

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5071

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
SHERI PERRY
NICKNAME LAST SUFFIX
GALLO

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
~~PO Box 26550~~ Austin Tx 78755
 Change of Address
PO Box 29120

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Charles P
NICKNAME LAST SUFFIX
Chuck MacGregor

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6401 Williams Ridge Way, Austin Tx 78731
* Please mail all correspondence to Candidate Address

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 771-0590

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
/ / THROUGH 12 / 31 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 12 / 02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Texas County Commissioner

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Sheri Perry Gallo

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,400.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 105.31

4. TOTAL POLITICAL EXPENDITURES

\$ 8067.09

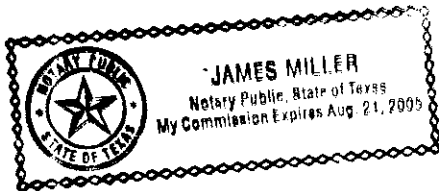
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 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.



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 11 day of Feb, 2002, to certify which, witness my hand and seal of office.

James Miller
Signature of officer administering oath

James Miller Notary Public
Printed name of officer administering oath

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission files)

4 Date

12/31/01

5 Full name of contributor out-of-state PAC (ID# _____)

Edgar + Linda Perry

7 Amount of contribution (\$)

1500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Po Box 81555, Austin Tx 78708

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/9/02

Full name of contributor out-of-state PAC (ID# _____)

Bill + Helen Jean Youngblood

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2800 Edgewater, 78733
Austin, Tx

Principal occupation (Optional)

Employer (Optional)

Date

1/9/02

Full name of contributor out-of-state PAC (ID# _____)

David Sibley Campaign Acct

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 13443, Austin, Tx 78711

Principal occupation (Optional)

Employer (Optional)

Date

1/3/02

Full name of contributor out-of-state PAC (ID# _____)

Austin Apartment Assoc. Political Action Comm

Amount of contribution (\$)

7500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4107 Medical Pky #100, Austin, Tx
78766-3729

Principal occupation (Optional)

Employer (Optional)

Date

1/23/02

Full name of contributor out-of-state PAC (ID# _____)

Terral Smith

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

100 Congress # 300
Austin Tx 78701-2748

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A
(FOR FORMS COH, COH-SS, SC-COH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission file)

4 Date

2/3

5 Full name of contributor out-of-state PAC (ID# _____)
Douglas + Dorothy Nichols

6 Contributor address; City; State; Zip Code

4713 Chiappero Tr
Austin, TX 78731

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/4

Full name of contributor out-of-state PAC (ID# _____)
Stuart + Rhoda Benson

Contributor address; City; State; Zip Code

3230 Tarryhollow
Austin Tx 78703

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/3

Full name of contributor out-of-state PAC (ID# _____)
Byron + Marilyn Fullerton

Contributor address; City; State; Zip Code

3970 Far West
Austin 78731

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/7

Full name of contributor out-of-state PAC (ID# _____)
Mr + Mrs Kerry Merritt

Contributor address; City; State; Zip Code

5302 Western Hills
Austin 78731

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/4

Full name of contributor out-of-state PAC (ID# _____)
Jeanne + Lewis Little, Jr

Contributor address; City; State; Zip Code

2525 Jarrott Ave
Austin 78703-2432

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 04/03/2000

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 2	
2 FILER NAME Sheri Perry Gallo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/7/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hessie Owen	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5305 Ridge Oak Dr Austin, Tx 78731-4813			

9 Principal occupation (Optional)	10 Employer (Optional)
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Date 2/5/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harold E. Riley	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 149151 Austin Tx 78714-9151			

Principal occupation (Optional)	Employer (Optional)
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Date 2/5/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marshall & Sharon Meece	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5315 Musket Ridge Austin Tx 78759			

Principal occupation (Optional)	Employer (Optional)
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Date 2/6/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. & Mrs. Walter Chamberlain	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3402 Coscadero Dr Austin Tx 78731			

Principal occupation (Optional)	Employer (Optional)
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Date 2/6/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gordon Griffin Jr Trust	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 211 E. 7th # 406 Austin Tx 78701			

Principal occupation (Optional)	Employer (Optional)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule B1: <u>1</u>
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2 FILER NAME <u>Sheri Perry Gallo</u>	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$ <u>0.00</u>
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5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
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10 Principal occupation (optional)	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <u>1</u>
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2 FILER NAME <u>Sheri Perry Gallo</u>	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$ <u>0.00</u>
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5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date

12 Description of Collateral <input type="checkbox"/> none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date

Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **104**

2 FILER NAME **Sheri Perry Gallo**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/2/02

5 Payee name
Travis County Republican Primary
6 Payee address; City; State; Zip Code

7 Amount (\$)
1000.00

8 Purpose of payment (See instructions regarding type of information required.)
Filing fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
1/12/02

Payee name
Royal Masset
Payee address; City; State; Zip Code
**6108 Black Bay Ln
Austin 78739**

Amount (\$)
500.00

Purpose of payment (See instructions regarding type of information required.)
consulting fee

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

Date
1/15/02

Payee name
Nelda Wells Spears
Payee address; City; State; Zip Code
**Tax Assessor-Collector
Travis County, Tx**

Amount (\$)
111.50

Purpose of payment (See instructions regarding type of information required.)
precinct maps

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

Date
1/15/02

Payee name
Am Productions
Payee address; City; State; Zip Code
**Po Box 90157
Austin, Tx 78709-0157**

Amount (\$)
2962.15

Purpose of payment (See instructions regarding type of information required.)
signs

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

1 Total pages Schedule F: **2094**

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME **Sheri Perry Gallo**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/23/02

5 Payee name
Citibank

7 Amount (\$)
86.59

6 Payee address; City; State; Zip Code
**Box 6062
Sioux Falls, SD 57117**

8 Purpose of payment (See instructions regarding type of information required.)
CIA Cellular - Cell phone

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date
1/23/02

Payee name
Citibank

Amount (\$)
155.88

Payee address; City; State; Zip Code
**Box 6062
Sioux Falls, SD 57117**

Purpose of payment (See instructions regarding type of information required.)
Striping Blake - sign materials

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

Date
1/23/02

Payee name
Citibank

Amount (\$)
957.03

Payee address; City; State; Zip Code
**Box 6062
Sioux Falls, SD 57117**

Purpose of payment (See instructions regarding type of information required.)
Home Depot - sign materials

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

Date
1/23/02

Payee name
Citibank

Amount (\$)
356.68

Payee address; City; State; Zip Code
**Box 6062
Sioux Falls, SD 57117**

Purpose of payment (See instructions regarding type of information required.)
Papers Plus - papers

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form. 1 Total pages Schedule F: **3 of 4**

2 FILER NAME **Sheri Perry Gallo** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/23/02	Lazarus Graphics 6 Payee address; City; State; Zip Code	346.40

8 Purpose of payment (See instructions regarding type of information required.) logo & graphic work	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
1/25/02	Citibank Payee address; City; State; Zip Code Box 6062 Sioux Falls, SD 57117	638.00

Purpose of payment (See instructions regarding type of information required.) Postmaster - postage	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/25/02	Citibank Payee address; City; State; Zip Code Box 6062 Sioux Falls, SD 57117	80.00 80.00

Purpose of payment (See instructions regarding type of information required.) Courier works - sign delivery	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
1/23/02	John Langford Photography Payee address; City; State; Zip Code 4930 Burnet Rd # 200 Austin Tx 78756	108.25

Purpose of payment (See instructions regarding type of information required.) photography	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 04/04/2000

POLITICAL EXPENDITURES

SCHEDULE F

1 Total pages Schedule F: **4 of 4**

The INSTRUCTION GUIDE explains how to complete this form.

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME **Sheri Perry Gallo**

4 Date

5 Payee name

7 Amount (\$)

1/25/02

Citibank

69.30

6 Payee address; City; State; Zip Code

Box 6062
Sioux Falls, SD 57117

8 Purpose of payment (See instructions regarding type of information required.)

Northwest Hardware
Sign materials

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/28/02

Bradfield Family Partnership

400.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

office space

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

Date

Payee name

Amount (\$)

2/5/02

Republican Club of Austin

65.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

dues + luncheon

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

Date

Payee name

Amount (\$)

2/9/02

Issac Kuback

125.00

Payee address; City; State; Zip Code

7319 Jester
Austin Tx 78750

Purpose of payment (See instructions regarding type of information required.)

Sign + Installations

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 04/04/2003

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME Sheri Perry Gallo 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
6 Business address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule I: 1

2 FILER NAME Sheri Perry Gallo 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	
 Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
 Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
 Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
 Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED