

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked Receipt #	
	5 ORIGINAL PERIOD COVERED Month Day Year THROUGH Month Day Year 10 / 30 / 2016 THROUGH 12 / 03 / 2016			Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

Added Treasurer's name, address, & phone number. Added 48 new Schedule A1 entries. Added the amount to Line 5 on page 2 of the cover sheet. Corrected three A1 schedule entries.

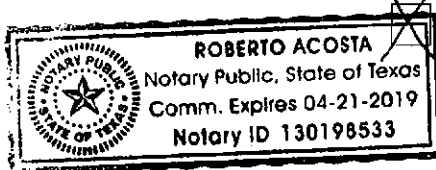
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Sheri Gallo
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SHERI GALLO, this the 7th day of DECEMBER, 2016, to certify which, witness my hand and seal of office.

Robt Acosta
Signature of officer administering oath

ROBERTO ACOSTA
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

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

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

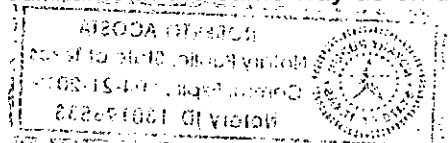
The following numbers correspond to the numbered boxes on the other side.

1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.



5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sheri	OFFICE USE ONLY Date Received: 2016 DEC 7 PM 4 48 Date Hand-delivered or Date Postmarked: 7 PM 4 48 Receipt # Amount Date Processed: 4 48 Date Imaged: 4 48	
	NICKNAME LAST SUFFIX Gallo		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 26550 Austin, TX 78755		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 10/30/2016 THROUGH Month Day Year 12/03/2016		
10 ELECTION	ELECTION DATE Month Day Year 12/13/2016	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Austin City Council District 10		12 OFFICE SOUGHT (if known) Austin City Council District 10

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 13

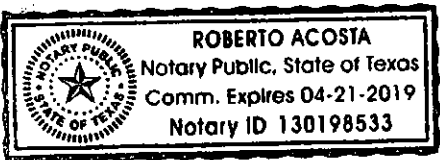
13 C / OH NAME Gallo, Sheri	14 Filer ID
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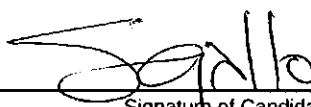
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 69,728.14 7,800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 71,152.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 71,152.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 32,328.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SHERI GALLO, this the 7TH day of DECEMBER, 2016, to certify which, witness my hand and seal of office.


 Signature of officer administering

ROBERTO ACOSTA
 Printed name of officer administering

NOTARY PUBLIC
 Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 13

18 FILER NAME Gallo, Sheri		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,800.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 71,152.39
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1****The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:
Sch: 1/10 Rpt: 4/13**2** FILER NAME
Gallo, Sheri**3** Filer ID**4** Date
11/10/2016**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Berry, George**7** Amount of Contribution (\$)
\$350.00**6** Contributor address; City; State; Zip Code
c/o Austin Trust Company 336 S Congress Avenue
Suite 100
Austin, TX 78704**8** Principal occupation / Job title (See Instructions)
Requested**9** Employer (See Instructions)
Requested**Date**
11/30/2016**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Boyt, Jefferson**Amount of Contribution (\$)**
\$50.00**Contributor address; City; State; Zip Code**
5423 Shoalwood Ave.

Austin, TX 78756**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/22/2016**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Braha, Jacques**Amount of Contribution (\$)**
\$25.00**Contributor address; City; State; Zip Code**
28 Tilbury Ln.

San Antonio, TX 78230**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/30/2016**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Brinkley, Donna**Amount of Contribution (\$)**
\$25.00**Contributor address; City; State; Zip Code**
53 Lost Meadow Trail

Austin, TX 78738**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/30/2016**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Brinkley, Jeff**Amount of Contribution (\$)**
\$25.00**Contributor address; City; State; Zip Code**
53 Lost Meadow Trail

Austin, TX 78738**Principal occupation / Job title (See Instructions)****Employer (See Instructions)**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/13
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 11/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, John <hr/> 6 Contributor address; City; State; Zip Code 615 W 7th Apt. 1302 Austin, TX 78701	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self Employed
Date 11/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Aan <hr/> Contributor address; City; State; Zip Code 9890 Silver Mountain Dr. Austin, TX 78737	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Landscape Architect		Employer (See Instructions) Coleman & Assoc.
Date 11/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Kent <hr/> Contributor address; City; State; Zip Code 2510 El Greco Cv. Austin, TX 78703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Centro Development LLC
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diepenbrock, Dani <hr/> Contributor address; City; State; Zip Code 2111 Melridge Pl Austin, TX 78704	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diepenbrock, Ryan <hr/> Contributor address; City; State; Zip Code 2111 Melridge Pl Austin, TX 78704	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/10 Rpt: 6/13

2 FILER NAME

Gallo, Sheri

3 Filer ID

4 Date

11/30/2016

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ghandour, Rana

7 Amount of Contribution (\$)

\$175.00

6 Contributor address; City; State; Zip Code

8307 Hickory Creek Dr.

Austin, TX 78735

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/30/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Giles, Casey

Amount of Contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

5103 Split Cedar Cv.

Austin, TX 78735

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Giles, Tiffany

Amount of Contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

5103 Split Cedar Cv.

Austin, TX 78735

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Glasco, Alice

Amount of Contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

5117 Valburn Ct.

Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Haddad, Salim

Amount of Contribution (\$)

\$175.00

Contributor address; City; State; Zip Code

8307 Hickory Creek Dr.

Austin, TX 78735

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/13
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 11/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jerry & Sharon <hr/> 6 Contributor address; City; State; Zip Code 111 Congress Ave. Suite 1400 Austin, TX 78701	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haussmann, Michele <hr/> Contributor address; City; State; Zip Code 28 Tilbury Ln. San Antonio, TX 78230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Land Use Solutions, LLC
Date 11/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutto, Katherine <hr/> Contributor address; City; State; Zip Code 2607 Trail of the Madrones Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ashley <hr/> Contributor address; City; State; Zip Code 2226 Westlake Dr. # 1 Unit 2 Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Dell Children's Medical Center
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreisle, Matthew <hr/> Contributor address; City; State; Zip Code 1512 Hardovin Ave Austin, TX 78703	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/13
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 11/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreisle, Rita <hr/> 6 Contributor address; City; State; Zip Code 1512 Hardovin Ave Austin, TX 78703	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Jimmy Nassour <hr/> Contributor address; City; State; Zip Code 3839 Bee Caves Rd. Suite 200 West Lake Hills, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lulic, Nada <hr/> Contributor address; City; State; Zip Code 5423 Shoalwood Ave. Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalla, Dudley Davis <hr/> Contributor address; City; State; Zip Code 2804 Scenic Dr. Austin, TX 78703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker, LLP
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisler, Paul <hr/> Contributor address; City; State; Zip Code 6 Coleridge Ln. Austin, TX 78746	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Pioneer Real Estate Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/13
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 11/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mok, Aloysius <hr/> 6 Contributor address; City; State; Zip Code 6301 Cat Mountain Cv. Austin, TX 78731	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mok, Amy <hr/> Contributor address; City; State; Zip Code 6301 Cat Mountain Cv. Austin, TX 78731	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Money, Kelly <hr/> Contributor address; City; State; Zip Code PO Box 1731 Cedar Park, TX 78630	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Money, Thomas <hr/> Contributor address; City; State; Zip Code PO Box 1731 Cedar Park, TX 78630	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muskin, Alan <hr/> Contributor address; City; State; Zip Code 4009 Knollwood Dr. Austin, TX 78731	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) The Muskin Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/13
2 FILER NAME Gallo, Sheri		3 Filer ID
4 Date 12/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muskin, Ellen <hr/> 6 Contributor address; City; State; Zip Code 4009 Knollwood Dr. Austin, TX 78731	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Muskin Commercial
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Janet <hr/> Contributor address; City; State; Zip Code 8501 Chalk Knoll Dr. Austin, TX 78735	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Paul <hr/> Contributor address; City; State; Zip Code 8501 Chalk Knoll Dr. Austin, TX 78735	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padavic, Kristen <hr/> Contributor address; City; State; Zip Code 4111 Spicewood Springs Rd. Unit 6 Austin, TX 78759	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padavic, Michael <hr/> Contributor address; City; State; Zip Code 4111 Spicewood Springs Rd. Unit 6 Austin, TX 78759	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1****The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:
Sch: 8/10 Rpt: 11/13**2** FILER NAME
Gallo, Sheri**3** Filer ID**4** Date
11/30/2016**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Peoples, Wesley**7** Amount of Contribution (\$)
\$250.00**6** Contributor address; City; State; Zip Code
7511 Fireoak Dr.

Austin, TX 78759**8** Principal occupation / Job title (See Instructions)
Owner**9** Employer (See Instructions)
Wes Peoples' Homes**Date**
11/30/2016**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Peterson, Christian**Amount of Contribution (\$)**
\$350.00**Contributor address; City; State; Zip Code**
4105 Bennedict Ln.

Austin, TX 78746**Principal occupation / Job title (See Instructions)**
Home Builder**Employer (See Instructions)**
Rivendale Homes**Date**
11/30/2016**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Ragssdale, Mary**Amount of Contribution (\$)**
\$25.00**Contributor address; City; State; Zip Code**
4308 Shoalwood

Austin, TX 78756**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/30/2016**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Ragssdale, Milton**Amount of Contribution (\$)**
\$25.00**Contributor address; City; State; Zip Code**
4308 Shoalwood

Austin, TX 78756**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/29/2016**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Reeves, Colleen**Amount of Contribution (\$)**
\$50.00**Contributor address; City; State; Zip Code**
505 Red Corral Ranch Rd

Wimberly, TX 78676**Principal occupation / Job title (See Instructions)****Employer (See Instructions)**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 9/10 Rpt: 12/13

2 FILER NAME
Gallo, Sheri

3 Filer ID

4 Date
11/29/2016

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

7 Amount of Contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
505 Red Corral Ranch Rd

Wimberly, TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/30/2016

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

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
106 Melody

Lakeway, TX 78734

Principal occupation / Job title (See Instructions)
Home Builder

Employer (See Instructions)
Schwartz Custom Homes

Date
11/30/2016

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

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2822A Wooldridge Dr.

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/2016

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

Amount of Contribution (\$)
\$175.00

Contributor address; City; State; Zip Code
1409 W 6th St.

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/2016

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

Amount of Contribution (\$)
\$175.00

Contributor address; City; State; Zip Code
1409 W 6th St.

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME
Gallo, Sheri

3 Filer ID

4 Date
11/30/2016

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

7 Amount of Contribution (\$)
\$175.00

6 Contributor address; City; State; Zip Code
3907 Edgerock Dr.

Austin, TX 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/30/2016

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

Amount of Contribution (\$)
\$175.00

Contributor address; City; State; Zip Code
3907 Edgerock Dr.

Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/2016

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

Amount of Contribution (\$)
\$175.00

Contributor address; City; State; Zip Code
3610 Windsor Rd.

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/2016

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

Amount of Contribution (\$)
\$175.00

Contributor address; City; State; Zip Code
3610 Windsor Rd.

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)