest Cove Austin, TX 78735		\$200.00	
	<u></u>	,	L:	Texas, complete Schedule T)
	pation / Job title (See Instructions) neral Counsel	Employer (See In Texas Higher E	structions) ducation Coordina	ating Board

	The instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3	38 Report: 5/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Beglau, Bob)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/20/2014	6 Contributor address; City; State; Zip Code 23704 Replica Road Spicewood, TX 78669		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
	Date	Full name of contributor)	. Amount of contribution (\$)	In-kind contribution description (if applicable) Event food
	07/29/2014	Contributor address; City; State; Zip Code 4001 Far West Blvd. Austin, TX 78731		\$15.00	!
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	,	TOXAG, COMPLETE CONTRACTOR TY
			, , ,	·	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 7008 Quill Leaf Cove Austin, TX 78750		\$50.00	! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
				T	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 7008 Quill Leaf Cove Austin, TX 78750		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 10521 Weller Drive Austin, TX 78750		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
_					

Ti	he Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/3	38 Report: 6/63		
2 FI	LER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
08	/20/2014	6 Contributor address; City; State; Zip Code 312 W. Austin Street Fredericksburg, TX 78624		\$100.00	 		
			•	(If travel outside of	Texas, complete Schedule T)		
9 Pr	incipal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	ţ		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07	//15/2014	Contributor address; City; State; Zip Code 5002 Lynnwood Street Unit B Austin, TX 78756		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
Pr	incipal occup	ation / Job title (See Instructions)	Employer (See In	l '	Transit		
				·			
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09	/25/2014	Contributor address; City; State; Zip Code 7604 Fireoak Drive Austin, TX 78759		\$100.00	! !		
	:			<u></u>	Texas, complete Schedule T)		
Pr	incipal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09)/25/2014	Contributor address; City; State; Zip Code 6100 Northern Dancer Drive Austin, TX 78746		\$350.00	1 . 1		
				(If travel outside of	Texas, complete Schedule T)		
	rincipal occup ice Presider	ation / Job title (See Instructions) It	Employer (See In Buffington Capi				
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09)/25/2014	Contributor address; City; State; Zip Code 2704 Macken Street Austin, TX 78703		\$25.00] 		
D.	incinal assura	ration / Job title (See Instructions)	Emplace 10	<u> </u>	Texas, complete Schedule T)		
	тстрат оссир	ation / Job title (See Instructions)	Employer (See In	structions)			

P.O.Box 12070

The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 5/3	38 Report: 7/63
2 FILER NAME	Gallo, Sheri			3 ACCOUNT # 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor Cannetti, Lou	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/2014	6 Contributor address; 2704 Macken Street Austin, TX 78703	City; State; Zip Code		\$25.00	! !
				(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
Date	Full name of contributor Cantwell, Cindy	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; 3415 Greystone #303	City; State; Zip Code		\$50.00	
	Austin, TX 78731			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
Date	Full name of contributor Cantwell, John	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; 3415 Greystone #303	City; State; Zip Code		\$50.00	
	Austin, TX 78731			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
Date	Full name of contributor Cardiff, David	□ out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; 11603 Buttonwood Drive Austin, TX 78759	City; State; Zip Code		\$25.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	·	
Date	Full name of contributor Cardiff, Mary	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; 11603 Buttonwood Drive Austin, TX 78759	City; State; Zip Code	•••••	\$25.00]
	L			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	-

P.O.Box 12070

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/3	38 Report: 8/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#, Chapman, Betty S.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/2014	6 Contributor address; City; State; Zip Code 4206 Farhills Drive Austin, TX 78731		\$50.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/31/2014	Contributor address; City; State; Zip Code 10610 Morado Circle Apt. 2622 Austin, TX 78759		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Real Estate	,	Winthrop Mana	gement	
			i	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/04/2014	Contributor address; City; State; Zip Code 831 Sunfish Lakeway, TX 78734		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete ochedate 1)
			·	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; City; State; Zip Code 5003 Westview Austin, TX 78731		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See In Capitol Vending	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; City; State; Zip Code 5003 Westview Austin, TX 78731		\$250.00	
Dalmateral	Latina / latina (O - 1 - 1 - 1 - 1 - 1	F. 1	<u> </u>	Texas, complete Schedule T)
Owner Owner	pation / Job title (See Instructions)	Employer (See In Capitol Vending		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/3	38 Report: 9/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Deane, Amy)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/2014	6 Contributor address; City; State; Zip Code 2905 Richard Lane Austin, TX 78703		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	(Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/19/2014	Contributor address; City; State; Zip Code 3820 Toro Canyon Austin, TX 78746		\$100.00	I I I
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	'	Toxac, complete concease 1,
	•	,	, p. 7. (
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/19/2014	Contributor address; City; State; Zip Code 3820 Toro Canyon Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	1 '	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Dickson, Decky		(4,	,
	09/25/2014	Contributor address; City; State; Zip Code 3600 Tekoa Cove S Austin, TX 78746		\$100.00	i
				(If travel outside of	Texas, complete Schedule T)
-	Principal occur	pation / Job title (See Instructions)	Employer (See In	'	Texas, complete scriedule ()
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 3312 River Road Austin, TX 78703		\$100.00	
					'
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See I-	-	Texas, complete Schedule T)
	- melpai occup	220011 JOD (the (366 Instructions)	Employer (See In	istructions)	

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/3	38 Report: 10/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Dyer, Jim)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 3601 Murillo Circle Austin, TX 78703		\$125.00	
	_			<u>'</u>	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Dyer, Kakky	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 3601 Murillo Circle Austin, TX 78703		\$125.00	
				l	1
	Deineimal annua	ation / Job title (See Instructions)	F==(0.517611)	<u> </u>	Texas, complete Schedule T)
	Ринсіраї оссир	ation / Job title (See instructions)	Employer (See In	istructions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 3834 Spicewood Springs Road Suite 202 Austin, TX 78759		\$100.00	
		, , , , , , , , , , , , , , , , , , , ,		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1601 W. 38th Street Suite 206 Austin, TX 78731		\$250.00	₹ Γ
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID# Ehrlich, Robert Jr.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1601 W. 38th Street Suite 206		\$250.00	1 1 1
		Austin, TX 78731		/If traval	Towns complete C-L-dul- 7\
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	Real Estate	in the day (500 modestorie)	Ehrlich Realty	•	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # . Schedule: 9/3	8 Réport: 11/63		
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Evans, Jay C.	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/13/2014	6 Contributor address; City; State; Zip Code 4002 Gaines Court Austin, TX 78735		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Rancher	pation / Job title (See Instructions)	10 Employer (See In: Evans Company				
Date	Full name of contributor ut-of-state PAC (ID# Flieller, James	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/03/2014	Contributor address; City; State; Zip Code 8129 Honey Tree Lane Austin, TX 78746		\$125.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occur	Dation / Job title (See Instructions)	Employer (See In:	<u>_`</u> .			
	, ,	_ , , , ,	,			
			<u></u>			
Date	Full name of contributor ut-of-state PAC (ID# Flieller, Jane	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/03/2014	Contributor address; City; State; Zip Code 8129 Honey Tree Lane Austin, TX 78746		\$125.00			
				Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/31/2014	Contributor address; City; State; Zip Code 3414 Cascadera Drive Austin, TX 78731		\$350.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See In Cox/Smith, Atto				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for events.		
07/25/2014	Contributor address; City; State; Zip Code 5815 Buckpasser Cove Austin, TX 78746		\$50.00			
			(16 turning) mineral and	Tawas assurates Calculates —		
Principal occur	nation / Joh title (See Instructions)	Employer /Co- !-	<u> </u>	Texas, complete Schedule T)		
Photographe	pation / Job title (See Instructions) r	Employer (See In Francois Photog				

The Instructi	ON GUIDE explains how to com	nplete this form.		1 PAGE # Schedule: 10	/38 Report: 12/63	
2 FILER NAME	Gallo, Sheri			3 ACCOUNT# 00110414	(Ethics Commission filers)	
4 Date	5 Full name of contributor Fritsch, Lisa	☐ out-of-state PAC (ID#	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
09/03/2014	6 Contributor address; 2809 Waterbank Cove Austin, TX 78746	City; State; Zip Code		\$25.00		
				(If travel outside of	Texas, complete Schedule T) 🔲 📗	
9 Principal occu	pation / Job title (See Instruction	ns)	10 Employer (See In	structions)		
Date	Full name of contributor Garner, Janean	☐ out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/04/2014	Contributor address; 4210 Gnart Drive Austin, TX 78731-2012	City; State; Zip Code	, , , , , , , , , , , , , , , , , ,	\$125.00		
				(If travel outside of	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instruction	ns)	Employer (See In	'	, , ,	
		, ,		311401101137		
Date	. Full name of contributor Garner, Will	☐ out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/04/2014	Contributor address; 4210 Gnarl Drive Austin, TX 78731-2012	City; State; Zip Code		\$125.00		
				1 -	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instruction	ns)	Employer (See In	structions)		
Date	Full name of contributor Garrison, James B. Jr.	out-of-state PAC (ID)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/04/2014	Contributor address; PO Box 296 Spicewood, TX 78669	City; State; Zip Code		\$100.00	!	
				(If travel outside of	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instruction	ns)	Employer (See In	structions)		
Date	Full name of contributor Gerst, Bess	out-of-state PAC (ID)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/19/2014	Contributor address; 4100 Jackson Avenue Apt 439 Austin, TX 78731	City; State; Zip Code		\$25.00	 	
				(If travel outside of	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instruction	ns)	Employer (See In	1 -		
			<u> </u>			

Texas Ethics Commission

	The Instruction	on Guide explains how to complete this form.	···	1 PAGE#			
ŀ		0-11-0			/38 Report: 13/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID#	1		8 In-kind contribution		
-	Date	Glasgow, Ken	·	contribution (\$)	description (if applicable)		
	08/04/2014	6 Contributor address; City; State; Zip Code 1912 Redlands Austin, TX 78757		\$100.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
L.							
	Date	Full name of contributor ut-of-state PAC (ID# Goldstein, Candy	<u></u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 7702 Stoneywood Drive Austin, TX 78731		\$50.00	 		
l					·		
<u> </u>	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
	Principal occup	audi 7 300 tille (3ee ilistructions)	Employer (See in	su ucuons)			
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 7702 Stoneywood Drive Austin, TX 78731		\$50.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	¥)	Amount of	In-kind contribution		
	:	Granger, Louis		contribution (\$)	description (if applicable)		
	07/15/2014	Contributor address; City; State; Zip Code 101 Colorado Street Apt. 1402 Austin, TX 78701		\$250.00	 		
		7.45.11, 777, 6.51		(If travel outside o	f Texas, complete Schedule T)		
	Principal occup Investments	ation / Job title (See Instructions)	Employer (See In Stephens, Inc.	estructions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 4107 Medical Parkway Suite 102 Austin, TX 78756		\$100.00	 		
		Augun, 17 (0/30		(If travel outside o	f Texas, complete Schedule T)		
-		pation / Job title (See Instructions)	Employer (See In	structions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Certified Pub	lic Accountanrt	Patricia B. Gree	en, CPA			

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The Instruc	CTION GUIDE explains how to complete this form.		1 PAGE#	
		-	1	/38 Report: 14/63
2 FILER NAM	E Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor ul-of-state PAC (ID/ Greening, John	4)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/25/2014	6 Contributor address; City; State; Zip Code 6900 Ligustrum Cove Austin, TX 78750		\$350.00	
			-	Texas, complete Schedule T)
	cupation / Job title (See Instructions) ent Consultant	10 Employer (See In AccelaVue	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 5816 Trailridge Drive Austin, TX 78731		\$100.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occ	L cupation / Job title (See Instructions)	Employer (See In	1 '	toxas, complete concease t)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/04/2014	4 Contributor address; City; State; Zip Code 5800 Kentucky Derby Austin, TX 78746		\$75.00	
		•	(If travel outside of	Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of	In-kind contribution
	Hanslik, Shirley	•	contribution (\$)	description (if applicable)
08/04/201	Contributor address; City; State; Zip Code 5800 Kentucky Derby Austin, TX 78746		\$75.00	t
			/If travel outside of	Texas, complete Schedute T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In		revas, compate ochedate ()
Data	Full page of contributes	<u>"</u>		I 1- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/04/201	4 Contributor address; City; State; Zip Code 202 Ridgewood Austin, TX 78746		\$350.00	
			(If travel outside of	f Texas, complete Schedule T)
	cupation / Job title (See Instructions)	Employer (See Ir	<u> </u>	
Retired		N/A		

	The Instruction	ON GUIDE explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE#	:/38 Report: 15/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hardeman, Bryan)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/04/2014	6 Contributor address; City; State; Zip Code 2711 Scenic Drive Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Sales	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 2604 Woodmont Austin, TX 78703		\$350.00	I
	·			<u> </u>	Texas, complete Schedule T)
	Principal occup Retired	vation / Job title (See Instructions)	Employer (See In N/A	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hardeman, Genny	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/23/2014	Contributor address; City; State; Zip Code 2101 Matthews Drive Austin, TX 78703		\$350.00	
				(If travel outside of	' Texas, complete Schedule T)
	Principal occup Car Dealer	pation / Job title (See Instructions)	Employer (See In Continental Au		
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 2711 Scenic Drive Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Analyst	pation / Job title (See Instructions)	Employer (See Ir NRSC	nstructions)	<u></u>
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 2711 Scenic Drive Austin, TX 78703		\$350.00	
ĺ				(If traval autoids at	Texas, complete Schedule T)
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	1 .	
	Retired	section, was the face manufacturing)	N/A	iad delibila)	

	The Instruction	on Guide explains how to complete this form.		1 PAGE#	/38 Report: 16/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hardeman, Will	<i>i</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/04/2014	6 Contributor address; City; State; Zip Code 202 Ridgewood Austin, TX 78746		\$350.00	 - -		
ldash				1 -	Texas, complete Schedule T)		
9	Principal occup Investments	ation / Job title (See Instructions)	10 Employer (See In Self	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 7601 Rim Cove Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$50.00	 		
				<u>L.</u>	Texas, complete Schedule T)		
1.	Principal occup	ration / Job title (See Instructions)	Employer (See In	istructions)	<u> </u>		
-	Date	Full name of contributor	4	Amount of	In kind contribution		
	Dale	Hardin, Tom	t)	contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 7601 Rim Cove Austin, TX 78731		\$50.00	 		
				1 .	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	····		
	Date	Full name of contributor	#)	Amount of	In-kind contribution		
	•	Harris, John		contribution (\$)	description (if applicable)		
	09/13/2014	Contributor address; City; Slate; Zip Code 3704 Cherry Lane Austin, TX 78703		\$350.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Ir Austin Blue Sky	nstructions)			
F	Date	Full name of contributor	# \ \	Amount of	I la kind contribution		
	Date	Harris, Susan		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/13/2014	Contributor address; City; State; Zip Code 3704 Cherry Lane Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	· —		
	Real Estate	•	Site Solutions	- /			

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 15	/38 Report: 17/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (IDI Hawley, James H.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/04/2014	6 Contributor address; City; State; Zip Code 4100 Jackson Avenue Apt 516 Austin, TX 78731-6085	· · · · · · · · · · · · · · · · · · ·	\$100.00	l
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date .	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/15/2014	Contributor address; City; State; Zip Code 4805 Greystone Austin, TX 78731		\$350.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See Ir Self	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/15/2014	Contributor address; City; State; Zip Code 4805 Greystone Austin, TX 78731		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See Ir Self	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/13/2014	Contributor address; City; State; Zip Code 4208 Prickly Pear Drive Austin, TX 78731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	· · · · · · · · · · · · · · · · · · ·
F	Date	Full name of contributor	# \	Amount of	In-kind contribution
	2010	Johnson, Kathy	···	contribution (\$)	description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 4105 Shimmering Cove Austin, TX 78731		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	nstructions)	· · · · · · · · · · · · · · · · · · ·
1	Retired		N/A		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE#			
				Schedule: 16	/38 Report: 18/63		
2	FILER NAME	Gallo, Sheri	,	3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/25/2014	6 Contributor address; City; State; Zip Code 4105 Shimmering Cove Austin, TX 78731		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Executive Vic	ation / Job title (See Instructions) e President	10 Employer (See In AGC of Texas	structions)			
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/19/2014	Contributor address; City; State; Zip Code 4806 Precipice Cove Austin, TX 78731	,	\$100.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Decorations for parade		
	07/25/2014	Contributor address; City; State; Zip Code 7013 Bancroft Woods Austin, TX 78729		\$108.04	float & massage gift card.		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	L	Texas, complete schedule 1)		
	·	·		·			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/20/2014	Contributor address; City; State; Zip Code 8904 Butler Circle Austin, TX 78737		\$50.00	 		
					l 		
	Principal accur	ation / Job title (See Instructions)	Employer/Peo In	l. '	Texas, complete Schedule T)		
	Fillicipal occup	ation / 300 title (3ee instructions)	Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/20/2014	Contributor address; City; State; Zip Code 8904 Butler Circle Austin, TX 78737		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 17	/38 Report: 19/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kuperman, Paula)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/19/2014	6 Contributor address; City; State; Zip Code 10820 Straw Flower Drive Austin, TX 78733		\$350.00	 - -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	eation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/13/2014	Contributor address; City; State; Zip Code 3401 Toro Canyon Austin, TX 78746		\$350.00	l . I
			•	(If travel outside of	Texas, complete Schedule T)
	Principal accur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 17
	Housewife	anon 7 oob uue (Gee mattactions)	N/A	istructionsy	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/13/2014	Contributor address; City; State; Zip Code 3401 Toro Canyon Austin, TX 78746		\$350.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup Real Estate	vation / Job title (See Instructions)	Employer (See In Sageland Co.	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID# Langford, David	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code PO Box 1059 Comfort, TX 78713		\$50.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID# Langford, Myrna	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code PO Box 1059 Comfort, TX 78713		\$50.00	
				/16 tennual auta-1	Toyon complete Sabedula Ti
H	Principal occur	Postion / Job title (See-Instructions)	Empleyer /See !-	`	Texas, complete Schedule T)
	rameipai occuț	pation / Job title (See Instructions)	Employer (See Ir	istructions)	

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 18	/38 Report: 20/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Lansdowne, Linda)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/31/2014	6 Contributor address; City; State; Zip Code 4503 Spanish Oak Trail Austin, TX 78731		\$25.00	
_	Dringing	potion / Joh title (Con Instructions)	48 Feedouar (Caalla	'	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	su actions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 4503 Spanish Oak Trail Austin, TX 78731		\$25.00	
					·
				1 -	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/20/2014	Contributor address; City; State; Zip Code 2400 Towler Drive Austin, TX 78703		\$150.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 2400 Sweetbrush Drive Austin, TX 78703		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Investments	pation / Job title (See Instructions)	Emplayer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 2400 Sweetbrush Drive Austin, TX 78703		\$200.00	
				(If traval autoida ==	Toyas complete Sahadula Ti
	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete Schedule T)
	Investments	saudi. Too tile (ode mandellone)	Self	ionachona)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 19	/38 Report: 21/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lippiatt, Jerry)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 512 Oak Crest Lane Georgetown, TX 78628		\$50.00	 Texas, complete \$chedule T}
9	Principal occup	Deation / Job title (See Instructions)	10 Employer (See In		
ļ					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event ticket
	08/21/2014	Contributor address; City; State; Zip Code 2806 Stratford Drive Austin, TX 78746-2344		\$55.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Accountant	pation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	Contributor address; City; State; Zip Code 7710 Shadyrock Drive Austin, TX 78731		\$150.00	
	_			(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 4611 Ridge Oak Drive Austin, TX 78731		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur Physian	pation / Job title (See Instructions)	Employer (See In Texas Oncolog		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 4611 Ridge Oak Drive Austin, TX 78731		\$250.00	. -
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In	<u>l </u>	
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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20	/38 Report: 22/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID# Lynd, Jeffrey)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/17/2014	6 Contributor address; City; State; Zip Code PO Box 162034 Austin, TX 78716		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/20/2014	Contributor address; City; State; Zip Code 1409 Kent Lane Austin, TX 78703		\$350.00	
				· · · · · · · · · · · · · · · · · · ·
			1	Texas, complete Schedule T)
Principal occ Land Devel	upation / Job title (See Instructions) per	Employer (See In Blake Magee C		
Date	Full name of contributor uut-of-state PAC (ID# Marks, Cindy)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/04/2014	Contributor address; City; State; Zip Code 6413 Williams Ridge Way Austin, TX 78731		\$50.00	}
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/04/2014	Contributor address; City; State; Zip Code 6413 Williams Ridge Way Austin, TX 78731		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 3000 Savoy Place Austin, TX 78751		\$50.00	i
		•	<u> </u>	'
Principal co	upation / Job title (See Instructions)	Employer/Cost I	1 2	Texas, complete Schedule T)
- micipai occ	apadon / Job due (Jee manduum)	Employer (See In	isauciio(18)	

	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 21	/38 Report: 23/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mays, Mike)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/24/2014	6 Contributor address; City; State; Zip Code 5414 Tortuga Trail Austin, TX 78731	•••••	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Banker	ation / Job title (See Instructions)	10 Employer (See In First State Bank		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 4509 Spainish Oak Ter Austin, TX 78731		\$100.00	[. [[
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
-				7	
	Date	Full name of contributor □ out-of-state PAC (ID# McFarland, Jill	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/27/2014	Contributor address; City; State; Zip Code 1620 Northumberland Road Austin, TX 78703		\$125.00	
ļ		'			
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/27/2014	Contributor address; City; State; Zip Code 1620 Northumberland Road Austin, TX 78703		\$125.00	!
1					
<u> </u>				<u> </u>	f Texas, complete Schedule T)
L	Principal occur	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor	; \ \	Amount of	In-kind contribution
	50.0	McHorse, Kay	·	contribution (\$)	description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 5503 Ridge Oak Drive Austin, TX 78731		\$100.00	
				(If travel outside of	f Texas, complete Schedule T)
	Principal occur	Dation / Job title (See Instructions)	Employer (See In	1 '	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/38 Report: 24/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT#	(Ethics Commission filers)
				00110414	
4	Date	5 Full name of contributor ut-of-state PAC (ID# McIver, Ann)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/25/2014	6 Contributor address; City; State; Zip Code 3315 Bowman Avenue Austin, TX 78703		\$350.00	
				,	Texas, complete Schedule T)
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 4200 Jackson Avenue		\$200.00	<u> </u>
		Apt. 1005 Austin, TX 78731			l
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Milburn, Malcom L.	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 5302 Western Hills Drive Austin, TX 78731		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
	Retired	Substitution of the substi	N/A		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 1504 Pease Road Austin, TX 78703-3413		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
	Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 1504 Pease Road Austin, TX 78703-3413		\$250.00	
				/if typuol autoida -f	Toyan complete Sahadula Ti
-	Principal occup Attorney	Dation / Job title (See Instructions)	Employer (See In Self		Texas, complete Schedule T)
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•	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 23	3/38 Report: 25/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Milstead, Bill)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	07/31/2014	6 Contributor address; City; State; Zip Code 4100 Jackson Avenue #119 Austin, TX 78731		\$50.00	 		
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See In	1 '	Texas, complete Schedule T)		
9	rindparoccup	auon 7 300 tue (See instructions)	10 Employer (See in	structions)			
	Date	Full name of contributor ☐ out-of-state PAC (ID# Milstead, Jackie	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; State; Zip Code 4100 Jackson Avenue #119		\$50.00	! []		
		Austin, TX 78731		(15 4	Towns assessment Cabadala Ti .		
	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the test instructions,	Employer (occ ii				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/23/2014	Contributor address; City; State; Zip Code 4705 Balcones Drive Austin, TX 78731		\$50.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/04/2014	Contributor address; City; State; Zip Code PO Box 50224 Austin, TX 78763		\$150.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
-	Principal occup	Dation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete scriedule 1)		
				···			
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/25/2014	Contributor address; City; State; Zip Code 2902 Greenlee Austin, TX 78703		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	1			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE #	/38 Report: 26/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/25/2014	6 Contributor address; City; State; Zip Code 12906 Park Drive Austin, TX 78732		\$350.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Tax Consulta	pation / Job title (See Instructions) nt	10 Employer (See In Morrison & Hea	structions) id Tax Consultants	5		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/13/2014	Contributor address; City; State; Zip Code 5806 Timber Trail Austin, TX 78731		\$100.00	l 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
	Date	Full name of contributor ut-of-state PAC (ID# Morrison, Jack Jr.	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/25/2014	Contributor address; City; State; Zip Code 808 Champions Row Victoria, TX 77904	• • • • • • • • • • • • • • • • • • • •	\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup CPA	pation / Job title (See Instructions)	Employer (See In Self	Į ·			
	Date	Full name of contributor ut-of-state PAC (ID# Morrison, Jill	<u> </u>	Amount of cantribution (\$)	In-kind contribution description (if applicable)		
	08/25/2014	Contributor address; City; State; Zip Code 12906 Park Drive Austin, TX 78732		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete scriedule 1)		
	Tax Consulta	nt	Morrison & Hea	d Tax Consultant	S		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Morrison, Mary Lou	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/25/2014	Contributor address; City; State; Zip Code 2902 Greenlea Austin, TX 78703		\$100,00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In				

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 25	i/38 Report: 27/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/25/2014	6 Contributor address; City; State; Zip Code 8506 Dorotha Court Austin, TX 78759		\$350.00	 		
				L '	Texas, complete Schedule T)		
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	,		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; State; Zip Code 5221 Tortuga Trail Austin, TX 78731		\$350.00	1 1 1		
	Principal occur	/ I-b (illa /Caa Instructions)	Employer (See In	l '	Texas, complete Schedule T)		
	Real Estate	pation / Job title (See Instructions)	Riverside Reso	,			
_	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 3 Jasperwood Court Austin, TX 78738	•••••••	\$100.00			
		ţ		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	I. pation / Job title (See Instructions)	Employer (See In	L '	,		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/15/2014	Contributor address; City; State; Zip Code 4200 Jackson Avenue Apt. 5014 Austin, TX 78731		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)			
	Date	Full name of contributor ut-of-state PAC (ID	i#)	Amount of	In-kind contribution		
	Date	Neusel, Edward	#/	contribution (\$)	description (if applicable)		
	09/19/2014	Contributor address; City; State; Zip Code 14 Pascel Lane Austin, TX 78746		\$25.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/	/38 Report: 28/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Neusel, Sharon	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/19/2014	6 Contributor address; City; State: Zip Code 14 Pascel Lane Austin, TX 78746		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/15/2014	Contributor address; City; State; Zip Code 3301 Greenlee Drive Austin, TX 78703-1527		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		·
<u> </u>			·	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/15/2014	Contributor address; City; State; Zip Code 3301 Greenlee Drive Austin, TX 78703-1527		\$100.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/04/2014	Contributor address; City; State; Zip Code 2109 Rockmoor Austin, TX 78703	, , , , , , , , , , , , , , , , , , , ,	\$350.00 	
	_		(If travel outside of	Texas, complete Schedule T)
Principal occup President	ation / Job title (See Instructions)	Employer (See Ins Barshop & Oles		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 8503 Appalachian Drive Austin, TX 78759		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:		,

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 27	/38 Report: 29/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Owen, Hessie	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/19/2014	6 Contributor address; City; State, Zip Code 5305 Ridge Oak Drive Austin, TX 78731		\$100.00	
			•	(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/19/2014	Contributor address; City; State; Zip Code 5305 Ridge Oak Drive Austin, TX 78731		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
		·			
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/15/2014	Contributor address; City; State; Zip Code 3903A Belmont Park Drive Unit 7		\$300.00	
		Austin, TX 78746-1145		1	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)	
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/10/2014	Contributor address; City; State; Zip Code 3604 Mt. Bonnell Road Austin, TX 78731		\$50.00	
			·	<u> L'</u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	``
	Date	Full name of contributor	0#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1600 Barton Springs Road #4401		\$100.00	 !
		Austin, TX 78704			·
	Principal occur	ation / Job title (See Instructions)	Employer (See In	1 '	Texas, complete Schedule T)
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/	/38 Report: 30/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID-Perkins, David	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/13/2014	6 Contributor address; City; State; Zip Code 3702 Soaring Eagle Austin, TX 78746	,	\$50.00	Texas, complete Schedule T)
O Dépais et a seus	-E (lab EH- /O lask, -E)	1	<u> </u>	Texas, complete schedule 1)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/2014	Contributor address; City; State: Zip Code 3702 Soaring Eagle Austin, TX 78746	•••••	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/27/2014	Contributor address; City; State; Zip Code 9600 Bell Mountain Drive Austin, TX 78730		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup President	ation / Job title (See Instructions)	Employer (See In Independence	structions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/27/2014	Contributor address; City; State; Zip Code 9600 Bell Mountain Drive Austin, TX 78730		\$350.00	·
:			(If travel outside of	Texas, complete Schedule T)
Principal occup N/A	ation / Job title (See Instructions)	Employer (See In Independence		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 12220 Hunters Chase Austin, TX 78729		\$100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	l. <u> </u>	Texas, complete Schedule T)
			 	Electronic Filing Version 3.4.6

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/38 Report: 31/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Puckett, Peggy),	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 3201 Greenlee Drive Austin, TX 78703		\$250.00	
	_			(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Puckett, Ty	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 3201 Greenlee Drive Austin, TX 78703		\$250.00	
_				<u> </u>	Texas, complete Schedule T)
	Principal occup Real Estate	vation / Job title (See Instructions)	Employer (See In Transwestern	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 510 W. 15th Street Austin, TX 78701		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
⊩	Principal occur	pation / Job title (See Instructions)	Employer (See In	ı	Texas, complete Schedule 1)
	President	audit 7 500 title (Gee manuchons)	Development 2		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/09/2014	Contributor address; City; State; Zip Code 2105 Tower Drive Austin, TX 78703		\$175.00	1
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u></u>	, <u> </u>
H	Date	Full name of contributes		America of	I - 1-12-4
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/09/2014	Contributor address; City; State; Zip Code 2105 Tower Drive Austin, TX 78703		\$175.00	1 1 1
				(If travel outside of	Texas, complete Schedule T)
Г	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 30)/38 Report: 32/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID) Richards, Charles III	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/09/2014	6 Contributor address; City; State; Zip Code 2811 Harris Blvd. Austin, TX 78703		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 400 W. 15th Street Suite 320		\$350.00	
		Austin, TX 78701		į.	· ·
_	Principal occur	ation / Job title (See Instructions)	Employer (See In	1 '	Texas, complete Schedule T)
	Consultant	autom soo tide (occ instructions)	Self		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/27/2014	Contributor address; City; State; Zip Code 627 W. San Antonio San Marcos, TX 78666		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See Ir Corridor Title	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 3111 B. Windsor Road Austin, TX 78703		\$100.00	[[
				(If travel outside of	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/09/2014	Contributor address; City; State; Zip Code 3203 Greenlee Drive Austin, TX 78703		\$125.00	
				(If travel outside o	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
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•	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 31	/38 Report: 33/63	
2 F	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Schneider, Mary Frances)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
0	7/09/2014	6 Contributor address; City; State; Zip Code 3203 Greenlee Drive Austin, TX 78703		\$125.00] 	
				(if travel outside of	Texas, complete Schedule T)	
9 F	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
0	8/25/2014	Contributor address; City; State; Zip Code 42 Sundowner Parkway Austin, TX 78746		\$250.00	! ! !	
		ation / Job title (See Instructions)	Familian (Can In		Texas, complete Schedule T)	
	Principal occup Merchant	ation / Job title (See Instructions)	Employer (See In Austin Pipe & S			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
0	8/25/2014	Contributor address; City; State; Zip Code 1305 Silver Hill Drive Austin, TX 78746		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)		
	Date	Full name of contributor □ out-of-state PAC (ID# Shapiro, Kay)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
0	8/25/2014	Contributor address; City; State; Zip Code 3611 Pinnacle Austin, TX 78746		\$250.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)	,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
0	8/25/2014	Contributor address; City; State; Zip Code 3611 Pinnacle Austin, TX 78746		\$250.00	[]]	
	l			(If travel outside of	Texas, complete Schedule T)	
	Principal occur	pation / Job title (See Instructions)	Employer (See In		. Tage, complete ornedule 1/	
	Physician	salo saa inu (aoo munadhuna)	Self			

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 32	//38 Report: 34/63
2	FILER NAME	Gallo, Sheri	,	3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Shapiro, Morris)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/25/2014	6 Contributor address; City; State; Zip Code 1305 Silver Hill Drive Austin, TX 78746	•	\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In N/A	structions)	<u> </u>
	Date	Full name of contributor ☐ out-of-state PAC (ID# Shapiro, Phyllis	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 42 Sundowner Parkway Austin, TX 78746		\$250.00	!
				<u> </u>	Texas, complete Schedule T)
	Principal occup Merchant	pation / Job title (See Instructions)	Employer (See In Austin Pipe & S		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 1300 Post Oak Blvd. #1650 Houston, TX 77056		\$350.00	
		" (11 " (2 1 1 1 ")		1	Texas, complete Schedule T)
	Retired	pation / Job title (See Instructions)	Employer (See Ir N/A	istructions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Skyler, Susan D.	ž)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 5906 Highland Hills Теп. Austin, ТХ 78731		\$100.00	1 1
				(If travel outside of	f Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See Ir		
⊨		E III. C. LIII. T. L. L. L. L. DAG (ID.	<u></u>		1
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1110 Iron Horse Leander, TX 78641		\$50.00	t
L				(If travel outside of	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See in	nstructions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/	/38 Report: 35/63
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Sliger, Tom	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 1110 Iron Horse Leander, TX 78641		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 5503 Caprice Drive Austin, TX 78731		\$350.00	 -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Collection Ag	ation / Job title (See Instructions) ent	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/13/2014	Contributor address; City; State; Zip Code 4208 Prickly Pear Drive Austin, TX 78731		\$100.00	
				(If travel outside of	' Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Spencer, Don	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 5817 Trailridge Drive Austin, TX 78731		\$50.00	
					Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Spencer, Nancy	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2014	Contributor address; City; State; Zip Code 5817 Trailridge Drive Austin, TX 78731		\$50.00	· -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	1 '	

