

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5457

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

Sheri

MI

Perry

NICKNAME

LAST

GALLO

SUFFIX

OFFICE USE ONLY

Date Received

Date Handled

Date Marked

Date

Time

Stamp

Stamp

Stamp

Stamp

Stamp

Stamp

Stamp

Stamp

Stamp

Stamp

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Stamp

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

PO Box 26550, Austin Tx 78755

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE

FIRST

Lew

MI

NICKNAME

LAST

Little, Jr

SUFFIX

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

13915 Burnet Rd #400, Austin, Tx 78728

7 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 615-0560

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

01 / 01 / 03

THROUGH

Month

Day

Year

~~06 / 15 / 03~~

06 / 30 / 03

10 ELECTION

ELECTION DATE

Month

Day

Year

11 / 06 / 02

ELECTION TYPE

Primary

Runoff

General

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Texas Cnty Commissioner, Precct 2

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

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. --

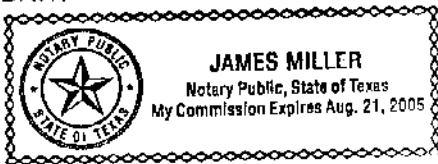
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 178.97
	4. TOTAL POLITICAL EXPENDITURES	\$ 1964.35
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1500.00

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.

James Miller Signature of Notary Public
Sheri Gallo Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sherri Gallo, this the 15 day of July, 2003, 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

**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: 1

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

4 Date <u>1/31/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jim Lodwick</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <u>7710 Shadyrock Dr Austin 78731</u>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <u>1/31/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Assoc. Republicans of Texas</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>807 Brazos # 601 Austin 78701</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>1/3/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Will Houston</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>2814 El Greco Austin 78703</u>			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 			

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:

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code			

10 Principal occupation (optional) 11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

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: <u>1</u>
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2 FILER NAME <u>Sheri Perry Gallo</u>	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date of loan <u>1/6/03</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Edgar H Perry III</u>	9 Loan Amount (\$) <u>\$ 1500.00</u>
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6 Is lender a financial institution? Y <u>(N)</u>	8 Lender address: City: State: Zip Code <u>9390 Research Blvd # 1-410 Austin 78759</u>	10 Interest rate
		11 Maturity date

12 Description of Collateral <input checked="" type="checkbox"/> none
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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: 1
2 FILER NAME Sheri Perry Gallo		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/30/03	5 Payee name Advanced Carpet Care 6 Payee address: City: State: Zip Code	7 Amount (\$) 70.36
8 Purpose of payment (See instructions regarding type of information required.) clean office carpet		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/13/03	Payee name Citibank Payee address: City: State: Zip Code	Amount (\$) 85.00
Purpose of payment (See instructions regarding type of information required.) Kim Foreman services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/25/03	Payee name Citibank Payee address: City: State: Zip Code	Amount (\$) 415.02
Purpose of payment (See instructions regarding type of information required.) ATT cell phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/25/03	Payee name Perry Properties Payee address: City: State: Zip Code campaign sign install	Amount (\$) 1215.00
Purpose of payment (See instructions regarding type of information required.) Campaign sign installations		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Sheri Perry Gallo

3 ACCOUNT # (Ethics Commission filers)

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

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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:

2 FILER NAME

Cheri Perry Gallo

3 ACCOUNT # (Ethics Commission files)

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

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

Sheri Perry
GALLO

P.O. Box 26550
Austin, TX 78755

County Clerk
Elections Division
PO Box 1748
Austin 78767

