# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.		34
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST SHERI	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received 2016 JAN R
	Gallo	)	6 JAN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: PO BOX 26550 AUStin , TX 7875	CITY: STATE; ZIP CODE	RECEIVED
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	) <b>4</b>
OFFICEHOLDER PHONE	(512) 502-0100		Date Hand-delivered or Date Poslmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	Little	JR	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / 8	d Dr	ZIP CODÉ
(Residence or Business)	Austin, Tx 78°	146	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 480 · 9702	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before el	ection Exceeded \$500 limit	Final Report (Altach C/OH - FR)
10 PERIOD	Monih Day Year	Month	Day Year
COVERED	07/01/2015	THROUGH 12/	31 /a015
11 ELECTION	ELECTION DATE	ELECTION TYPE	······································
	Month Day Year Primary	Runofl Other Description	
	General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
	Abotin City Council		
	District 10		
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME 5	HERI G	ALLO 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME	-
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
_		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN THEASURER ADDRESS .	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	1	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ <del>3192.</del> 23
	4. TOTAL POLITICAL EXPENDITURES \$ 3192.23		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 3851.58
OUTSTANDING LOAN TOTALS	-	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 1158.54
18 AFFIDAVIT			
J swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public STATE OF TEXAS My Comm. Exp. October 15, 2017  Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE			
Sworn to and subscribed before me, by the said SHERE GALLO, this the 1574			
day of TAND , 20 1 coertify which, witness my hand and seal of office.			
	M	DAVIET A MELPY	wound Sogric
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY F	POLITICAL CONTRIBUTIONS		\$ 0.00
2. SCHEDULE A2: NON-MONET.	ARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O.00
3. SCHEDULE B: PLEDGED COI	NTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS			\$ 1158.54
5. SCHEDULE F1: POLITICAL E	EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 0.60
6. SCHEDULE F2: UNPAID INCL	URRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE	OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ D.OD
8. V SCHEDULE F4: EXPENDITU	RES MADE BY CREDIT CARD		\$ 1232.59
9. SCHEDULE G: POLITICAL E	XPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 493.48
10. SCHEDULE H: PAYMENT MA	DE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 6.00
11. SCHEDULE I: NON-POLITICA	L EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$2698.75
12. SCHEDULE K: INTEREST, CI	REDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS	\$ 59957
			599.57

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Considers/Officebodes/Political Committee

Event Expense Fees Food/Beverage Expense Gilf/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor

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

Contributions/Donations Made By Candidate/Officeholder/Politica			
	The Instruction Guide explains how to comple	ete this form.	
1 Total pages Schedule F4:	Sheri Gallo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDI	T CARD \$	
5 Days 7/19/15	Constant Contact		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$10.66	Reservoir Place 1601 Trapelo Rd, Walt	non, MA OZYSI	
9 TYPE OF EXPENDITURE	Political Non-Politica		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead	Check if Auslin, TX, officeholder living expense	
11 Complete <u>QNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
:			
B/19/15	Constant Contact		
Amount (\$)	Payee address; City; State; Zip Code		
\$10.66	Reservoir Place	Ithon MA 02451	
TYPE OF EXPENDITURE	Political Non-Politica	*	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead	Check if Pavel outside of Texas. Complete Schedule T.  Check if Auslin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expanditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Gift/Av	leverage Expense vards/Memorials Expense Services	Polling Expense Printing Expense Salarles/Wages/		Travel In District Travel Out Of District Other (enter a category not listed above)
CanadageOnicational/Follica		Instruction Guide expl			
1 Total pages Schedule F4:	2 FILER NAME	Gallo			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDI	TURES CHARGE	DTOACRED	TCARD	\$
5 Date 9/19/15	6 Payee name	ant Conte	ict		
7 Amount (\$)	8 Payee addres	•	; Zip Code		
\$10.66	Reserve	oir Place rapelo Ro		~~ N	12 PS O A1
9 TYPE OF EXPENDITURE	Politica	Ţ	Non-Politica		
10	(a) Category (See	Categories listed at the top of	i this schedule)	(b) Descripti	on
PURPOSE	_			Check	if travel outside of Texas. Complete Schedule T.
OF Expenditure	toffice	Overhei	ecl .	Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O					
:					
Date 10/19/15	Payee name	nt Cont	oct -		
Amount (\$)	Payee addre	ss; City; State	e; Zip Code		·
\$10.66	Reser	voir Plac Trapelo		Althon	MA 02451
TYPE OF EXPENDITURE	Politica	•	Non-Politica		
	Category (Se	e Calegories listed at the top o	of this schedule)	Descript	· ·
PURPOSE OF EXPENDITURE	Office	Overhea	d		if travel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder tiving expense
Complete <u>QNLY</u> it direct expenditure to benefit C/C		e / Officeholder name	Office	e sought	Office held
				·	
	ATTACH A	DITIONAL COPIE	S OF THIS SCH	EDULE AS N	EEDED

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations (vizide by Candidate/Olliceholder/Politica			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F4:	2 FILERNAME 3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date   11/19/15	6. Payee name Constant Contact		
7 Amount (\$) \$ 10.66	Reservoir Place 1601 Trapelo Rd, Walthon, MA 02451		
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date    27  5	Constant Contact		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 66-45	Reservoir Place 1601 Trapelo Rd, walthon, MA 02451		
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule)  Description  Check if ravel cutside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Sataries/Wages/Contract Labor Other (enter a category not issued above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F4:	2 FILERNAME Sheri Gallo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDI	TCARD \$	
5 Date 12/19/15	Constant Contact		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
receive	Reservoir Place		
\$ 101.27	1601 Tropelo Rd, Wolf	non, MA DZYSI	
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O		sought Office held	
Date	Pavename Contact		
Amount (\$)	Payee address; City; State: Zip Code  Reservoir Place  (60 Trapelo Rd Wa	1than MA OR451	
TYPE OF EXPENDITURE	Political Non-Politica	' /	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check it travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhend	Creck if Austin, TX, officeholder fiving expense	
Complete ONLY if direct expenditure to benefit C/C		sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel In District

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILERNAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name (05 City: State: Zip Code 8 Pavee address: 7 Amount (\$) 10000 Research # 111 \$ 55.53 <u>Austin</u> TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE Coufts OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office held Office sought Candidate / Officeholder name expenditure to benefit C/OH Payee name Austin City; State; Zip Code Payee address; 3435 Grey stone TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Food expense Check if Austin, TX, olliceholder living expense EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Recayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 11/2/15 City; State; Zip Code 7 Amount (\$) 8104 Mesa Dr 3995 custin Tx TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE Food expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Last Call Amount (\$) Payee address; City; State; Zip Code 4115 S. Cap of Tx Hwy S \$68.80 TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Gifts EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

Advertising Expense

Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Candidate/Officeholder/Political Committee

### SCHEDULE F4

#### 

1 Total pages Schedule F4:	2 FILERNAME Sheri Gollo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date 8/27/15	6 Payee name Delish Bakery		
7 Amount (\$)	8 Payee address; City; State, Zip Code		
\$ 20.75	209 W_3rd St Austw. 1x 78701		
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Calegories listed at the top of this schedule) (b) Des	cription	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF Expenditurë	Food expense	Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Pate 9/3/15	Payee name Lonesome Dove		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 182.09	Ala Colorado Austin Tx 78701		
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule) Des	scription	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF Expenditure	Food expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held	

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/FundralsIng Expense Travel In District

Transportation Equipment & Related Expens Travel Out Of District
Other (enter a category not listed above) Printing Expense
Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date aco Shack City; State; Zip Code 7 Amount (\$) Medical Parkwan \$ 80.46 TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Food expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name Jusac K Diane Amount (\$) City; State; Zip Code 7300 Hart Lane \$50,00 TYPE OF Non-Political **Political EXPENDITURE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Constitutes/Chirabolder/Political Committee

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

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

Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME  3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 7/10   15	6 Payee name Kiwanis Club
7 Amount (\$) \$43.00	8 Payee address; City; State; Zip Code 4501 Andolus IA Dr Austin Tx 78759
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date 7/17 \15	Payee name Kneeded Pleasures
Amount (\$) \$ 14.40	Payee address; City; State; Zip Code 3573 For West Austin 1x 7825 7873
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule)  Check if travel cutside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District

Travel Out OI District
Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Pavee name 5 Date City; State; Zip Code 3407 Greystone Austin Tx 7873 \$ 103.82 TYPE OF Non-Political **Political** EXPENDITURE (b) Description (a) Category (See Categories listed at the lop of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE Food expense OF Check it Austin, TX, afficeholder living expense EXPENDITURE Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name City; State; Zip Code TYPE OF Non-Political **Political** EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Food expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expanse

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expens

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Travel In District Travel Out OI District
	The instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F4:	2 FILER NAME Sheri Gollo	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CRED	it card \$
5 Date 8/8/15	6 Payes name KIWANIS Club	
<b>7</b> Атоия (\$)	8 Payee address; City; State; Zip Code	
\$ 43.00	4501 Andalusia Dr Austin Tx 78759	
9 TYPE OF EXPENDITURE	Political Non-Politica	al .
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Donation	Check if travel outside of Texas. Complete Schedule T.  Check if Austlin, TX, officeholder living expense
EXPENDITURE	Done To	
11 Complete ONLY if direct expenditure to benefit C/Of		sought Office held
		NZ
Date 8/14/15	Payee name Tiny Pies	
Amount (\$)	Payee address, City: State: Zip Code	
\$24.00	5035 Burnet Kol Austin Tx 78756	
TYPE OF EXPENDITURE	Political Non-Politic	al
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/O		e sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	SEDULE AS NEEDED

LOANS			SCHEDULE E	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME Sheri	Gallo		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		\$ 4405	
5 Date of loan 3/6/15	7 Name of lender out-of-state Sheri Gallo	PAC (ID#:)	9 Loan Amount (\$) 895.00	
6 Is lender a financial		State; Zip Code	10 Interest rate NA	
Institution?	Austin Tx 7875	5	11 Maturity date	
	On / Job title (See Instructions) City Council	13 Employer (See Instructions)  City of Austr		
14 Description of Coll		15 Check if personal funds were account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan 3/27   15	Shark Call	PAC (ID#:)	Loan Amount (\$) 263.54	
Is lender a financial Institution?	Lender address; City; PO Box 26550	State; Zip Code	Interest rate  NA  Metarity data	
Y (N)	Austin Tx 7879	55	Maturity date NA	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		:+)		
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If (	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Stating Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Candi			
1 Total pages Schedule F4:	2 FILERNAME Shori Gallo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date 7/8/15	Notion Boilder		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$ 29.00	148 S. Hill St Los Angeles, CA 90013		
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Descri		
PURPOSE OF EXPENDITURE	FULL A ALACADAN	eck il travel outside of Texas. Complete Schedule T.	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
·			
Date 7/28 15	Notion Builder		
Amount (\$)	Payee address; City; State; Zip Code	·	
\$29.00	448 S. Hill St Los Angeles, CA 90013		
TYPE OF Expenditure	Political Non-Political		
	CS(6DOLA (266 CS(6DOL62 listed at the tob or this selection)	iption eck il travel outside al Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	Office Overhead	eck il Auslin, TX, olliceholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought OH	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED	

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Baverage Expense Gilt/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ise II. Ti ar O

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

4 TOTAL OF UNITEMIZ  5 Date	The Instruction Guide explains how to comple  2 FILER NAME  Sheri Gillo  ED EXPENDITURES CHARGED TO A CREDIT	3 Filer ID (Ethics Commission Filers
4 TOTAL OF UNITEMIZ	Sheri Gallo	
5 Date	ED EXPENDITURES CHARGED TO A CREDI	
0 04.0		TCARD \$
8 28 15	Notion Builder	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
\$ 29.00	148 S. Hill St Los Angeles, CA 90013	· ·
9 TYPE OF EXPENDITURE	Political Non-Political	
10 (	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Office Overhead	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held
Date 9/28/15	Notion Builder	
Amount (\$)	Payee address; City; State; Zip Code	•
\$ 29.00	448 S. Hill St Los Angeles, CA 9001	3
TYPE OF EXPENDITURE	Political Non-Politica	al
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF Expenditure	Office Overhead	Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Carlo Carlo	e sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political		
	The Instruction Guide explains how to comple	
1 Total pages Schedule F4:	Sheri Gallo	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDI	T CARD \$
5 Date 10 28   15	Notion Builder	
7 Amount (\$) \$ 29.00	8 Payee address: City; State; Zip Code 448 S. Hill St Los Angeles, CA 90013	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Overhead	(b) Description  Check il Iravel outside of Texas. Complete Schedule T.  Check il Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oi	Oziralozio i Oriistini i	sought Office held
Date 11 28 15	Notion Builder	
Amount (\$) \$29.00	Payee address: City: State; Zip Code 448 5. Hill St Los Angeles, CA 9001	3
TYPE OF EXPENDITURE	Political Non-Politica	al <u></u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> il direct expenditure to benefit C/C	<del></del>	e sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

Consulting Expense
Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: heri 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Pavee name 5 Date City; State; Zip Code 8 Payee address; 7 Amount (\$) \$ 25.46 TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to banefit C/OH Pavee name Date Amount (\$) Pavee address; City; State; Zip Code TYPE OF Non-Political **Political** EXPENDITURE Category (See Cajegories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Excense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Weges/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date BBNA 6 Amount (\$) 7 Payee address; City; State; Zip Code 3.00 Austin Tx Reimbursement from political contributions . intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. **OF** Accounting EXPENDITURE Check if Austin, TX, afficeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date BBVA Austin Tx Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check it travel outside of Texas. Complete Schedule T. Accounting /Bonking OF EXPENDITURE Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Рауее пате RBNA City; State; Zip Code Amount (\$) Payee address; \$3.00 Austin Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Accounting **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Mad	Fees Food/Beverage Expense de By Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Candidate/Officeholder/Pol	•	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credil Card Payment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule G			3 Filer ID (Ethics Commission Filers)
4.5-1-	Sheri Gallo	<del></del>	<u> </u>
8 17 15	BBVA Compass		
6 Amount (\$)	1	Code	
Reimbursement from political contributions intended	Hostin Ix	• •	
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF EXPENDITURE	Accounting / Banki	Check if travel outsix	de of Texas. Complete Schedule T. 'X, officeholder living expense
9 Complete ONLY if direct	Openfildete (Officebattle 1999)		0/5
9 Complete ONLY if direct expenditure to benefit C		Office sought	Austin City Couri
Date	Payee name		
9/15/15	BBVA Compass		
Amount (\$)	Payee address; City; State; Zip	Code	
\$ 3.00			}
Reimbursement from political contributions intended	Austin Tx		
	Category (See Categories listed at the top of this sche	adule) (b) Description	
PURPOSE	None trans 10 mls	Check if travel outsig	le of Texas, Complete Schedule T.
EXPENDITURE	Accounting / Bonkir	Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> it direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
9/15/15	BBVA Comms		
Amount (\$)	Payee address; City; State; Zip	Code	
\$3 00 \$19	J.00,	,	j
Reimbursement from political contributions intended	Austin 1x		
PURPOSE	Category (See Categories listed at the top of this sche	·	·
OF EXPENDITURE	Accounting Bankin	<u>~                                     </u>	le of Texas. Complete Schedule T. X. officeholder living expense
<del></del>		Cileck ii Ausun, i	A, onicentiour living expense
Complete ONLY if direc expenditure to benefit C		Office sought	Office held
. \	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED
			· ·

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Orionations Made By
Candidate/Oriotecholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (many applicancy not listed above)

Cantibutions/Danations Made Candidate/Officeholder/Politic Credit Card Payment		ng Expense Travel Out Of District es/Wages/Contract Labor Other (enter a category not listed above)
olou Capi ajinan	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	Sheri Gallo 5 Payee name	
10/15/15	BBVA Compass	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 3.00		
Reimbursement from political contributions intended	Austin Tx	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
expenditure to belieff of	Sheri Gallo	Austin City Courc
Date	Рауее пате	-1
12/15/15	BBVA Compres	·
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	Austin Tx	
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting /Bonking	Check it Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
\	BANA Commes	\ \ \ \ \
Amount (\$)	Paree address; City; State; Zip Code	
\$3.00	Austin Tx	
Reimbursement from political contributions intended	/ // // //	
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Jexas. Complete Schedule V.
OF EXPENDITURE	Accounting Banking	Check if Austin, TX officeholder living expense
Complete CNLY is direct expenditure to benefit C/C	Candidate / Officeholder/name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/ReImbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politi-		g Expense :s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to		Color (enter a category not issentationa)
1 Total pages Schedule G:	2 FILER NAME Sheri Gallo		3 Filer ID (Ethics Commission Filers)
4 Date 7/8/15	5 Payee name Notion Builder		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 29.00	448 S. Hill St		
Reimbursement from political contributions intended	Los Angeles, CA 9	<del></del>	
B PURPOSE	(B) Category (See Categories listed at the top of this schedule)	(b) Description	al Tayan Cauralein Cahad in T
OF EXPENDITURE	Office Overhead		of Texas, Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
7/28/15	Nation Builder		•
Amount (\$)	Payee address; City; State; Zip Code		
\$ 29.00	448 5. Hill St		
Reimbursement from political contributions intended	Los Angeles CA 9	0013	
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead	! 🗂	of Texas. Complete Schedule T. officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
8 28 15	Nation Builder		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 29.00	448 S. Hill St	•	
Reimbursement from political contributions intended	Los Angeles CA 9	0013	
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Office Overhead	]	of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX,	officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D .
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#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politic Credil Card Payment		DExpense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Shert Gollo		3 Filer ID (Ethics Commission Filers)
9/28/15	5 Payee name Notion Builder		
6 Amount (\$)	7 Payee address; City; State; Zip Code		·
\$ 29.00	448 S. Hill St	A013	
political contributions intended	Los Angeles, CA 9	0012	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	of Transaction Calculate T
OF EXPENDITURE	Office Overhead		of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 10/28/15	Notion Builder		
Amount (\$)	Payee address; City; State; Zip Code		
\$29.00	448 S. Hill St	-0.0	
Reimbursement from political contributions intended	Los Angeles CA 9	00/2	
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	(T 0 1) T
OF EXPENDITURE	Office Overhead	( <del></del> )	of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY it direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 11/28/15	Payee name		
	Nation Builder		
Amount (\$) \$ 29.00	Payee address; City; State; Zip Code		
Reimbursement from political contributions	448 S. Hill St		
intended	Los Angeles CA 9	20B	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead	<del></del>	afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED.

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7/19/15 Constant Contact 7 Payee address; City; State; Zip Code 6 Amount (\$) Reservoir Place \$ 10.66 1601 Tropelo Rd. Wolthon, MA 02451 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Office Overhead **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Constant Contact Amount (\$) 3 10.66 Reservoir Place 1601 Trapelo Rd, Walthan, MA 03451 Category (See Categories listed at the top of this schedule) (b) Description Reimbursement from political contributions intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Office Overhead EXPENDITURE ... Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Reservoir Place Reimbursement from political contributions 1601 Trapelo Rd, Walthan, MA Category (See Categories listed at the top of this schedule) (b) Description intended PURPOSE \_\_ Check if travel outside of Texas, Complete Schedule T. OF Office Overhead **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

			EXPEN	DITURE CATE	30RIES I	FOR BOX 8(a)		
Account Consu Contrib Cand	ising Expense nting/Banking Iling Expense outions/Donations Made Iidate/Officeholder/Politi ard Payment		Event Expense Fees Food/Beverage Gift/Awards/Mer Legal Services The Instruct	morials Expense	Office Ove Polling Exp Printing Ex Salaries/M		Transport Travel In I Travel Ou	n/Fundraising Expense attan Equipment & Related Expense District It Of District Ier a category not listed above)
	al pages Schedule G:	2 FILER NAI					3 Filer	ID (Ethics Commission Filers)
	10/19/15	5 Payee nam	istant (	Contact				
ĊΣ	ount (\$)  \$ 10.66  Reimbursement from political contributions intended		ervoi	city; State; Zip or Place pelo Rd	•	elthen,	MA	02451
-	PURPOSE OF PENDITURE			ed at the top of this sch	eduie) (t	Check if Austin,		•
	plete <u>ONLY</u> if direct enditure to benefit C/C		te / Officehol	der name		Office sought		Office held
Date	11/19/15	Payee nam	tent	Contac!	<b>-</b>			
X	Peimbursement from political contributions intended	1601	rvoir Trai		ب ا , ا	balthan.	mΑ	12750
	URPOSE OF PENDITURE	^	_	ed at the top of this scho		Check if travel outs  Check if Auslin,		`
	plete <u>ONLY</u> if direct enditure to benefit C/C		te / Officehold	der name		Office sought		Office held
	27 15  27 15	Payee nam  Cons	stant	Cov tac	Code	-		
X:	\$ 66.45 Reimbursement from political contributions intended	Rese	Trap	Place elo Rd	. W	althan	MA	<u>02451</u>
	URPOSE OF PENDITURE	•		er head	edule) (b	Check if travel outs		·
	plete <u>ONLY</u> if direct nditure to benefit C/C		te / Officeholo	der name		Office sought		Office held
		ATTAC	H ADDITION	IAL COPIES OF	THIS SC	HEDULE AS NEE	DED	

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Czedii Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) State: Zip Code 25.46 political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** \_\_\_ Check if travel outside of Texas. Complete Schedule T. Office Export OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Constant Contact Amount (\$) Reservoir Place & 101.27 Reimbursement from 1601 Tropelo Rd, Wolthon, MA 02451 political contributions Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check it travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contribution intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, on ceholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure/to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE I

	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule I:	,	3 Filer ID (Ethics Commission Filers)
<u> </u>	Theri Gallo	
7/10/15	Kiwanis Club	
Amount (\$)	7 Payee address; City; State; Zip Code	
\$43.00	4501 Andalusia Di Austin Tx 78759	
PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Contribution	Non-profit. Peach Funds
7/17   15	Payee name Knewded Pleasurers	
Amount (\$)	Payee address; City; State; Zip Code	
b 14.50	3573 Far West Austin Tx 78731	
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Food expense	Council office staff
. Date 7/17/15	Payee name Chinc town	
Amount (\$) \$103.82	Payee address; City; State; Zip Code 3407 Grey Stone Austin Tx 78731	
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Food expense	Council office Staff
Date	Payee name	
7/28/15	360 Uno	
Amount (\$)	Payee address; City; State; Zip Code	
\$92.93	Dovenport Village Austin Tx 78746	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
EXPENDITURE	Food expense	Council office staff

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE !

	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule I:	2 FILERNAME Shevi Gello	3 Filer ID (Ethics Commission Filers)
4 Date 8/8/15	5 Payee name Kiwanis Club	
6 Amount (\$)	7 Payee address; City; State: Zip Code 4501 Andrius In Wr Austin Tx 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)  Non-profit  Perch FundruseC
B/14/15	Payee name Tiny Pies	
Amount (\$) \$24-00	Payee address; City; State; Zip Code 5035 Burnet Rd Austin IX 78756	2
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  FOOD EXPENSE	Description (See instructions regarding type of information required.)  COUNCIL STATE
8/14/15	Payee name To Co Sheck	
Amount (\$) \$ 80.46	Payee address; City; State; Zip Code 4412 Medical Park AUStin Ix	way
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Food expense	Description (See instructions regarding type of information required.)  Council office Shaff
B/19 [15	Payee name  Owne Disack	
450.00	Payee address; City; State; Zip Code 73CC Hart LN Austin Tx 7873	
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)  Advertising Expense	Description (See instructions regarding type of information required.)  BUSHOWISH OUT LOOK GRAPHICS

### SCHEDULE !

	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule I:	2 FILERNAME Slievi Gollo	3 Filer ID (Ethics Commission Filers)
4 Date 8/27/15	5 Payee name Delish Bakery	
6 Amount (\$) \$ 26.75	7 Payee address; City: State: Zip Code 209 W 3rd St Abstro Tx 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Food expense	(b) Description (See instructions regarding type of information required.)  Council office Staff
Date 9/3/15	Payee name Lonesome Dove	
4 182.09	Payee address; City; State; Zip Code  419 Coloredo  Austin Tx 78701	·
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Food expense	Description (See instructions regarding type of information required.)
. Date	Payee name Wolgreens	
Amount (\$) \$ 9.95	Payee address; City; State; Zip Code BIO4 Mesa Tustin Tx 78750	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)  Council office Staff
Date 15	Payee name	
Amount (\$)	Payee address; City; State; Zip Code 4115 Cap of Tx Hwo Austin 78704	45
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)  Council office Staff
, very	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

### SCHEDULE |

	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule I:	2 FILERNAME Shevi Gollo	3 Filer ID (Ethics Commission Filers)
11/20/15	5 Payee name	
6 Amount (\$) \$ 55.53	7 Payee address: City; State; Zip Code 10000 Research # Austin Tx 78759	111
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)  Council Office Staff
<sup>D</sup> 102(2/15	Payee name AUSTIN TEVLIER	
4 23 .28	Payee address; City, State; Zip Code  3435 Greystone  Austin TX 78731	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Food expense	Description (See instructions regarding type of information required.)  Council office Shff
. Date 8/18/15	Payee name Westlake Band Par	ents
Amount (\$) \$650.00	Payee address; City; State; Zip Code 4100 Westbank Westlake Hills 7874	f6
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)  Advertising	Description (See instructions regarding type of information required.)  Foofball program
8[20]15	Payee name Austin High Booster	
Amount (\$) \$4 375.00	Payee address; City: State; Zip Code 1715 W. Cesar Chr Austin Ty 78703	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Advertising	Description (See instructions regarding type of information required.)  Footboll Drog(om)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE !

	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Shari Gallo	
4 Date	5 Payee name	0 0 1
8/20/15	Austin High Football	1 Booster Club
\$ 25.00	7 Payee address; City: State; Zip Code 1715 W Cesar Chaue Austin 78703	°Z
PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Advertising expense	Ad design
Date 8 20 15	McCallum Booster Clu	6
4300.00	Payee address; City; State; Zip Code 5600 SUNShine Dr Austin Tx 78756	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
EXPENDITURE	Advertising expense	Football program
.Date 8[20[15	Payee name Anderson High School	Football Booster Club
Amount (\$)	Payee address; City: State: Zip Code 8403 Mesa Dr Austral Ty 7875	a
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Advertising expense	Football program
Date 7/4/15	Payee name HPB	
Amount (\$)	Payee address; City; State; Zip Code 7025 VIII age Center Austin TX 78731	٧
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Food expense	Description (See instructions regarding type of information required.)  Board + Commission Wember

### SCHEDULE !

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILERNAME	3 Filer ID (Ethics Commission Filers)	
6	Sheri Gallo		
4 Date 12/14 [15	5 Payee name KID Garth		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$15.00	Austin 1x		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Gifts	Council office staff	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
.Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
OF / EXPENDITURE			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The Instruction Guide explains how to complete this form.  1 Total pages Schedule K:				
2 FILER NAME	s Commission Filers)			
4 Date	5 Name of person from whom amount is received Fox TV		8 Amount (\$)	
10/26/15		Zip Code	3 60.10	
	Austin . Tx 78701			
		political contribution	returned to filer	
	Refund of unspent advertising			
Date	Name of person from whom amount is received		Amount (\$)	
10/15/15	Cox Media/CMG Corporate S  Address of person from whom amount is received; City; State		\$ 475.82	
	PO BOX 105376 Atlanta GA 30348			
	<u> </u>	political contribution	returned to filer	
	Refund of unspent advertising	ng		
Date	Name of person from whom amount is received		Amount (\$)	
ubabe	Address of person from whom amount is received; City; State;	Zip Code	\$ 60.00	
11/23/15	Austin Tx			
	Purpose for which amount is received Check if Refund bank charges	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State			
	Purpose for which amount is received	political contribution	returned to file	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## BANK RECONCILIATION Acct # 1

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholde	er or campaign committee: _	Sheri	Gallo
For each checking, savings or o following information indicate			
The name of the financial instit	tution: BBVA Co	mpass	
Type of account:Check	· cinq		
The beginning balance: _on_	_	,789.15	
The ending balance:	2/31/2015 = \$51	15.33	
Enter the following information 31:	for checks issued on that acc	count that have	not cleared by December
Date	Payee	I	Amount
			- · · · · · · · · · · · · · · · · · · ·
NONE			
	<u> </u>		
<u> </u>			

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount
( NONE)		

Office of the City Clerk, 20.36

Revised by the Ethics Review Commission 03/26/2014

Amount of interest or dividends ear	ned: None	
All deposits and withdrawals not di	sclosed on a filed contributio	n and expenditure report:
Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
(None)		
A listing of all checks received by D he checks have been "accepted" wi	ecember 31 but not deposited thin the definition of the Tex	into any account (whether or not as Election Code):
Date of receipt	Contributor	Amount

## BANK RECONCILIATION Acct # 2

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

Date of receipt	Contributor	Amount
1	·	
None		

Office of the City Clerk, 20.36

Revised by the Ethics Review Commission 03/26/2014

Amount of	interest o	or dividends	earned:

None	) ]	<b>)</b>
_		

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

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
	<u> </u>	
None /		

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

	Date of receipt		Contributor	Amount
		<b>\</b>		
	NONE	///		
	1000			
\		<u> </u>		