

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5335

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
Date Processed
Date Imaged
Receipt # Amount
Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
PO Box 26550
Austin, Tx 78755

(send all correspondence to this address)

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Lew
NICKNAME LAST SUFFIX
Little, JR

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 618-0560

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
10 / 27 / 02 THROUGH 12 / 31 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 5 / 02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Precinct 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME Sheri Perry Gallo 15 ACCOUNT # (Ethnic Commission fees)

16 SUPPORTING POLITICAL COMMITTEE(S)
 -- This listing includes 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$ 825.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,480.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 193.21
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,298.14
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.

Sheri Perry Gallo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheri Gallo this the 15 day of Jan 192003, to certify which, witness my hand and seal of office.

James Miller
Signature of officer administering oath

James Miller
Print name of officer administering oath

Notary Public
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)

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1 Total pages this Schedule A1:

14

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission files)

4 Date

10/30

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

Lorry Pounds

6 Contributor address: City; State; Zip Code

9311 Simmons
Austin 78759

7 Amount of
contribution (\$)

200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/30

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

Carl Richie

Contributor address: City; State; Zip Code

11208 Sacaquista Ct
Austin 78750

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Craig Svetlik

Contributor address: City; State; Zip Code

506 Saddlehorn
Dripping Springs 78620

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Robert Thomas

Contributor address: City; State; Zip Code

2400 Butler National
Pflug 78660

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Jack Wolfe

Contributor address: City; State; Zip Code

2524 Pecos
Austin TX 78703

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
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2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30

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

Duane + Gwen Blakeslee

6 Contributor address; City; State; Zip Code

PO Box 1130
Pflugerville 786917 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/30

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

Jeff Bohm

Contributor address; City; State; Zip Code

919 Congress
Austin 78701Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Rick Burciaga

Contributor address; City; State; Zip Code

6806 Rockledge
Austin 78731Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Donald Carnes

Contributor address; City; State; Zip Code

404 W 32nd
Austin 78705Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

David + Claudette Hartman

Contributor address; City; State; Zip Code

10711 Burnet # 330
Austin 78758Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME

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3 ACCOUNT # (Ethics Commission files)

4 Date

10/30

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

Jackson Cole

6 Contributor address: City: State: Zip Code

1163 San Bernard
Austin 78702

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/30

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

Dick + Eleanor Chote

Contributor address: City: State: Zip Code

1512 Preston
Austin 78703

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Sue + Elwood Eichler

Contributor address: City: State: Zip Code

4633 For West #4
Austin 78731

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Scott Deskins

Contributor address: City: State: Zip Code

10 Sundown Pkwy
Austin 78746

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Sharon + Bryan Miller

Contributor address: City: State: Zip Code

8017 Cardin
Austin 78759

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME **Sheri Perry Gallo**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/30

5 Full name of contributor out-of-state PAC (ID# _____)
Pam + Edmund McIlhenny

7 Amount of contribution (\$) **150.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**PO Box 108
Avery Island, LA 70513**

9 Principal occupation (Optional)

10 Employer (Optional)

Date
10/30

Full name of contributor out-of-state PAC (ID# _____)
Douglas + Julie Ann Hartman

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**10711 Burnet # 330
Austin 78758**

Principal occupation (Optional)

Employer (Optional)

Date
10/30

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

Amount of contribution (\$) **200.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**2612 Woodbridge
Austin 78703**

Principal occupation (Optional)

Employer (Optional)

Date
10/30

Full name of contributor out-of-state PAC (ID# _____)
Doyle + Wynelle Hickerson

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**8110 East Ct.
Austin 78759**

Principal occupation (Optional)

Employer (Optional)

Date
10/30

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

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**5305 Ridge Oak Dr
Austin 78731**

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission files)

