Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-850

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5259

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Sheri | MI: Perry

NICKNAME | LAST: Gallo | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO Box 29120 | APT / SUITE #: | CITY: Austin | STATE: Tx | ZIP CODE: 78755

5 CAMPAIGN TREASURER NAME

TITLE: L | FIRST: Lew | MI

NICKNAME | LAST: Little, JR | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 13915 Burnet Rd #400 | APT / SUITE #: | CITY: Austin | STATE: Tx | ZIP CODE: 78728

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 615 0560 | EXTENSION

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: 9 / 27 / 02 THROUGH Month Day Year: 10 / 26 / 02

10 ELECTION

ELECTION DATE Month Day Year: 11 / 5 / 02

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): Prect 2 Travis 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 expenditure. **

Name

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

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Sheri Perry Gallo

15 ACCOUNT # (Ethics Commission filers):

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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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	$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4251.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4. TOTAL POLITICAL EXPENDITURES	$ 38,763.12
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

NOTARY PUBLIC STATE OF TEXAS
LOIS A. TEINERT
Notary Public, State of Texas
My Commission Expires
Sept. 12, 2004

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheri Perry Gallo, this the 28th day of October, 20 02, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Lois A. Teinert	LOIS A TEINERT	NOTARY PUBLIC

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

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/7	David Hewett 1903 Key West Cv Austin 78746	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10	Assoc. Republicans of Tx 807 Brazos #601 Austin 78701	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10	Austin Board of Realtors PAC 4106 Medical Pkwy Austin 78756	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10	Alan Sager 4205 Greystone Austin 78731	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	NW Austin Rep Women Club Pac 4004 Greenmountain LN Austin 78759	400.00	
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 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

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10	Brownie Brunson 4002 Edgemont Austin 78731	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10	Allen Jacoby 2204 Trail of Madrones Austin 78746	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10	Greater Oak Hill Area RWC PAC 9123 Granada Hills	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	Bill Hudspeth 336 S. Congress Austin 78704	51.75	postage

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	John Scofield 3635 Kentfield Austin 78759	200.00	chips + dip

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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/16	Geneva Sampson 4413 Silverstone Dr Austin, Tx 78744	136.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16	Tucker Royall 3050 Tamarron, #4207 Austin, TX 78746	290.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16	Adrienne Johnson 8411 Danville Dr Austin, Tx 78753	408.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16	Accounting Resolutions 138 Acapulco Dr Austin 78734	174.00

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

•• 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: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21	Citibank (Eckerds) Box 6062 Sioux Falls, SD 57117	15.13

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21	Citibank (Office Max) Box 6062 Sioux Falls, SD 57117	271.44

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (Aztec Marketing) Box 6062 Sioux Falls, SD 57117	258.72

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (Kwik Kopy) Box 6062 Sioux Falls, SD 57117	146.14

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (Eckerds) Box 6062 Sioux Falls, SD 57117	14.06

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

•• 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: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21	Citibank (Walgreens) Box 6062 Sioux Falls, SD 57117	11.90

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (SWB) Box 6062 Sioux Falls, SD 57117	59.55

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (Chevron) Box 6062 Sioux Falls, SD 57117	25.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (Home Depot Box 6062 Sioux Falls, SD 57117	40.88

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

•• 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21	Citibank (Internet America Box 6062 Sioux Falls, SD 57117	9.95

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (CI Host) Box 6062 Sioux Falls, SD 57117	83.40

Purpose of payment (See instructions regarding type of information required.): host - ~~later~~ web site

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (N.W. Hardware) Box 6062 Sioux Falls, SD 57117	5.59

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (HEB) Box 6062 Sioux Falls, SD 57117	14.61

Purpose of payment (See instructions regarding type of information required.): ~~PR~~ containers for cookies

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 14

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME Sheri Perry Gallo

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21	Citibank (AT+T) Box 6062 Sioux Falls, SD 57117	139.24

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (Randalls) Box 6062 Sioux Falls, SD 57117	30.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (HEB) Box 6062 Sioux Falls, SD 57117	2.99

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Citibank (Cheuron) Box 6062 Sioux Falls SD 57117	20.00

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

•• 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: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22	Lazarusgraphics	4018.01

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23	West Austin News	750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/25	KVCB	400.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/19	Citibank (Internet America)	9.95

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Kwik Kopy	564.91

Purpose of payment (See instructions regarding type of information required.): ~~pern~~ copying

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21	Simmons Media	2400.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/22	Austin American Statesman	300.00

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

•• 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: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/19	Citibank (HEB)	36.95

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Citibank (Imarier Works)	45.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Citibank (Home Depot) 10107 Research Austin 78759	1034.21

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	(HEB) Citibank	29.53

Purpose of payment (See instructions regarding type of information required.): sign materials + drinks

•• 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: 14

2 FILER NAME: SHERI PERRY GALLO CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/27	Austin American Statesman 305 S. Congress Austin 78704	2500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/30	Accounting Resolutions 138 Acapulco Dr Austin 78734	88.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/1	USPO Chimney Stations Austin 78731	2011.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/8	Cable Rep Advertising 1930 S. Austin Ave #104 Georgetown, Tx 78626	3234.42

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

•• 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: 14

2 FILER NAME: SHERI PERRY GALLO CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17	Pflugerville Pflag PO Box 447 Pflugerville 78691-0447	240.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17	USPO Chimney Corners Austin 78731	8861.45

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17	Lazarus Graphics 1205 Rockridge St RR 78681	4101.60

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/18	Kwik Kopy 3435 Greystone #108 Austin 78731	1646.50

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

•• 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: 14

2 FILER NAME: Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/18	Mgt Recruiters of Round Rock 1206 Arronimink Cir Austin 78746	101.56

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/18	Barbara Cilley ~~consultant~~ 1417 Travis Heights Austin 78704	1000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/18	Lazarusgraphics 1205 Rockridge St RR 78681	838.94

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Linda Perry 9390 Research # 1-410 Austin 78759	344.27

Purpose of payment (See instructions regarding type of information required.): reimb Alphagraphics - 32.46 (30.35, 51.14, 19.27) Office Depot - 211.05 printing + office supplies

•• 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: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/19	Austin World of Rentals 3110 S. Lamar 78704	50.88

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Kathleen Miller 8317 Summer Place Austin 78759	417.43

Purpose of payment (See instructions regarding type of information required.): fundraiser expenses reimbursement Hobby Lobby (67.49, 6.80) Sams (107.01, 94.81) Randalls 24.22; Office Max 100.17

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Party Pig 1293 | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
~~[illegible]~~ 10/19	Citibank (Gladder Cookies) 1403 Industrial Lockhart Tx 78644	81.00 ~~330~~.

Purpose of payment (See instructions regarding type of information required.): snacks for workers

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Citibank (USPO) Northcross Station Austin 78757	375.00

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

•• 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: 14

2 FILER NAME Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/19	Citibank (Kwik Kopy) 4011 Medical Pkwy Austin 78756	789.37

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Citibank (Stripling Blake) PO Box 9008 Austin 78766	~~789.37~~ 272.79

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Citibank (Ross) Burnet Rd Austin	12.96

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Citibank (Ross) Burnet Rd Austin	50.79

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED