### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction Guid	pe explains how to complete this fo	rm. 1	ACCOUNT # (Ethics Commission	filers)	2 PAGE#	~~~	
L_				00110414	,	1 of 28	HTDZ	Ą
3	OFFICEHOLDER	MS/MRS/MR FIRST Sheri			MI		JSE ON Y	S
	NAME	NICKNAME LAST Gallo			SUFFIX	Date Received	27	N CIT
							ΡM	YED YED
4	CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE;	ZIP CODE		4. 4	רת א
	ADDRESS	PO Box 26550 Austin, TX 78755				Date Hand-delivered		
	Change of Address							٠.
<u></u>						Receipt #	Amount	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST			МІ	Date Processed		,
	NAME	Lew				Date Imaged		
		NICKNAME LAST			SUFFIX			
		Little			Jr.			
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):  2806 Stratford Drive Austin, TX 78746	APT / SUITE #;	СІТУ;	STATE;	ZIP CODE		
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 480-9702	₹	EXTENSION	i			
8	REPORT TYPE	January 15 30th day	y before election	Runoff		15th day after appointment (c		
		July 15 X 8th day	before election	Exceeded	1 \$500 limit	Final report (A	ttach C/OH - Fl	R)
9	PERIOD COVERED	Month Day Year		Month	ı Day	Year		
		09/26/2014	THROUGH	I	10/25/20	14		
10	ELECTION	ELECTION DATE	ELECTION TYPE			<u>_</u> _		
		Month Day Year 11/04/2014	Primary	Runoff	X	General	Specia	al
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SC				
				Austin C	ity Council I	District 10		
	GO TO PAGE 2							

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

					<del></del>
13 C/OH NAME Gallo	, Sheri			14 ACCOUNT # 00110414	(Ethics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by politic out the candidate's or officeholder's k by receive notice of such expenditures	nowledge or consent. Candida		
POLITICAL COMMITTEE(S)					
	GENERAL	COMMITTEE ADDRESS	·		
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
additional pages					
COMMITTEE CAMPAIGN TREASURER ADDRESS					
2 TOTAL POLITICAL CONTRIBUTIONS				\$	0.00
				\$	10,976.00
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS			<b>\$</b>	0.00	
	4. TOTAL POLITICAL EXPENDITURES				41,321.07
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINT AY OF THE REPORTING PERIOD	FAINED AS OF THE	\$	12,732.37
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTS AY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$	0.00
17 AFFIDAVIT	•	<del></del>		<u> </u>	
A See Notary	NA ESTRADA SALINA , Public, State of Tex	is tru	ear, or affirm, under penalt ue and correct and include: under Title 15, Election Co	s all information requi	
No.	My Commission Expires November 19, 2018  Signature of Candidate or Officeholder				
AFFIX NOTARY S	STAMP / SEAL ABO\	/E	5.g		
Sworn to and subscrib	ped before me, by t	he said <u>SWW (10</u>	Mo	, this the	77th day
or actives.	20 <u></u> , to ce	rtify which, witness my hand :	and seal of office.		
Signature of officer adm	MINAS inistering oath	Print name of officer adr	da-Saliwas ministering oath	Title of officer adm	Thistering oath

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1	4 Report: 3/28
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Anderson, Jow	<u>'</u> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/25/2014	6 Contributor address; City; State; Zip Code 1707 Stamford Lane 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:	structions)	
	Date	Full name of contributor	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2014	Contributor address; City; State; Zip Code PO Drawer 50231 Austin, TX 78763		\$100.00	 
				(if travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In	l '	Taxas, complete ochedule ()
				on adiona,	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2014	Contributor address; City; State; Zip Code 98 San Jacinto Blvd. FSR-1 #2705	-	\$100.00	 
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
	Principal occup Staff	ation / Job title (See Instructions)	Employer (See In The University of		
	Date	Full name of contributor  ut-of-state PAC (ID# Bergstrom, Alan	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2014	Contributor address; City; State; Zip Code 4505 Spicewood Springs Road Suite 104 Austin, TX 78759		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Finanacial Co	eation / Job title (See Instructions) onsultant	Employer (See In Eagle Service (		
	Date	Full name of contributor  ut-of-state PAC (ID# Caffrey, Jeffry	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/25/2014	Contributor address; City; State; Zip Code 6417 Wallace Cove Austin, TX 78750		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Banker	ation / Job title (See Instructions)	Employer (See In First State Bank		

Texas Ethics Commission

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/1	4 Report: 4/28
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Callahan, Verlin	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/23/2014	6 Contributor address; City; State; Zip Code PO Box 644 Bastrop, TX 78602	••••	\$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)
	10/25/2014	Contributor address; City; State; Zip Code 4105 Green Cliffs Road Austin, TX 78746		\$125.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<del></del>	TOXED, COMPLETE CONSIDERED TY
	Retired		N/A		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/25/2014	Contributor address; City; State; Zip Code 4105 Green Cliffs Road Austin, TX 78746	. , , , , , , , , , , , , , , , , , , ,	\$125.00	 
				(if travel outside of	Texas, complete Schedule T)
	Principat occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Cowden, Allen	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/25/2014	Contributor address; City; State; Zip Code 2603 Escondido Cove Austin, TX 78703		\$300.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Managing Dir	pation / Job title (See Instructions) rector	Employer (See In Cetan Energy	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Dahl-Burg, Tracy	[)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/25/2014	Contributor address; City; State; Zip Code 9705 Eagle Rising Cove Austin, TX 78730-3362		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	Total, complete schedule 1)
	<u> </u>				

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 3/1	4 Report: 5/28
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Davis, C.M. III	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/15/2014	6 Contributor address; City; State; Zip Code 6115 Mountain Villa Circle Austin, TX 78721		\$50.00	
				(If traval outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	L	
,	, ,			,	
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 401 Congress Avenue Suite 2200		\$100.00	
		Austin, TX 78701		<u>'</u>	
	had to t			L '	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	la triad annula annula a
	Date	Eichler, Elwood J.	·/	Amount of contribution (\$)	in-kind contribution description (if applicable)
	10/23/2014	Contributor address; City; State; Zip Code 4633 Far West Blvd. #4		\$50.00	
		Austin, TX 78731		(If travel outside of	l Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
_	<del></del>			· · · · · · · · · · · · · · · · · · ·	-
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
!	10/23/2014	Contributor address; City; State; Zip Code 4633 Far West Blvd. #4		\$50.00	 
		Austin, TX 78731			
				<u> </u>	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
_	Date	Full name of contributor  ut-of-state PAC (ID#	<i>‡</i> )	Amount of	In-kind contribution
		Evans, Gretchen	·,	contribution (\$)	description (if applicable)
	10/22/2014	Contributor address; City; State; Zip Code 2222 W North Loop Austin, TX 78756		\$150.00	 
				(If traval autaids -4	Toyas complete Sabadula Ti
H	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
		,			

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE#		
				Schedule: 4/	14 Report: 6/28	
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Evans, Jimmy	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/22/2014	6 Contributor address; City; State; Zip Code 2222 W North Loop Austin, TX 78756		\$350.00	 	
					Texas, complete Schedule T)	
9	Principal occup Owner	ation / Job title (See Instructions)	10 Employer (See In: Jimmy Evans C			
	Date	Full name of contributor  ut-of-state PAC (ID#Fowler, Kristen	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/23/2014	Contributor address; City; State; Zip Code 100 McKennas Cove Buda, TX 78610		\$150.00	 	
				/## Americal control of the	, •	
	Principal occup	eation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)	
		,	Zp.oya. (000			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/23/2014	Contributor address; City; State; Zip Code 100 McKennas Cove Buda, TX 78610		\$150.00	]   	
			•	(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete schedule ()	
		, , , , , , , , , , , , , , , , , , ,	, , ,	•		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/25/2014	Contributor address; City; State; Zip Code 3904 Silverspring Drive Austin, TX 78759		\$125.00	 	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)	
		anon) sob the (See Instructions)	Employer (3ee iii	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Gaddis, Ann	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/25/2014	Contributor address; City; State; Zip Code 1105 St. Williams Avenue Round Rock, TX 78681		\$62.50	<b>!</b> ! !	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	·	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/1	4 Report: 7/28
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gaddis, Jeff		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/25/2014	6 Contributor address; City; State; Zip Code 1105 St. Williams Avenue Round Rock, TX 78681		\$62.50	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	<del>-</del>
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 5 Muir Lane Austin, TX 78746		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
•	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/22/2014	Contributor address; City; State; Zip Code 2202 Enfield # 202		\$350.00	 
		Austin, TX 78703		(If travel outside of	l Texas, complete Schedule T)
	Principal occup Broadcaster	ation / Job title (See Instructions)	Employer (See In KEYE	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Gray, Jack	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/25/2014	Contributor address; City; State; Zip Code PO Box 50202 Austin, TX 78763		\$250.00	 
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Executive	pation / Job title (See Instructions)	Employer (See In Gigared		. ,
-	Date	Full name of contributor  ut-of-state PAC (ID# Gray, John H. Jr.	<u>-</u> ;	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 4002 Hyridge Austin, TX 78759		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/	14 Report: 8/28
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Habitzreiter, Ronald	<u>'</u> )	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
	10/25/2014	6 Contributor address; City; State; Zip Code 1208 West Avenue Austin, TX 78701		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hansen, Fred	<b>!</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2014	Contributor address; City; State; Zip Code 5816 Trailridge Drive Austin, TX 78731		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Medical Docte	ation / Job title (See Instructions)	Employer (See In Self	structions)	
			OBII		
	Date	Full name of contributor □ out-of-state PAC (ID# Hansen, Gayle B.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2014	Contributor address; City; State; Zip Code 5816 Trailridge Drive Austin, TX 78731		\$100.00	 
			<u> </u>	<u> </u>	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Heyer; Connie	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 3205 Greenlee Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$350.00	] 
		Ausuii, 12 70703		,	_
_	Principal occur	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Lawyer	and it is the local manuscripts)	Self	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2014	Contributor address; City; State; Zip Code 3229 Pearce Road Austin, TX 78730		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1	Texas, complete Scredule 1)

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/1	4 Report: 9/28	
2	FILER NAME	Gallo, Sheri	"	3 ACCOUNT# 00110414	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hill, Victoria	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/23/2014	6 Contributor address; City; State; Zip Code 3229 Pearce Road Austin, TX 78730		\$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  out-of-state PAC (ID# Hurst, Miles	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/22/2014	Contributor address; City; State; Zip Code 15605 Enid Drive Hudson Bend, TX 78734		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxas company company	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
į	10/25/2014	Contributor address; City; State; Zip Code 1006 Mopac Circle Austin, TX 78746	,	\$250.00	 	
					Texas, complete Schedule T)	
		pation / Job title (See Instructions) Broker/Developer	Employer (See In Self	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/22/2014	Contributor address; City; State; Zip Code 2907 Glenview Avenue Austin, TX 78703		\$25.00	 	
	<u> </u>			(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	(1)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/22/2014	Contributor address; City; State; Zip Code 1512 Hardovin Avenue Austin, TX 78703		\$175.00	[ 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	,	
	. <u> </u>					

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 8/1	4 Report: 10/28		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kreisle, Rita		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	10/22/2014	6 Contributor address; City; State; Zip Code 1512 Hardovin Avenue Austin, TX 78703		\$175.00			
	•			(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)		
	10/22/2014	Contributor address; City; State; Zip Code 3839 Bee Caves Road # 204		\$350.00	 		
		Austin, TX 78746		(If travel outside of	Texas, complete Schedule T)		
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u>'</u>	toxes, complete schedule ()		
	Real Estate		Self (	•			
	Date	Full name of contributor  ut-of-state PAC (ID# Miller, Jeannine A.	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/23/2014	Contributor address; City; State; Zip Code 1504 Pease Road Austin, TX 78703-3413		\$100.00	t <i>)</i> 		
				<u> </u>	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# Miller, John C.	<del> </del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/23/2014	Contributor address; City; State; Zip Code 1504 Pease Road Austin, TX 78703-3413		\$100.00	l . l		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Self	pation / Job title (See Instructions)	Employer (See In Attorney	structions)			
	Date	Full name of contributor	<del>‡)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/15/2014	Contributor address; City; State; Zip Code 4705 Balcones Drive Austin, TX 78731		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
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Texas Ethics Commission

	The Instruction	N GUIDE explains how to complete this for		1 PAGE#	44 Paradi 44/00	
2	FILER NAME	Gallo, Sheri			3 ACCOUNT # 00110414	14 Report: 11/28 (Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-sta Moyer, Ken	ate PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/15/2014	6 Contributor address; City; State; 2702 Kerrybrook Lane Austin, TX 78757	Zip Code		\$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	ate PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/22/2014	Contributor address; City; State; 3913 Edgerock Drive Austin, TX 78731	Zip Code		\$125.00	! ! !
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor	ate PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/22/2014	Contributor address; City; State; 3913 Edgerock Drive Austin, TX 78731	Zip Code		\$125.00	 
					(If travel autains of	Tayon complete Rehadule T\
	Dringing) assure	ation / Job title (See Instructions)	<del></del>	Frankrica (Casala		Texas, complete Schedule T)
	Principal occup	auon 7 Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor	ate PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2014	Contributor address; City; State; 4502 E. Rapid Springs Cove Austin, TX 78746-1632	Zip Code		\$100.00	! ! 1
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	-	Employer (See In		,
-	Date	Full name of contributor  ut-of-st	ate PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2014	Contributor address; Cily; State; 4502 E. Rapid Springs Cove Austin, TX 78746-1632	Zip Code		\$100.00	1 
					(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	on Guide explains how to complete this form.		1 PAGE#			
				Schedule: 10	/14 Report: 12/28		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Pollard, Rosanne	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	10/23/2014	6 Contributor address; City; State; Zip Code 14309 Friendswood Lane Austin, TX 78737-9104		\$50.00	 		
				· ·	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# Present, Cathy	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/15/2014	Contributor address; City; State; Zip Code 5804 Round Table Cove Austin, TX 78746		\$350.00			
				(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See In	structions)	<del></del>			
	Retired		N/A				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/15/2014	Contributor address; City; State; Zip Code 5804 Round Table Cove Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$250.00	<del>i</del> 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Executive	ation / Job title (See Instructions)	Employer (See In DHI Mortgage	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (If applicable)		
	10/25/2014	Contributor address; City; State; Zip Code 98 San Jacinto Blvd. #510 Austin, TX 78701		\$350.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/22/2014	Contributor address; City; State; Zip Code 4300 Prickly Pear Austin, TX 78731		\$201.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Sales	ation / Job title (See Instructions)	Employer (See In HD Supplies	structions)	<del>-</del>		

_							
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	/14 Report: 13/28		
2	FILER NAME Gallo, Sheri			3 ACCOUNT# 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Sain, David	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	10/22/2014	6 Contributor address; City; State; Zip Code 8714 Silverhill Lane Austin, TX 78759			 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Date Full name of contributor ☐ out-of-state PAC (ID#) Scarborough, Lillian Cissy			In-kind contribution description (if applicable)		
	10/15/2014	10/15/2014 Contributor address; City; State; Zip Code 9 Coleridge Lane Austin, TX 78746		\$350.00	 		
				(If trough outside of	Texas, complete Schedule T)		
	Principal occur	pation / Job title (See Instructions)	Employer (See In	'	Texas, complete Schedule 1)		
	VP Marketing		la V Restaurant				
Date Full name of contributor ☐ out-of-state PAC (ID# Scott, Marietta		)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/25/2014	Contributor address; City; State; Zip Code 2901 Oakhurst Austin, TX 78703		\$175.00	   		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>			
	Date	Full name of contributor  ut-of-state PAC (ID#		T	1 to 12 of contribution		
	Dale	Scott, Wally	·	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/25/2014	Contributor address; City; State; Zip Code 2901 Oakhurst Austin, TX 78703		\$175.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			·		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/01/2014	Contributor address; City; State; Zip Code 4700 Toreador Drive Austin, TX 78746		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In	estructions)			
		<u></u>					

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 12	/14 Report: 14/28			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT# 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Skinner, Emily Anne	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	10/22/2014	6 Contributor address; City; State; Zip Code 4127 Honeycomb Rock Circle Austin, TX 78731		\$250.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Developemer	ation / Job title (See Instructions)	10 Employer (See In University of Te					
_	Date Full name of contributor Out-of-state PAC (ID#) Skinner, Willis			Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/22/2014 Contributor address; City; State; Zip Code 4127 Honeycomb Rock Circle Austin, TX 78731			\$250:00	] 			
_	Adding TX 10101			·	Texas, complete Schedule T)			
	Principal occup Vice Presider	vation / Job title (See Instructions)	Employer (See In Skinner Transp					
Vice / Toside III								
	Date	Full name of contributor □ out-of-state PAC (ID# Strehli, Jean	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/25/2014	Contributor address; City; State; Zip Code 6111 Mountainclimb Drive Austin, TX 78731		\$100.00	 			
				(lé tenual autaida aé	Tours sometate Cabadata Ti			
	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)			
			Employer (coo in					
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/23/2014	Contributor address; City; State; Zip Code 2401 Walsh Drive Round Rock, TX 78681	••••••	\$350.00	 			
		,		(if travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Office Manager			Employer (See In The Perry Com	structions)				
H	Date	Full name of contributor  ut-of-state PAC (ID#		Amount of	le kind annish dian			
	Date	Thomas, Holly	·)	contribution (\$)	In-kind contribution description (if applicable)			
	10/22/2014	Contributor address; City; State; Zip Code 6910 Hart Lane Austin, TX 78731		\$50.00	 			
L.					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#	VAA D		
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	10/22/2014	6 Contributor address; City: State; Zip Code 6910 Hart Lane Austin, TX 78731		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occupation / Job title (See Instructions)  10 Employer (See I			structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/03/2014 Contributor address; City; State; Zip Code 10413 Weller Drive Austin, TX 78750			\$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	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/08/2014	Contributor address; City; State; Zip Code 10413 Weller Drive Austin, TX 78750		\$100.00	 		
				(15.4	' '******		
-	Principal occur	vation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
_	- Anticipal occup	audit 7 505 title (See Instituctions)	Employer (See in	istructions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/23/2014	Contributor address; City; State; Zip Code 5315 Valburn Circle Austin, TX 78731-1144		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
_	Principal occup	ation / Job title (See Instructions)	Employer (See In		, ,		
=				<u> </u>	<u> </u>		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/23/2014	Contributor address; City; State; Zip Code 5315 Valburn Circle Austin, TX 78731-1144		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1			

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 14	/14 Report: 16/28			
2	FILER NAME	Gallo, Sheri		3 ACCOUNT # 00110414	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	10/25/2014	6 Contributor address; City; State; Zip Code 221 West 6th Street Suite 880 Austin, TX 78701		\$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)			
	10/22/2014	Contributor address; City; State; Zip Code 5902 Mountain Villa Drive Austin, TX 78731		\$350.00	 			
	· <u>_</u>				Texas, complete Schedule T)			
	Principal occup Investor	ation / Job title (See Instructions)	Employer (See In Self	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/08/2014	Contributor address; City; State; Zip Code 4220 River Garden Trail Austin, TX 78746	· · · · · · · · · · · · · · · · · · ·	\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See Instructions) White Construction Company					
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/15/2014	Contributor address; City; State; Zip Code 1109 Weston Lane Austin, TX 78733		\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)				
		·						

#### SCHEDULE F

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

EXPENDITURE CATEGORIES

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

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

. 555	The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/12 F	Report: 17/28 Gallo, Sheri	00110414
4 Date	5 Payee name	
10/09/2014	A1 Signs .	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$263.05	111-B N. Bell Blvd.	
·	Cedar Park, TX 78613	
	<u></u>	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	Logo stickers
EXPENDITURE		l <b>□</b> .
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure	Candidate / Chiceriolder Haffle	Office sought. Office field,
to benefit C/OH		
Date	Payee name	
10/09/2014	A1 Signs	
Amount (\$)	Payee address City; State; Zip Code	
\$974.25	111-B N. Bell Blvd.	
	Cedar Park, TX 78613	
	Catagory (Cara Ostronia Hardan)	Decided to the second s
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	•	
Date 40/00/2014	Payee name Amli Downtown	
10/09/2014 Amount (\$)		
• • •	Payee address City; State; Zip Code 201 Lavace	
\$4.50	Austin, TX 78701	
	,	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Travel In District	Parking fee.
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		ļ
Date	Payee name	
10/09/2014	Chez Zee	
Amount (\$)	Payee address City; State; Zip Code	
\$8.39	, <u></u>	:
Ψο.σο	Austin, TX 78731	
DUDDAAT	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Meeting expense
EXPENDITURE		
O	0-5-5	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	i	

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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)

Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Gallo, Sheri Schedule: 2/12 Report: 18/28 00110414 5 Payee name Date 10/15/2014 Constant Contact 6 Amount (\$) Payee address City; State; Zip Code Reservoir Place \$63.95 1601 Trapelo Road Waltham, MA 02451 (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 Constant Contact 10/20/2014 Amount (\$) Payee address City; State; Zip Code Reservoir Place \$90.61 1601 Trapelo Road Waltham, MA 02451 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Website expense Office Overhead/Rental 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 Cox Austin Publishing 10/02/2014 Amount (\$) Payee address City; State; Zip Code 6205 Peachtree Dunwoody Road \$3.120.00 Atlanta, GA 30328 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Polybags 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 10/01/2014 Democracy Engine LLC Amount (\$) City; State; Payee address Zip Code 850 Quincy Street \$115.31 # 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 llying 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

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 OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Gallo, Sheri Schedule: 3/12 Report: 19/28 00110414 4 Date 5 Payee name 10/03/2014 Democracy Engine LLC 6 Amount (\$) Payee address City: State: Zip Code 850 Quincy Street \$3.95 # 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 10/08/2014 Democracy Engine LLC Amount (\$) Payee address City; State; Zip Code 850 Quincy Street \$21.22 # 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 Democracy Engine LLC 10/15/2014 Amount (\$) Payee address City; State; Zip Code 850 Quincy Street \$79.03 # 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 10/22/2014 Democracy Engine LLC Amount (\$) City; State; Zip Code Payee address 850 Quincy Street \$41.49 # 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 Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

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 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) Gallo, Sheri Schedule: 4/12 Report: 20/28 00110414 4 Date 5 Payee name **Democracy Engine LLC** 10/25/2014 Amount (\$) Payee address City; State; Zip Code 850 Quincy Street \$62.71 # 402 Washington, DC 20011 (a) Category (See Categories listed at the top of this schedule) 8 (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 10/15/2014 **Dollar General** Amount (\$) Payee address City; State; Zip Code 9616 N. Lamar Blvd. \$15.08 Austin, TX 78753 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Bubbles to give away at football game. **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 10/09/2014 Galaxy Cafe Amount (\$) Payee address City; State Zip Code 1000 West Lynn \$28.33 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Meeting expense Food/Beverage 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 10/09/2014 Google Amount (\$) Payee address State: Zip Code Googleplex \$5.00 Mountain View, CA 94043 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Website Office Overhead/Rental Expense OF **EXPENDITURE** 

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

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 Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 5/12 F	I	00110414
4 Date	5 Payee name	00110414
10/16/2014	HEB	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$11.00	7025 Village Center Drive	
Ψ11.00	Austin, TX 78731	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Flowers for host.
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	
10/15/2014	KEYE	
Amount (\$)	Payee address City; State; Zip Code	-
\$3,791.00	10700 Metric Blvd	
Ψο . οου	Austin, TX 78758	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	TV ads.
EXPENDITURE		_
	0 1111 1015 1 11	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	, ,
10/09/2014	Kneaded Pleasures	
Amount (\$)	Payee address City; State; Zip Code	
\$7.87	3573 Far West	
	Austin, TX 78731	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Meeting expense
OF	Food/Beverage Expense	Meeting expense
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
direct expenditure	Candidate / Citicenoider Harrie	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
10/15/2014	KTBC	
Amount (\$)	Payee address City; State; Zip Code	
\$4,666.50	119 East 10th Street	
	Austin, TX 78701	•
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	TV ads.
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
direct expenditure	Candidate / Ciliconologi Hallie	Office sought: Office held:
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

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

Event Expense Fees	Polling Expense Travel Out Of D	District Candidate/Officeholder/Political Committee
1 663	Printing Expense Office Overhea The Instruction Guide explains h	d/Rental Expense OTHER (enter a category not listed above) ow to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 6/12 F	1 = n = n	00110414
4 Date	5 Payee name	
10/17/2014	KVUE	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$3,591.25	3201 Steck Avenue	,
	Austin, TX 78757	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) TV advertising
OF	Advertising Expense	t v advertising
EXPENDITURE		Charles Aventing TV office health at the consequence
9 Complete ONLY if	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/QH		- masg.m
Date	Payee name	
10/09/2014	Lily Pad Arts	
Amount (\$)	Payee address City; State; Zip Code	
\$881.88	1924 Kempwood Loop Round Rock, TX 78665	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Graphic design
OF 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	
10/17/2014	LiN Television Sales	
Amount (\$)	Payee address City; State; Zip Code	
\$2,014.50	908 W MLK Blvd.	
	Austin, TX 78701	
-		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	11 4415.45.119
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
	Payer name	
Date 10/17/2014	Payee name LiN Television Sales	
Amount (\$)	Payee address City; State; Zip Code	<del></del>
\$4,054.50	• • • • • • • • • • • • • • • • • • • •	
ψ <del>4,</del> υ54.50	Austin, TX 78701	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	TV advertising
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		

#### SCHEDULE F

Advertising Expense Accounting/Banking

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

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) Consulting Expense Event Expense Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE # FILER NAME 2 3 ACCOUNT # (TEC filers) Gallo, Sheri Schedule: 7/12 Report: 23/28 00110414 4 Date 5 Payee name 10/09/2014 Lowes 6 Amount (\$) Payee address City; State; Zip Code 8000 Shoal Creek Blvd. \$195.66 Austin, TX 78757 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Stakes for 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 09/29/2014 Magee, Bobby Amount (\$) Payee address State; Zip Code 3700 Dogwood Creek Cove \$10.00 Austin, TX 78746 Description (If travel outside of Texas, complete Schedule T) Advertising. Door hangers. Category (See Categories listed at the top of this schedule) **PURPOSE** Salaries/Wages/Contract Labor 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 Mozarts 10/09/2014 Amount (\$) Payee address City; State; Zip Code 3825 Lake Austin Blvd. \$7.94 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense 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 Pavee name Nation Builder 10/09/2014 Amount (\$) Pavee 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 **EXPENDITURE** Check if Austin, TX, officeholder living expense

Office held:

Office sought:

#### 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

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 8/12 F	1 <sup>-</sup> a a	00110414
4 Date	5 Payee name	00110414
10/12/2014	Olvero, Lisbete	
6 Amount (\$)		
1.7	7 Payee address City; State; Zip Code	
\$600.00	2121 Burton # 1058	·
	Austin, TX 78741	
	·	1
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Data entry.
OF	Salaries/Wages/Contract Labor	Bata Gray.
EXPENDITURE	,	l□
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
direct expenditure	Candidate / Officerbider name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
10/15/2014	Paragon Printing	
Amount (\$)	Payee address City; State; Zip Code	-
\$357.56		
Ψ007.00	Austin, TX 78758	
!		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Printing.
OF EYBENDITUBE		
EXPENDITURE		Check If Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Conductor Composition Inchis	Office sought.
to benefit C/OH		· · · · · · · · · · · · · · · · · · ·
Date	Payee name	
10/21/2014	Paragon Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$289.00	10423 McKalla Place	•
<b>W</b>	Austin, TX 78758	
  -		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Postage and printing.
OF EXPENDITURE	į ,	
EXI ENDITORS		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	-
09/29/2014	Perkins, Grant	
Amount (\$)	Payee address City; State; Zip Code	
\$20.00	3702 Soaring Eagle	
•	Austin, TX 78746	
	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	Advertising. Door hangers.
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 Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

anse 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 (exter a recover por listed above)

Fees	Printing Expense Office Overhead  The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above) w to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 9/12 F	l" a a	00110414
4 Date	5 Payee name	00110411
10/09/2014	Platinum Parking	
6 Amount (\$)	7 Payee address City; State; Zip Code	······································
\$5.00	_ ·	
45,55	Lot 177	
	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Travel In District	Parking fees.
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure	Canadate / Chicerolder Harrie	Office sought. Office fleta:
to benefit C/OH		
Date	Payee name	
10/09/2014	Real Estate Council of Austin	
Amount (\$)	Payee address City; State; Zip Code	
\$55.00	98 San Jacinto Blvd Austin, TX 78701	
	Austin, 17,70701	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Description (If travel outside of Texas, complete Schedule T) Meeting
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	
10/16/2014	The Whitley Group	
Amount (\$)	Payee address City; State; Zip Code	
\$3,626.00		
ψο,ο2ο.οο	# 400	
	Austin, TX	
DUBBOOE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Postcards
EXPENDITURE		
Consider ONLY I	Condidate / Office India	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	
10/20/2014	Time Warner Cable	_
Amount (\$)	Payee address City; State; Zip Code	
\$1,874.25	10801 N. Mopac Expressway	
	Bldg. 1, Suite 300 Austin, TX 78759	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) TV advertising
OF	Advertising Expense	1 V advertising
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder tiving expense  Office sought: Office held:
direct expenditure to benefit C/OH		Onice risid.

#### SCHEDULE F

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

EXPENDITURE CATEGORIES

anse 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 OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Schedule: 10/12 Report: 26/28 Gallo, Sheri 00110414 4 Date 5 Payee name **US Post Office Chimney Corners Station** 10/09/2014 Amount (\$) Payee address City: State: Zip Code 3575 Far West Blvd. \$60.00 Austin, TX 78731 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Postage 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** 10/13/2014 Amount (\$) Payee address City; State; 3575 Far West Blvd. \$6,383,63 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage 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 US Post Office Chimney Corners Station 10/15/2014 Amount (\$) Payee address City; State; Zip Code 3575 Far West Blvd. \$201.97 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage 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 **US Post Office Chimney Corners Station** 10/16/2014 Amount (\$) Payee address City: State: Zip Code 3575 Far West Blvd. \$60.00 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental 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

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

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

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

Event Expense Fees		Expense	Travel Out Of	District	Candidate	Officeholder/Political Committee
1 563	Finding	Expense The Instruct	Onice Overne TION Guide explains h	ad/Rental Expense now to complete th		r a category not listed above)
1 PAGE#		2 FILER NAME				3 ACCOUNT # (TEC filers)
Schedule: 11/12	Report: 27/28	Gallo, Sheri				00110414
4 Date	5 Payee name	· · · · · ·	••••			1 00110114
10/16/2014	US Post Off	ice Chimney Come	ers Station			
6 Amount (\$)	7 Payee addres	s City; S	State; Zip Code	<del></del>		
\$49.00	3575 Far W					
	Austin, TX	78731			•	
		<u> </u>		T		
8 PURPOSE		e Categories listed at th	e top of this schedule)	(b) Description Postage		e of Texas, complete Schedule T)
OF	Advertising	⊨xpe⊓se		Ostage		
EXPENDITURE						411-1
9 Complete ONLY if	Candidate / C	fficeholder name			ustin, TX, officehole sought:	Office held:
direct expenditure to benefit C/OH		1		•	, 00 ag	omes note.
Date	Payee name	ce Chimney Corne	on Cintin			
10/22/2014 Amount (\$)						
,	Payee addres 3575 Far W	• •	State; Zip Code			
\$2,604.00	Austin, TX					
	·					
<del></del>	Category (Se	e Categories listed at th	e top of this schedule)	Description	On (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Advertising I		,	Postage		,, ,
EXPENDITURE						
				Check if A	ustin, TX, officehold	der living expense
Complete ONLY if direct expenditure	Candidate / C	fficeholder name		Office	sought:	Office held:
to benefit C/OH						
Date	Payee name	<u> </u>	·			
10/13/2014	Waterloo Ice	House				
Amount (\$)	Payee addres	-	State; Zip Code	<u> </u>		
\$26.19	6203 N. Car	ital of Texas High	way			
	Austin, TX	78731				-
	Cotonos (C			T	<u> </u>	···
PURPOSE	Event Exper	e Categories listed at the	e top of this schedule)	Description Meeting	On (If travel outside	e of Texas, complete Schedule T)
OF	L VOIR Exper	130		""""		
EXPENDITURE				Check If A	ustin, TX, officehold	tor living expense
Complete ONLY if	Candidate / O	fficeholder name			sought:	Office held:
direct expenditure to benefit C/OH		•			•	
Date	Bayes same			<del></del>		
10/21/2014	Payee name West Austin	News				
Amount (\$)	Payee addres		State; Zip Code		<u> </u>	<del></del>
\$504.75	_	,,	ALLO, EIP OUG			•
Ψ304.73	# 105	_				_
	Austin, TX	78731				
	Category (Se	Categories listed at the	e top of this schedule)	Description	on (If travel outsid	e of Texas, complete Schedule T)
PURPOSE OF	Advertising l			West Au	stin news ad	
EXPENDITURE			•			
A	Co-state 2.5	Carball .			ustin, TX, officehold	
Complete ONLY if direct expenditure	Candidate / U	fficeholder name		Office	sought:	Office held:
to benefit C/OH						