4 Date

10/30

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

Dorothy Nichols

6 Contributor address: City; State; Zip Code

4713 Chiappero Tr
Austin 787317 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/30

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

Roland + Lois Gamble

Contributor address: City; State; Zip Code

5908 Mt Villa
Austin 78731Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Carol + Steve Mattingly

Contributor address: City; State; Zip Code

11017 Hillside
Austin 78736Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

Michael + Dawn Black

Contributor address: City; State; Zip Code

13 Niles Rd
Austin 78703Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

George + Jessica Benson

Contributor address: City; State; Zip Code

10001 Barbrook
Austin 78726Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29

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

Thomas Carlson

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3401 Slaughter Ln W
Austin 78748

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/29

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

Associated Republicans of Tx

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

807 Brazos #601
Austin 78701

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

Hap Feuerbacher

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9706 Sophora Cv
Austin 78759

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

Jimmy Evans

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 91869
Austin 78709

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

Mike Eledge

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 3
Austin 78767

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29

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

Jay C. Evans

6 Contributor address, City, State, Zip Code

4002 Gaines Ct
Austin Tx 787357 Amount of
contribution (\$)

200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/29

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

Dick Kemp

Contributor address, City, State, Zip Code

3809 S. 2nd # B100
Austin 78704Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

David A. Hartman

Contributor address, City, State, Zip Code

1135 Barton Hills #308
Austin 78704Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

W.W. Greenwood

Contributor address, City, State, Zip Code

PO Box 50587
Austin 78763Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

Galt Graydon

Contributor address, City, State, Zip Code

1001 Congress #400
Austin 78701Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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SCHEDULE A1
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2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29

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

Matthew + Rita Kreisle

6 Contributor address: City, State, Zip Code

3601 Taylors Dr
Austin 78703

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/29

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

Lake Travis Republican PAC

Contributor address: City, State, Zip Code

PO Box 340033
Austin 78734

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

Hilary + Stanley Young

Contributor address: City, State, Zip Code

1013 Neans
Austin 78758

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

Frank Ribelin

Contributor address: City, State, Zip Code

6989 Helsem Way
Dallas 75230

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29

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

Chet + Jill Morrison

Contributor address: City, State, Zip Code

9903 Sausalito
Austin 78759

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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4 Date

10/29

5 Full name of contributor

 out-of-state PAC (ID#)

Wells Fargo Bank Texas State PAC

6 Contributor address: City: State: Zip Code

16414 San Pedro #800
San Antonio 78232

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/28

Full name of contributor

 out-of-state PAC (ID#)

Larry Beard

Contributor address: City: State: Zip Code

6200 Gilbert
Austin 787

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/12

Full name of contributor

 out-of-state PAC (ID#)

Don Vail

Contributor address: City: State: Zip Code

5505 Lakemoore
Austin 78731

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/12

Full name of contributor

 out-of-state PAC (ID#)

Louis & Nila Williams

Contributor address: City: State: Zip Code

3203 Riva Ridge
Austin 78746

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/12

Full name of contributor

 out-of-state PAC (ID#)

KC Willis

Contributor address: City: State: Zip Code

1717 W 6th # 285
Austin 78703

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME **Sheri Perry Gallo**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **11/12**
5 Full name of contributor: **Dan Bullock** out-of-state PAC (ID#)
6 Contributor address: City, State, Zip Code
**PO Box 5627
Austin 78763**

7 Amount of contribution (\$): **100.00**
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date: **11/12**
Full name of contributor: **Dorothy + Cue Boykin** out-of-state PAC (ID#)
Contributor address: City, State, Zip Code
**3621 Windsor
Austin 78703**

Amount of contribution (\$): **200.00**
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: **11/12**
Full name of contributor: **Jan + David Anderson** out-of-state PAC (ID#)
Contributor address: City, State, Zip Code
**3808 Hidden Hollow
Austin 78731**

Amount of contribution (\$): **100.00**
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: **11/12**
Full name of contributor: **Terry + Judy Bray** out-of-state PAC (ID#)
Contributor address: City, State, Zip Code
**PO Box 98
Austin 78767**

Amount of contribution (\$): **100.00**
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: **11/12**
Full name of contributor: **Bobbie Mae Matthews** out-of-state PAC (ID#)
Contributor address: City, State, Zip Code
**105 Red Corral Ranch Rd
Austin Wimberley 78676**