	<u></u>			
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34	/38 Report: 36/63
2 FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Stoebner, Andy	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/2014	6 Contributor address; City; State; Zip Code 4017 Bunny Run Austin, TX 78746		\$350.00	
ļ			(If travel outside of	Texas, complete Schedule T)
9 Principal occu MD	pation / Job title (See Instructions)	10 Employer (See In: BSW Healthcare		
Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State, Zip Code 2002 Indian Trail Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Stone, Morgan	<u>. </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 2002 Indian Trail Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occi	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Sullivan, Mary E.	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event food
07/28/2014	Contributor address; City; State; Zip Code 7204 Montana Norte Austin, TX 78731		\$20.00	
			<u> </u>	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Emplayer (See in	structions)	
Date	Full name of contributor ut-of-state PAC (IDA Thornhill, Mary Lib)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; City; State; Zip Code 3233 Tarryhollow Drive Austin, TX 78703		\$25.00	
	<u> </u>		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 35	/38 Report: 37/63	
2	FILER NAME	Gallo, Sheri			3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor Townsend, Jean	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	07/15/2014	6 Contributor address; 2906 B Windsor Austin, TX 78703-2346	City; State; Zip Code		\$175.00		
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup General Cont	ation / Job title (See Instruction ractor	s)	10 Employer (See In: Moline Construc			
-	Date	Full name of contributor Townsend, Severn	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/15/2014	Contributor address; 2906 B Windsor Austin, TX 78703-2346	City; State; Zip Code	,	\$175.00	 - -	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup General Cont	ation / Job title (See Instruction ractor	s)	Employer (See In Moline Construc	,		
	Date	Full name of contributor Unruh, Justin	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/31/2014	1704 West Avenue #304	City; State; Zip Code		\$150.00		
		Austin, TX 78701	-		(If travel outside of	Texas, complete Schedule T)	
	Principal occup Consultant	ation / Job title (See Instruction	s)	Employer (See In Self	structions)		
	Date	Full name of contributor Van Osselaer, Paul	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; 2305 Cheswick Court Austin, TX 78746	City; State; Zip Code		\$250.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Mediator	ation / Job title (See Instruction	is)	Employer (See In Self	structions)		
	Date	Full name of contributor Walton, Betty H.	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/04/2014	Contributor address; 3404 River Road Austin, TX 78703	City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	1		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE#			
					Schedule: 36	/38 Report: 38/63	
2	FILER NAME	Gallo, Sheri			3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state f Walton, C. Michael	PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	08/04/2014	6 Contributor address; City; State; Zi 3404 River Road Austin, TX 78703	p Code	,	\$25.00	 	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See Ins	structions)		
	Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zi 4603 Laurel Canyon Drive Austin, TX 78731	p Code		\$350.00	 	
						Texas, complete Schedule T)	
	Principal occup Consultant	ation / Job title (See Instructions)		Employer (See Ins Montfort Consul			
	Dale	Full name of contributor ut-of-state I Wells, Laura	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zi 4412 S. 2nd Street Austin, TX 78745	p Code		\$50.00	 	
_	Principal occur	ation / Job title (See Instructions)	 -	Employer (See In:		Texas, complete Schedule T)	
	1 micipal occup	audity 300 title (See Histractions)		Employer (See in:			
	Date	Full name of contributor ut-of-state Wheelus, Dan	PAC (ID# _.)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zi 3103 Bee Caves #201 Austin, TX 78746	p Code		\$100.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)		
-	Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zi 5308 Wishek Cove Austin, TX 78730	p Code		\$100.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	· · · · · · · · · · · · · · · · · · ·	(
	Retired	•		N/A	,		

	The Instruction	on Guide explains how to complete this form.		1 PAGE#	·		
	THE MSTRUCTIO			Schedule: 37	/38 Report: 39/63		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT#	(Ethics Commission filers)		
				00110414			
4	Date	5 Full name of contributor ut-of-state PAC (ID#		7 Amount of	8 In-kind contribution		
		Wilson, Rogers		contribution (\$)	description (if applicable)		
		• • • • • • • • • • • • • • • • • • • •			1		
	09/13/2014	6 Contributor address; City; State; Zip Code		\$100.00	I		
		4210 Spicewood Springs Road # 103			1		
		Austin, TX 78759	!		•		
_	Deinainal again	office (Joh Billo (Con Joseph Prop.)	10 5 - 1	l '	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution		
		Wilson, Sandra		contribution (\$)	description (if applicable)		
	00/40/0044	0			1		
	09/13/2014	Contributor address; City; State; Zip Code 4210 Spicewood Springs Road	:	\$100.00	I		
		# 103 Austin, TX 78759	,		I		
		Additi, 1X 70705		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u></u>	Toxas, complete contended 17		
	Retired	,	N/A	•			
	Data	Full name of contributor ut-of-state PAC (ID#			1		
	Date	Wimmer, Dan)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Triminor, Bair			1		
	08/25/2014	Contributor address; City; State; Zip Code		\$175.00	 		
		7802 Storrywood Drive Austin, TX 78731			1		
		Additi, 17 70701			J		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#	·)	Amount of	In-kind contribution		
		Wimmer, Patricia		contribution (\$)	description (if applicable)		
		• • • • • • • • • • • • • • • • • • • •					
	08/25/2014	Contributor address; City; State; Zip Code 7802 Stonywood Drive		\$175.00	1		
		Austin, TX 78731			i		
				/If terms	Tanan ara-data bahadan 71 🗍		
_	Principal occur	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)		
	Timorpal dodap	anon ross and (occ mendanons)	Employer (Gee in	and choris)			
							
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Wren, Carol		CONTRIBUTION (\$)	description (ii applicable)		
	09/19/2014	Contributor address; City; State; Zip Code		Q125.00	!		
	09/19/2014	801 W 5th Street		\$125.00	I		
		Auslin, TX 78703			I		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · · · ·		

The Instruction	ON GUIDE explains how to complete this form.	-	1 PAGE#	3/38 Report: 40/63	
2 FILER NAME	Gallo, Sheri	-	3 ACCOUNT # 00110414	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wren, Casey	‡)	7 Amount of contribution (\$)	8	
09/19/2014	6 Contributor address; City; State; Zip Code 801 W 5th Street Austin, TX 78703		\$125.00		
		·	(If travel outside of	Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	<u>'</u>		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/25/2014	Contributor address; City; State; Zip Code 2800 Edgewater Austin, TX 78733		\$250.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/25/2014	Contributor address; City; State; Zip Code 7105 W. Rim Drive Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$350.00	 	
	Tradition of the second of the		(If travel outside of	Texas, complete Schedule T)	
Principal occu President-Au	pation / Job title (See Instructions) Istin	Employer (See In D. R. Horton	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/25/2014	Contributor address; City; State; Zip Code 7105 W. Rim Drive Austin, TX 78731		\$350.00	 	
			(if travel outside of	Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/09/2014	Contributor address; City; State; Zip Code 3 Muir Lane Austin, TX 78746		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Real Estate I	pation / Job title (See Instructions) Management	Employer (See In Latipac Comme			

SCHEDULE F

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

EXPENDITURE CATEGORIES

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

Travel Out Of District

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

OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME PAGE # 3 ACCOUNT # (TEC filers) Gallo, Sheri Schedule: 1/23 Report: 41/63 00110414 5 Payee name 4 Date 07/01/2014 A1 Signs 6 Amount (\$) Payee address City: State: Zip Code 111-B N. Bell Blvd. \$2,076,24 Cedar Park. TX 78613 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Yard signs Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name A1 Signs 09/02/2014 Amount (\$) Payee address City: State: Zip Code 111-B N. Bell Blvd. \$1,407.25 Cedar Park, TX 78613 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Yardsigns Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/17/2014 A1 Signs Amount (\$) Payee address City; State; Zip Code 111-B N. Bell Blvd. \$1,542.56 Cedar Park, TX 78613 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Large Signs Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Adobe Systems, Inc. 09/02/2014 Amount (\$) Payee address City; State; Zip Code \$25.46 345 Park Avenue San Jose, CA 95110 Category (Sec Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Software Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

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

Event Expense Fees	Polling Ex Printing E	xpense		ead/Rental Expense	OTHER (en:	e/Officeholder/Political ter a category not listed	
1 DACE #	1.		- Guide explains	how to complete this	s torm.	,	
1 PAGE # Schedule: 2/23 F	1-	FILER NAME Gallo, Sheri				3 ACCOUNT# 00110414	(TEC filers)
4 Date	5 Payee name				 	1 00110414	
09/02/2014	Amazon.com,	Inc.					
6 Amount (\$)	7 Payee address		ate; Zip Code		-		
\$48.27	1200 12th Ave						
	Suite 1200	0444					
	Seattle, WA	98144					
8 PURPOSE		Categories listed at the	•	(b) Descriptio	n (If travel outsi	ide of Texas, complete S	Schedule T)
OF	Office Overhe	ad/Rental Expense	e	Supplies			
EXPENDITURE							
9 Complete ONLY if	Candidate / Offi				ustin, TX, officeho sought:	older living expense Office held	
direct expenditure	Garialdate / Gill	consider riame		Onice	sought.	Office field	•
to benefit C/OH	<u> </u>						
Date	Payee name						
07/24/2014	Ampco Parkin	~					
Amount (\$)	Payee address		ate; Zip Code				
\$3.00	100 Congress Austin, TX 78						
	Addin, 17 re	701					
	Category (See (Categories listed at the	top of this schedule)	Descriptio	n (If travel outsi	ide of Texas, complete \$	Schodulo T\
PURPOSE	OTHER - Mee	_	top or tina concede;	Parking	ii iiavei oatsi	ide of Texas, complete t	scriedule ()
OF EXPENDITURE		3 (
				Check if A	ustin, TX, officeho	older living expense	
Complete ONLY if direct expenditure	Candidate / Offi	ceholder name			sought:	Office held	;
to benefit C/OH							
Date	Payee name				·		
08/15/2014	Anderson Hig	h School					
Amount (\$)	Payee address	City; Sta	ate; Zip Code				
\$300.00	8403 Mesa Di						
,	Austin, TX 78	759					
_					<u></u>	<u>.</u> .	
PURPOSE	f .	Categories listed at the	top of this schedule)	Descriptio Football	n (If travel outsi program ad	ide of Texas, complete :	Schedule T) 🔲
OF	Advertising Ex	pense		1 00184111	Jogram aa		
EXPENDITURE				Chack if A	ustin TV officeho	des living supposes	
Complete ONLY if	Candidate / Offi	ceholder name			sought:	older living expense Office held	:
direct expenditure to benefit C/OH						5555.2	•
							
Date 00/47/2044	Payee name	chool Football Boo	atar Club				
08/17/2014 Amount (\$)	Payee address	 	ate: Zip Code				
	l '		ate, Zip Code				
\$375.00	Austin, TX 78						
							,
	Category (See	Categories listed at the	top of this schedule)	Descriptio	n (If travel outs	ide of Texas, complete s	Schedule T)
PURPOSE	Advertising Ex				program ad		
OF EXPENDITURE							
_						lder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name		Office	sought:	Office held	:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

EXPENDITURE CATEGORIES

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

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

Fees	Printing Expense The Instruction	Office Overhead/R	ental Expense	OTHER (enter	a category not listed a	
1 PAGE#	2 FILER NAME	- Obioc explains non	to complete tills	TOTALI.	3 ACCOUNT#	(TEC filers)
Schedule: 3/23 R					00110414	(TEC IIIels)
4 Date	5 Payee name				00110414	
07/24/2014	Austin Republican Club					
6 Amount (\$)	<u></u>	te; Zip Code				
· ·	1609 Shoal Creek Blvd.	ie, zip Coue				
\$30.00	Austin, TX 78701					
8 PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description Meeting c	(If travel outside	of Texas, complete S	chedule T)
OF	Event Expense					
EXPENDITURE				-Air TV -Aftirely-tal		
9 Complete ONLY if	Candidate / Officeholder name		Office s	stin, TX, officehold squaht:	Office held:	
direct expenditure to benefit C/OH						
Date	Payee name	•				
07/15/2014	BBVA Compass Bank					
Amount (\$)	Payee address City; Stat	te. Zip Code			•	
\$3.00	PO Box 10566				•	
	Birmingham, AL 35296					
BURDAÉE	Calegory (See Categories listed at the to	op of this schedule)	Description		of Texas, complete S	chedule T}
PURPOSE OF	Accounting/Banking		Paper sta	tement fee		
EXPENDITURE						
CI-I- ONLY I	Condidate / Officeholder name			stin, TX, officehold		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office :	sougnt:	Office held:	
to benefit C/OH			<u>.</u>			-
Date	Payee name					
08/15/2014	BBVA Compass Bank					
Amount (\$)	Payee address City; Sta	te; Zip Code			-	
\$3.00	PO Box 10566					
	Birmingham, AL 35296					
5417555	Category (See Categories listed at the to	op of this schedule)	Description		of Texas, complete S	chedule T)
PURPOSE OF	Accounting/Banking		Paper sta	tement fee		
EXPENDITURE						
	0 5 4 6 7 1 1 1	 	Check if Au	stin, TX, officehold	er living expense	
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office	sought:	Office held:	
to benefit C/OH						
Date	Payee name					-
09/15/2014	BBVA Compass Bank					
Amount (\$)	Payee address City; Sta	te; Zip Code				
\$3.00	PO Box 10566	·				
\$5.00	Birmingham, AL 35296					
1						
	Category (See Categories listed at the to	op of this schedule)	Description	ı (If travel outside	of Texas, complete S	chedule T)
PURPOSE OF	Accounting/Banking		Paper sta	tement fee	•	
EXPENDITURE			1_			
			Check if Au	stin, TX, officehold	er living expense	
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office	sought:	Office held:	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

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

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE # FILER NAME 3 ACCOUNT# (TEC filers) 2 Gallo, Sheri Schedule: 4/23 Report: 44/63 00110414 4 Date 5 Payee name 07/01/2014 Carbonite 6 Amount (\$) Payee address City: State; Zip Code 177 Huntington Avenue Boston, MA 02115 \$59.84 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Software Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/24/2014 Chevron Amount (\$) Payee address City; State; Zip Code 400 S. Congress \$6.45 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/01/2014 Costco Amount (\$) Payee address City; State Zip Code 10401 Research Blvd. \$468.49 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office supplies and software Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/09/2014 Democracy Engine LLC Amount (\$) Payee address City: State: Zip Code 850 Quincy Street \$40.16 # 402 Washington, DC 20011 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Website donation fees Accounting/Banking OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

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

EXPENDITURE CATEGORIES

sinse Sataries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (category, pp. lighted above)

Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT# (TEC filers) Gallo, Sheri Schedule: 5/23 Report: 45/63 00110414 5 Payee name 4 Date **Democracy Engine LLC** 07/16/2014 6 Amount (\$) Payee address City: State: Zip Code 850 Quincy Street \$5.82 # 402 Washington, DC 20011 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Website donation fees Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Democracy Engine LLC 07/23/2014 Amount (\$) Payee address City, State; Zip Code 850 Quincy Street \$15.39 # 402 Washington, DC 20011 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Website donation fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/30/2014 Democracy Engine LLC Amount (\$) Payee address City; State; Zip Code 850 Quincy Street \$3.95 #402 Washington, DC 20011 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website donation fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/06/2014 Democracy Engine LLC City: Amount (\$) Payee address State Zip Code 850 Quincy Street \$5.82 # 402 Washington, DC 20011 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website donation fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

P.O.Box 12070

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

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

Fees	Printing Expense Office Overhead: The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 6/23 F	I 0-11- Db	00110414
4 Date	5 Payee name	
08/13/2014	Democracy Engine LLC	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$3.95	l'	
\$0.00	# 402	
	Washington, DC 20011	·
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Accounting/Banking	Website donation fees
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Candidate / Officeribide Hame	Office sought. Office held.
to benefit C/OH		
Date	Payee name	
08/20/2014	Democracy Engine LLC	
Amount (\$)	Payee address City; State; Zip Code	
\$44.31	850 Quincy Street # 402	
	Washington, DC 20011	
		1 B 10 W 11 11 11 11 11 11 11 11 11 11 11 11 1
PURPOSE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Website donation fees
OF	Accounting/Banking	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		<u> </u>
Date 09/07/2014	Payee name Democracy Engine LLC	
08/27/2014 Amount (\$)	Payee address City; State; Zip Code	
l ` '	1	
\$45.78	850 Quincy Street # 402	
	Washington, DC 20011	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Accounting/Banking	Website donation fees
OF EXPENDITURE		·
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
09/03/2014	Democracy Engine LLC	
Amount (\$)	Payee address City, State, Zip Code	" "
\$10.70	I	
Ψ13.70	# 402	
	Washington, DC 20011	
DUDDOGE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	Website donation fees
EXPENDITURE		
Complete Carrier	Candidate / Office haldes as well	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	1	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

direct expenditure to benefit C/OH

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

P.O.Box 12070

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

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

Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE # FILER NAME 2 Gallo, Sheri Schedule: 7/23 Report: 47/63 00110414 4 Date 5 Payee name **Democracy Engine LLC** 09/10/2014 6 Amount (\$) Payee address City; State; Zip Code 850 Quincy Street \$2.07 # 402 Washington, DC 20011 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website donation fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/17/2014 Democracy Engine LLC Amount (\$) Payee address City; State; Zip Code 850 Quincy Street \$7.90 # 402 Washington, DC 20011 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website donation fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/24/2014 Democracy Engine LLC Payee address Amount (\$) City: State: Zip Code 850 Quincy Street \$26.64 # 402 Washington, DC 20011 Calegory (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website donation fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Dollar General 09/17/2014 Amount (\$) Pavee address City: State; Zip Code 410 S. Magnolia Luling, TX 78648 \$2.44 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description Bottles of bubbles to pass out **PURPOSE Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (extens a calonomy of light of page)

rees	The Instruction Guide explains how	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 8/23 F	Calle Chari	00110414
4 Date	5 Payee name	
09/17/2014	Dollar General	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$35.68	108 S. Alamo Street	
400.00	Refugio, TX 78377	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Bottles of bubbles to pass out
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Candidate / Chiceriolog/ Harrie	Office sought.
to benefit C/OH		
Date	Payee name	
07/24/2014	Dollartree	
Amount (\$)	Payee address City; State; Zip Code	
\$111.50	11150 Research Austin, TX 78759	· ·
	Austin, 17 70700	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Event decorations for Jeep
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/QH	•	
Date	Payee name	
07/24/2014	El Arroyo	
Amount (\$)	Payee address City; State, Zip Code	
\$65.19	7032 Woodhollow	
•	Austin, TX 78731	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Food for 4th of July
OF	Event Expense	Podd for 4th or July
EXPENDITURE		n
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Candidate / Ciliocholder Harris	Onice sought. Onice held.
to benefit C/OH		
Date	Payee name	
09/17/2014	Family Dollar	
Amount (\$)	Payee address City; State; Zip Code	
\$29.23	1118 Colorado Street Lockhart, TX 78644	
<u> </u>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Bottles of bubbles to pass out
OF EXPENDITURE	·	
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Event Expense

direct expenditure to benefit C/OH

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Consulting Expense Travel Out Of District
Office Overhead/Rental Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME Gallo, Sheri Schedule: 9/23 Report: 49/63 00110414 5 Payee name 4 Date Family Dollar 09/17/2014 6 Amount (\$) Payee address State; Zip Code City: 305 S. Alamo Street \$29.77 Refugio, TX 78377 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Bottles of bubbles to pass out **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 08/29/2014 Francois Photography Amount (\$) Payee address City; State; Zip Code 3801 N. Capital of Texas Hwy. \$129.90 Austin, TX 78746 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Mayor photograph Fees OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/24/2014 Google Payee address Amount (\$) City; State; Zip Code Googleplex \$4.00 Mountain View, CA 94043 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Email Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Google 09/02/2014 Amount (\$) Payee address State: Zip Code Googleplex \$5.00 Mountain View, CA 94043 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

to benefit C/OH

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Solicitation/Fundraising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Event Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE # FILER NAME 3 ACCOUNT # (TEC filers) 2 Gallo, Sheri Schedule: 10/23 Report: 50/63 00110414 4 Date 5 Payee name 09/17/2014 Google 6 Amount (\$) Payee address City; State; Zip Code Googleplex \$5.00 Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/24/2014 HEB Amount (\$) Payee address City: State; Zip Code 7025 Village Center Drive \$417.76 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name HEB 07/24/2014 Amount (\$) Payee address State; Zip Code City; 7025 Village Center Drive \$73.78 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/24/2014 HEB Amount (\$) Payee address City: State: Zip Code 7025 Village Center Drive Austin, TX 78731 \$33.50 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

P.O.Box 12070

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

Event Expense Fees	Polling Expense Travel Out Of Di- Printing Expense Office Overhead	
	The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 11/23	Report: 51/63 Gallo, Sheri	00110414
4 Date	5 Payee name	
07/24/2014	HEB	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$18.39	7025 Village Center Drive Austin, TX 78731	
	Adelli, 17 10131	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Food
OF EXPENDITURE	·	
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
07/24/2014	HEB	
Amount (\$)	Payee address City; State; Zip Code	
\$34.62	7025 Village Center Drive	
	Austin, TX 78731	
PURPOSE	Calegory (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	1 000
EXPENDITURE		Charlest Austin TV affineholder finites and
0 (1 0)	0 111 100 111	Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		Office sought: Office held:
direct expenditure to benefit C/OH Date	Payee name	Office sought: Office held:
direct expenditure to benefit C/OH Date 07/24/2014	Payee name HEB	Office sought: Office held:
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$)	Payee name HEB Payee address City; State; Zip Code	Office sought: Office held:
direct expenditure to benefit C/OH Date 07/24/2014	Payee name HEB	Office sought: Office held:
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$)	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive	Office sought: Office held:
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive	Description (If travel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731	
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$)	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB Payee address City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$)	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB Payee address City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$)	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$175.45	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive	Description (If travel outside of Texas, complete Schedule T) Food Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$175.45	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$175.45	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$194.76 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/24/2014 Amount (\$) \$175.45	Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name HEB Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Food

SCHEDULE F

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

EXPENDITURE CATEGORIES

nse Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

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

Printing Expense Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. PAGE # 2 FILER NAME 3 ACCOUNT # (TEC filers) Gallo, Sheri Schedule: 12/23 Report: 52/63 00110414 4 Date 5 Payee name 07/24/2014 HEB Amount (\$) Payee address City; State; Zip Code 7025 Village Center Drive Austin, TX 78731 \$77.81 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/02/2014 **HEB** Amount (\$) Payee address City; State; Zip Code 7025 Village Center Drive \$16.56 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Supplies Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/24/2014 Home Goods Amount (\$) Payee address City; State; Zip Code 10225 Research \$68.05 #3000A Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If Iravel outside of Texas, complete Schedule T) **PURPOSE** Supplies Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/17/2014 Home Goods Amount (\$) Pavee address City; State; Zip Code 10225 Research \$63.82 #3000A Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Photo frames Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverago Expense Polling Expense

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

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

Fees	Printing Expense Office Overhead	· · · · · · · · · · · · · · · · · · ·
. DACE#	The Instruction Guide explains ho	·
1 PAGE#	2 FILER NAME Gallo, Sheri	3 ACCOUNT# (TEC filers)
Schedule: 13/23	110port. 00/00	
4 Date 09/17/2014	5 Payee name JCAA	•
6 Amount (\$)	7 Payee address City, State, Zip Code	
1 -	· · · · · · · · · · · · · · · · · · ·	
\$722.00	Austin, TX 78759	·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Jewish Outlook Magazine ad
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
08/12/2014	Lily Pad Arts	
Amount (\$)	Payee address City; State; Zip Code	
\$300.00	,,, -, -,	
Ψ500.00	Round Rock, TX 78665	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Graphics/Door hangers
EXPENDITURE		· <u>_</u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
08/15/2014	McCallum Football Booster Club	
Amount (\$)	Payee address City; State; Zip Code	
\$160.00	l	
\$100.00	Austin, TX 78756	1
		·
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Football program ad
EXPENDITURE		
	0	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		<u> </u>
Date	Payee name	
07/24/2014	Michaels	
Amount (\$)	Payee address City; State; Zip Code	-
\$37.49	10225 Research	
	# 2000	
	Austin, TX 78759	
DUDDAGE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Supplies for 4th of July Parades
EXPENDITURE		
Complete Cart to 1	Condidate / Officeholder n	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

EXPENDITURE CATEGORIES

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

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

1 333	The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 14/23	Report: 54/63 Gallo, Sheri	00110414
4 Date	5 Payee name	
07/24/2014	Michaels	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$106.04	10225 Research # 2000	
	Austin, TX 78759	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Supplies for 4th of July Parades
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
07/24/2014	Michaels	
Amount (\$)	Payee address City; State; Zip Code	
\$39.75	1 10225 Research 1 # 2000	
	Austin, TX 78759	
	Calegory (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Supplies for 4th of July parades
EXPENDITURE		<u> </u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	<u> </u>	
Date	Payee name	
07/01/2014	Nation Builder	
Amount (\$)	Payee address City; State; Zip Code	·
\$14.63	448 S. Hill Street Los Angeles, CA 90013	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Website hosting
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officerolder Harrie	Office sought: Office held:
to benefit C/OH		
Date 07/04/	Payee name	-
07/24/2014 Amount (\$)	Nation Builder Payee address City: State: Zip Code	
1	1 2 2	
\$19.00	#200	
	Los Angeles, CA 90013	
21125-2-2	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Website
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
direct expenditure	Sandado i Omosilolaei rigilie	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE # FILER NAME 3 ACCOUNT # (TEC filers) 2 Gallo, Sheri Schedule: 15/23 Report: 55/63 00110414 Date 5 Payee name 09/02/2014 Nation Builder 6 Amount (\$) Payee address City: State: Zip Code 448 S. Hill Street \$19.00 Los Angeles, CA 90013 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Website Office Overhead/Rental Expense ΩE EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Nation Builder 09/17/2014 Amount (\$) Payee address City; State; Zip Code 448 S. Hill Street \$19.00 Los Angeles, CA 90013 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/01/2014 Office Depot Amount (\$) Payee address City; State; Zip Code 2620 W. Anderson Lane \$119.06 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Software Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/24/2014 Office Depot Amount (\$) Pavee address City; State; Zip Code 2620 W. Anderson Lane \$71.41 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Supplies Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	. , , , , , , , , , , , , , , , , , , ,
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 16/23	1	00110414
4 Date	5 Payee name	1 00110414
07/24/2014	Office Depot	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$91.08	2620 W. Anderson Lane	
φ91.00	Austin, TX 78757	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Supplies
EXPENDITURE		<u>_</u> .
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	,	
Date	Payee name	
09/02/2014	Office Depot	
Amount (\$)	Payee address City; State; Zip Code	····
\$77.85	2620 W. Anderson Lane	
4	Austin, TX 78757	
BUDDOCE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Supplies
EXPENDITURE		
Complete DNI V if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeriolder frame	Office sought: Office held:
to benefit C/OH		·
Date	Payee name	
09/02/2014	Office Depot	
Amount (\$)	Payee address City; State, Zip Code	
\$124.12	2620 W. Anderson Lane	
	Austin, TX 78757	
	0-1	
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Supplies
OF	Office Overhead/Rental Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	•	
Date	Payee name	
09/02/2014	Office Depot	
Amount (\$)	Payee address City; State; Zip Code	:
\$2.76	2620 W. Anderson Lane Austin, TX 78757	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Supplies
OF EXPENDITURE		
L. LIVETIONE	<u> </u>	Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains hore	Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 17/23	Report: 57/63 Gallo, Sheri	00110414
4 Date	5 Payee name	
09/02/2014	Office Depot	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$54.20	2620 W. Anderson Lane Austin, TX 78757	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Supplies
OF EXPENDITURE		
	.,	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
09/02/2014	Office Depot	
Amount (\$)	Payee address City; State; Zip Code	
\$33.56	2620 W. Anderson Lane Austin, TX 78757	
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Supplies
OF EXPENDITURE	·	·
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH	Candidate / Officerolder name	Office sought: Office held:
Date	Payee name	
08/18/2014	Olvero, Lisbete	
Amount (\$)	Payee address City; State; Zip Code	
\$300.00	2121 Burton #1058 Austin, TX 78741	
DUDDOCE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH	Candidate / Officeriolder frame	Office sought: Office held:
Date	Payee name	
08/29/2014	Olvero, Lisbete	
Amount (\$)	Payee address City; State; Zip Code	
\$590.00	2121 Burton	
	# 1058 Austin, TX 78741	
	Category (See Categories listed at the lop of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor
EXPENDITURE		n
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH	Candidate / Cincertologi Hairie	Onice sought. Onice neid:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how	Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 18/23		00110414
4 Date	5 Payee name	
07/01/2014	Paragon Printing	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$157.55	10423 McKalla Place	
Ψ107.00	Austin, TX 78758	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Printing
OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•
Date	Payee name	
07/17/2014	Paragon Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$1,632.76	10423 McKalla Place	
,	Austin, TX 78758	
	4	
DUDEGE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Printing
EXPENDITURE		
0 1 0 0 1 1 1	One Cale to Company to Land	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
07/24/2014	Party City	ϵ . The second contract ϵ
Amount (\$)	Payee address City; State; Zip Code	
\$77.17	11150 Research	
, , , , ,	Austin, TX 78759	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Supplies
EXPENDITURE		П
Complete Chill 24 14	Condidate / Officeholder ac	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
07/24/2014	Pier I	
Amount (\$)	Payee address City; State; Zip Code	
\$43.25	9828 Great Hills Trail	
	Austin, TX 78759	
DUDGGG	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Supplies
EXPENDITURE		<u></u>
	0 "14 10" 141	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

P.O.Box 12070

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

Event Expense Fees	Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)			
Schedule: 19/23	Report: 59/63 Gallo, Sheri	00110414			
4 Date	5 Payee name	•			
07/24/2014	Platinum Parking	,			
6 Amount (\$)	7 Payee address City; State; Zip Code	,			
\$5.00	504 E. 8th Street Austin, TX 78701				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Parking			
EXPENDITURE					
		Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			
Date 07/01/2014	Payee name Ross				
Amount (\$)	Payee address City; State; Zip Code	· · · · ·			
\$43.21	8100 Burnet Road Austin, TX 78757				
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food & beverage			
OF EXPENDITURE	·				
		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			
Date	Payee name				
09/17/2014	Ross				
Amount (\$)	Payee address City; State; Zip Code				
\$21.61	8100 Burnet Road Austin, TX 78757				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Office Overhead/Rental Expense	Supplies			
EXPENDITURE					
Consists ONLY 8	Condidate / Officeholder norm	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			
Date	Payee name				
07/24/2014	Target				
Amount (\$)	Payee address City; State; Zip Code				
\$56.16	10107 Research Austin, TX 78759				
BUBBOOS	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Event Expense	4th of July parades. Items to pass out to crowd			
EXPENDITURE					
Complete ONLY !	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Canadate / Officerologic Hallie	Office sought: Office held:			

SCHEDULE F

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

EXPENDITURE CATEGORIES

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

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

The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Gallo, Sheri Schedule: 20/23 Report: 60/63 00110414 5 Payee name 4 Date 07/24/2014 Target 6 Amount (\$) Pavee address City: State: Zip Code 10107 Research \$49.08 Austin, TX 78759 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE 4th of July parades. Items to pass out to crowd. **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Texas History Museum 09/02/2014 Amount (\$) Payee address City: State: Zip Code 1800 N. Congress \$8.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Parking OTHER - Meeting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/01/2014 The Rob Richey Company Amount (\$) Payee address City; State; Zip Code 4907 Shady Knolls Drive \$1,353.40 Parker, TX 75002 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** TShirts. Solicitation/Fundraising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/02/2014 The Rob Richey Company Amount (\$) Payee address City; State; Zip Code 4907 Shady Knolls Drive Parker, TX 75002 \$466.07 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE TShirts** Solicitation/Fundraising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

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

EXPENDITURE CATEGORIES

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

Travel Out Of District

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

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Gallo, Sheri Schedule: 21/23 Report: 61/63 00110414 4 Date 5 Payee name 07/01/2014 US Post Office Chimney Corners Station Payee address 6 Amount (\$) City: State: Zip Code \$64.00 3575 Far West Blvd. Austin, TX 78731 (a) Category (See Categories listed at the top of this schedule) (b) Description Postage (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name US Post Office Chimney Corners Station 07/01/2014 Amount (\$) Payee address City; State; Zip Code 3575 Far West Blvd. \$49.00 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** PO Box Rental Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name US Post Office Chimney Corners Station 07/24/2014 Amount (\$) Payee address City; State; Zip Code 3575 Far West Blvd. \$147.00 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Solicitation/Fundraising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/24/2014 US Post Office Chimney Corners Station Amount (\$) Payee address City; State; Zip Code 3575 Far West Blvd. \$98.00 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Gallo, Sheri Schedule: 22/23 Report: 62/63 00110414 4 Date 5 Payee name 07/24/2014 US Post Office Chimney Corners Station 6 Amount (\$) Payee address City: State: Zip Code 3575 Far West Blvd. Austin, TX 78731 \$49.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Solicitation/Fundraising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name US Post Office Chimney Corners Station 07/24/2014 Amount (\$) Payee address City; State; Zip Code 3575 Far West Blvd. \$98.00 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name US Post Office Chimney Corners Station 08/20/2014 Amount (\$) Payee address City; State; Zip Code 3575 Far West Blvd. \$245.00 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Event Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/15/2014 Westlake Band Parents Amount (\$) Payee address City; State; Zip Code 4100 Westbank Drive \$650.00 Austin, TX 78746 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Football program ad Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Consulting Exper Event Expense Fees	nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how	Contribu ict Cand ental Expense OTHER	Cantributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) n.	
PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers	
Schedule: 23/23	Report: 63/63 Gallo, Sheri		00110414	
. Date	5 Payee name			
07/16/2014	Westminster Manor			
Amount (\$)	7 Payee address City; State; Zip Code		-	
\$75.00	4100 Jackson Avenue Austin, TX 78731			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel of Room rental	outside of Texas, complete Schedule T)	
EXPENDITURE		_		
		Check if Austin, TX, office	eholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:	