Amount of contribution (\$): **100.00**
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

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14

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

~~10/2~~
11/12

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

Melissa Jones

6 Contributor address; City; State; Zip Code

 2514 Wooldridge
Austin 78763

 7 Amount of
contribution (\$)

1000.00

 8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/12

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

Cheryl + Alan Hoywood

Contributor address; City; State; Zip Code

 3604 Highland View
Austin 78731

 Amount of
contribution (\$)

100.00

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/12

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

Steve + Shelley Malachowski

Contributor address; City; State; Zip Code

 2108 Wumberly Ln
Austin 78735

 Amount of
contribution (\$)

100.00

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/12

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

Robert Siddons

Contributor address; City; State; Zip Code

 PO Box 164077
Austin 78734

 Amount of
contribution (\$)

100.00

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/12

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

 McGinnis, Lockridge + Kilgore
LLP

Contributor address; City; State; Zip Code

 919 Congress #1100
Austin 78701

 Amount of
contribution (\$)

500.00

 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.

**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: 14

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

4 Date <u>11/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Debbie Teague</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <u>2307 Sunny Slope Austin 78703</u>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <u>11/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Merrell Ann Shearer</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>6602 Treadwell Austin 78757</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>11/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Clark Matheny</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>11311 Musket Rim Austin 78736</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>11/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Ed Small</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>100 Congress # 1100 Austin 78701</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>11/29</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Jeff Gaddis</u>	Amount of contribution (\$) <u>125.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>1105 St Williams Ave RR 78681</u>			

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:

4

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/29

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

Doug Nichols

6 Contributor address, City, State, Zip Code

2109 Saratoga
Austin 78733

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

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)

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)

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)

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)

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.

14

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/12

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

Ed Norton

7 Amount of contribution (\$)

1500.00

8 In-kind contribution description (if applicable)

volunteer
thank you
party

6 Contributor address: City: State: Zip Code

3345 Bee Caves #150
Austin 78746

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/20

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

Travis County Sheriff's Officers

Contributor address: City: State: Zip Code

400 W, 14th #220
Austin 78701

Assoc
PAC

Amount of contribution (\$)

7800.00

In-kind contribution description (if applicable)

mailer

Principal occupation (Optional)

Employer (Optional)

Date

10/30

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

Travis County Republican Party

Contributor address: City: State: Zip Code

7801 N. Lamar #A-126
Austin 78752

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

postage for
mailer

Principal occupation (Optional)

Employer (Optional)

Date

11/30

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

Bradfield Family Trust

Contributor address: City: State: Zip Code

5900 Balcones
Austin 78731

Amount of contribution (\$)

2380.

In-kind contribution description (if applicable)

office
space

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)

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.

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: 1

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

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)
--------	---	-------------------------	---------------------------------------

10 Principal occupation (optional) 11 Employer (optional)

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)
------	---	-----------------------	-------------------------------------

Principal occupation (optional) Employer (optional)

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)
------	---	-----------------------	-------------------------------------

Principal occupation (optional) Employer (optional)

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)
------	---	-----------------------	-------------------------------------

Principal occupation (optional) Employer (optional)

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)
------	---	-----------------------	-------------------------------------

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.

LOANS

SCHEDULE E

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

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

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$ 0.00
--	----------------

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
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer
-------------------------	-------------

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
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer
----------------------	----------

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:
1 of 11

2 FILER NAME

Sheri PERRY GALLO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27

5 Payee name

Costco

7 Amount (\$)

251.26

6 Payee address: City: State: Zip Code

Austin Tx # 681

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

photo development
candy for Pflug. Halloween

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

10/28

Payee name

Time Warner

Amount (\$)

4488.00

Payee address: City: State: Zip Code

12012 N. Mopac
Austin 78758

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

TV Advertising

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

10/28

Payee name

Accounting Resolutions

Amount (\$)

164.00

Payee address: City: State: Zip Code

138 Acapulco
Austin 78734

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

Computer work

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

10/28

Payee name

Tucker Royall

Amount (\$)

359.62

Payee address: City: State: Zip Code

3050 Tamarron # 4207
Austin 78746

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

MISC labor # 4x8 sign instal.

.. 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:
2 of 11

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28

5 Payee name

Adrienne Johnson

6 Payee address; City; State; Zip Code

8411 Danville
Austin 78753

7 Amount (\$)

376.00

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

MISC office work

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/28

Payee name

Geneva Sampson

Payee address; City; State; Zip Code

4413 Silverstone
Austin 78744

Amount (\$)

40.00

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

office work

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/29

Payee name

USPO

Payee address; City; State; Zip Code

Chimney Corners
Austin 78731

Amount (\$)

2263.73

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

10/29

Payee name

Lazarus Graphics

Payee address; City; State; Zip Code

1206 Rockridge
RR 78681

Amount (\$)

877.00

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

design - \$ mail pieces

-- 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 11

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30

5 Payee name

Lezarusgraphics

6 Payee address; City, State, Zip Code

1205 Rockridge
RR 78681

7 Amount (\$)

2783.11

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

design + print mailer

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

10/30

Payee name

USPO

Payee address; City, State, Zip Code

Chimney Corners
Austin 78731

Amount (\$)

2737.91

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

10/30

Payee name

Lezarusgraphics

Payee address; City, State, Zip Code

1205 Rockridge
RR 78681

Amount (\$)

3355.50

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

design + print flyers

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

11/3

Payee name

JC's Restaurant

Payee address; City, State, Zip Code

5804 N IH 35
Austin 78751

Amount (\$)

250.00

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

election night party

.. 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:

4 of 11

2 FILER NAME

Sheri Perry Gollo

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/11

Accounting Resolutions

6 Payee address; City; State; Zip Code

138 Acapulco
Austin 78734

190.00

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

computer work

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/11

Adrienne Johnson

Payee address; City; State; Zip Code

8411 Danville
Austin 78753

364.00

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

office work

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/11

Adrienne Johnson

Payee address; City; State; Zip Code

8411 Danville
Austin 78753

115.80

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

(office Depot)
reimb. office supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/11

Cingular

Payee address; City; State; Zip Code

PO Box 650574
Dallas 75265

79.32

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

reimb Faye Crosett cell calls

** 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:

5 of 11

2 FILER NAME

Shari Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/11

5 Payee name

Nick Gurka

6 Payee address; City, State; Zip Code

5402 Alexis Cv
Austin 78741

7 Amount (\$)

40.00

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

office work

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/11

Payee name

Andrew Fraser

Payee address; City, State; Zip Code

6301 B Shadow Valley
Austin 78731

Amount (\$)

40.00

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

office work

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/11

Payee name

Tucker Royal

Payee address; City, State; Zip Code

3050 Tamarion # 4207
78746

Amount (\$)

260.00

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

misc labor & 4x8 signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/11

Payee name

Tucker Royal

Payee address; City, State; Zip Code

3050 Tamarion # 4207
Austin 78746

Amount (\$)

24.88

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

reimb sign materials
(Home Depot)

** 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:

6 of 11

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/11

5 Payee name

Texas Capital News

6 Payee address: City: State: Zip Code

% Good Printing
1701 S. Mays # E
RL 78664

7 Amount (\$)

94.00

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

ad

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/11

Payee name

Michael Amador Productions

Payee address: City: State: Zip Code

7505 Creston Ln
Austin 78752

Amount (\$)

400.00

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

Commercial production

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/11

Payee name

Alphagraphics

Payee address: City: State: Zip Code

123 E. 7th
Austin 78701

Amount (\$)

118.00

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

printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/11

Payee name

Kathleen Miller

Payee address: City: State: Zip Code

8317 Summer Place
Austin 78759

Amount (\$)

80.07

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

reimb office supplies
(Office Depot)

** 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: **7 of 11**

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address: City, State, Zip Code

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

Sign

9 **** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/11

Kwik Kopy
Payee address: City, State, Zip Code

**3435 Greystone # 108
Austin 78731**

746.39

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

printing

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/12

Cassie Gallo
Payee address: City, State, Zip Code

**PO Box 26550
Austin 78755**

200.00

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

office work + mileage reimb

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/10

Cingular
Payee address: City, State, Zip Code

**PO Box 650574
Dallas 75265**

108.64

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

reimb Foye Crossett's cell calls

**** 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:
8 of 11

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10

5 Payee name

Sheri Gallo

7 Amount (\$)

146.56

6 Payee address: City: State: Zip Code

PO Box 26550
Austin 78755

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

reimb

reimb

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

Date

12/10

Payee name

Alphagraphics

Amount (\$)

52.50

Payee address: City: State: Zip Code

123 E. 7th
Austin 78701

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

printing

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

Date

12/10

Payee name

Horizon Graphics

Amount (\$)

100.00

Payee address: City: State: Zip Code

2111 Grand Ave Pkwy
Austin 78728

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

printing

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

Date

12/10

Payee name

Lazarus Graphics

Amount (\$)

1090.58

Payee address: City: State: Zip Code

1205 Rockridge
RR 78681

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

design + printing

-- 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:

9 of 11

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10

5 Payee name

Adrienne Johnson

6 Payee address; City; State; Zip Code

8411 Danville
Austin 78753

7 Amount (\$)

148.78

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

office work
mileage reimb.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/10

Payee name

PPI t, Assoc

Payee address; City; State; Zip Code

Po Box 2338
RR 78680

Amount (\$)

100.00

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

haul off copier

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/19

Payee name

Citibank

Payee address; City; State; Zip Code

Box 6062
Sioux Falls, SD 57117

Amount (\$)

62.82

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

Office Max - Office supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/19

Payee name

Alpha Citibank

Payee address; City; State; Zip Code

Box 6062
Sioux Falls, SD 57117

Amount (\$)

146.41

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

Alphagraphics- printing

-- 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:

10 of 11

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/19

5 Payee name

Citibank

7 Amount (\$)

126.68

6 Payee address: City: State: Zip Code

Box 6062
Sioux Falls, SD 57117

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

SwBell - office phone

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

12/19

Payee name

Citibank

Amount (\$)

1871.00

Payee address: City: State: Zip Code

Box 6062
Sioux Falls, SD 57117

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

USPO - postage

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

12/19

Payee name

Citibank

Amount (\$)

125.00

Payee address: City: State: Zip Code

Box 6062
Sioux Falls, SD 57117

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

Aftogerville Chamber - Expo booth

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

12/19

Payee name

Citibank

Amount (\$)

257.37

Payee address: City: State: Zip Code

Box 6062
Sioux Falls, SD 57117

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

AT + T - cell phone

.. 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: **11 of 11**

2 FILER NAME

Theri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/28

5 Payee name

Jolie Quach

6 Payee address: City: State: Zip Code

7119 Chimney Corners

7 Amount (\$)

70.00

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

volunteer gifts

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee 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

Date

Payee name

Amount (\$)

Payee 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

Date

Payee name

Amount (\$)

Payee 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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 <i>11/4</i>	5 Payee name <i>Mr Gatti's</i>	8 Amount (\$) <i>21.38</i>
	6 Payee address: City, State, Zip Code <i>3720 Far West Austin 78731</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>food for office workers</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>10/28</i>	Payee name <i>Walgreens</i>	Amount (\$) <i>18.93</i>
	Payee address: City, State, Zip Code <i>8104 Mesa Austin 78759</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>office supplies</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>10/28</i>	Payee name <i>Michaels</i>	Amount (\$) <i>43.25</i>
	Payee address: City, State, Zip Code <i>10225 Research Austin 78759</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>volunteer gifts</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>10/29</i>	Payee name <i>USPO</i>	Amount (\$) <i>63.00</i>
	Payee address: City, State, Zip Code <i>Chimney Corners Austin 78731</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>postage</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	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

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

NONE

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

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

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 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)

None

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED