

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:									
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR NICKNAME</td> <td style="width:40%; font-size: small;">FIRST LAST</td> <td style="width:20%; font-size: small;">MI SUFFIX</td> </tr> <tr> <td style="font-size: large;">Mrs.</td> <td style="font-size: large;">Sherry Wisdom</td> <td style="font-size: large;">D.</td> </tr> </table>	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX	Mrs.	Sherry Wisdom	D.	OFFICE USE ONLY Date Received <h2 style="margin: 0;">RECEIVED</h2> DEC 06 2019 CITY OF MESQUITE CITY SECRETARY				
MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX										
Mrs.	Sherry Wisdom	D.										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4231 Karnes Drive Mesquite, Tx 75150	Date Hand-delivered or Date Postmarked										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 460-3411	Receipt # Amount \$										
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR NICKNAME</td> <td style="width:40%; font-size: small;">FIRST LAST</td> <td style="width:20%; font-size: small;">MI SUFFIX</td> </tr> <tr> <td style="font-size: large;">Mrs.</td> <td style="font-size: large;">Teri Palmer</td> <td></td> </tr> </table>	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX	Mrs.	Teri Palmer		Date Processed				
MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX										
Mrs.	Teri Palmer											
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4305 Coryell Way Mesquite Tx 75150											
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 948-5359											
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: x-small;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center; font-size: x-small;">Month Day Year</td> </tr> <tr> <td style="font-size: large;">10 / 29 / 2019</td> <td></td> <td style="font-size: large;">12 / 5 / 2019</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	10 / 29 / 2019		12 / 5 / 2019			
Month Day Year	THROUGH	Month Day Year										
10 / 29 / 2019		12 / 5 / 2019										
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ELECTION DATE</td> <td colspan="2" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General </td> <td> <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special </td> </tr> <tr> <td style="font-size: large;">12 / 14 / 19</td> <td colspan="2"></td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special	12 / 14 / 19		
ELECTION DATE	ELECTION TYPE											
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special										
12 / 14 / 19												
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)										
		City Council, Place 1, District 1										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sherry D. Wisdom 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

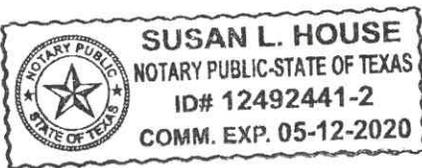
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2262.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2209.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 52.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Sherry Wisdom
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sherry Wisdom, this the 6th day of December, 20 19, to certify which, witness my hand and seal of office.

Susan L. House Susan L. House Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Sherry Wisdom</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1194.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1068.00</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1794.12</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>415.31</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

A1 1194.00
A2 1068.00
\$ 2262.00 Total Contrib.

F1 1794.12
G 415.31
\$ 2209.43 Total Exp.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 4**

2 FILER NAME

Sherry D. Wisdom

3 Filer ID (Ethics Commission Filers)

4 Date

6-18-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jody Carter

7 Amount of contribution (\$)

\$50⁰⁰

6 Contributor address;

City;

State;

Zip Code

Rockwall, Tx

8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

Baylor

Date

6-18-19

Full name of contributor

out-of-state PAC (ID#: _____)

Melissa McCormies

75181

Amount of contribution (\$)

\$20⁰⁰

Contributor address;

City;

State;

Zip Code

2819 Springview Ln. Mesquite, Tx

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Mesquite ISD

Date

6-18-19

Full name of contributor

out-of-state PAC (ID#: _____)

Kellie Good

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City;

State;

Zip Code

2621 Monticello Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-18-19

Full name of contributor

out-of-state PAC (ID#: _____)

LeAnn Do

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City;

State;

Zip Code

1716 Panola Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2 of 4**

2 FILER NAME **Sherry D. Wisdom**

3 Filer ID (Ethics Commission Filers)

4 Date
6-18-19

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

Teri Palmer

7 Amount of contribution (\$)

\$ 50⁰⁰

6 Contributor address; City; State; Zip Code

4305 Coryell Way Mesquite, Tx 75150

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
N/A

Date
6-18-19

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

Bruce Archer

Amount of contribution (\$)

\$ 49.⁰⁰

Contributor address; City; State; Zip Code

429 S. Walker Mesquite, Tx 75149

Principal occupation / Job title (See Instructions)
Realtor

Employer (See Instructions)
Premier Legacy Real Estate

Date
6-18-19

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

Dr. David Ukoha

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address; City; State; Zip Code

1800 N. Galloway Mesquite, Tx 75149

Principal occupation / Job title (See Instructions)
Doctor

Employer (See Instructions)
Self-employed

Date
6-22-19

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

Tom Brashear

Amount of contribution (\$)

\$ 170⁰⁰

Contributor address; City; State; Zip Code

1417 Panola Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Sherry D. Wisdom

3 Filer ID (Ethics Commission Filers)

4 Date

9.6.19

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

Midge Wood

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

1502 Uvalde Mesquite, Tx 75150

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

9.25.19

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

LC Williams

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

unknown Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

10.17.19

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

Robert Kratus

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1620 Culberson Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

11.16.19

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

Larry Good

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2621 Monticello Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

DART

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 4**

2 FILER NAME
Sherry D. Wisdom

3 Filer ID (Ethics Commission Filers)

4 Date
11-16-19

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

7 Amount of contribution (\$)

\$150⁰⁰

6 Contributor address; City; State; Zip Code
1417 Panola Mesquite, Tx 75150

8 Principal occupation / Job title (See Instructions)
Engineer

9 Employer (See Instructions)
unknown

Date
11-16-19

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

Amount of contribution (\$)

\$130⁰⁰

Contributor address; City; State; Zip Code
Tx Activity Ctr. Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)
Rcvd @ "Dine & Dash" Event

Employer (See Instructions)
N/A

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Sherry D. Wisdom		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 9-12-19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mesquite Police Assoc. PAC	8 Amount of Contribution \$ \$ 568.00	9 In-kind contribution description Campaign signs
7 Contributor address; City; State; Zip Code 924 Windbell Circle Mesquite, Tx 75149		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Police Association PAC		11 Employer (FOR NON-JUDICIAL) (See Instructions) Mesquite Police Assoc. PAC	
12 Contributor's principal occupation (FOR JUDICIAL) Law Enforcement PAC		13 Contributor's job title (FOR JUDICIAL) (See Instructions) President, Bruce Sales	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date 12-1-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Underwood/The Liberty Ctr.	Amount of Contribution \$ \$ 500.00	In-kind contribution description Consulting
Contributor address; City; State; Zip Code 4411 Gus Thomasson #B Mesquite, Tx 75150		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consulting		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) Consultant / Campaign Mgr.	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: **1**

2 FILER NAME **Sherry D. Wisdom**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ **0**

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code			
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code			
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code			
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code			
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 **Sherry D. Wisdom**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **0**

5 Date of loan 7 Name of lender 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 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor
.....
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
 not applicable

Name of guarantor
.....
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Sherry D. Wisdom	3 Filer ID (Ethics Commission Filers)
4 Date 10-9-19	5 Payee name Signs 4 U - Jay Perkins	
6 Amount (\$) \$167.00	7 Payee address; City; State; Zip Code 4400 Samuel Blvd. Mesquite, Tx 75149	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (2) Oversized campaign signs (1) Banner for campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1
Date 11-11-19	Payee name Godaddy.com, LLC	
Amount (\$) 53.30	Payee address; City; State; Zip Code 14455 N. Hayden Rd. Suite #219 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Maintain campaign website www.voteforwisdom.com
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1
Date 11-15-19	Payee name Wal-Mart	
Amount (\$) 237.52	Payee address; City; State; Zip Code 555 W. Interstate 30 Garland, Tx 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description "Dine & Dash" Campaign event 11/16 for candidate
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 2 of 3		2 FILER NAME Sherry D. Wisdom		3 Filer ID (Ethics Commission Filers)	
4 Date 11-22-2019		5 Payee name Signs 4 U - Jay Perkins			
6 Amount (\$) \$156.00		7 Payee address: 4400 Samuel Blvd.		City; State; Zip Code Mesquite, Tx 75149	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (3) Large Road Signs for campaign		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Sherry Wisdom, City Council, Place 1					
Date 9-12-19		Payee name Signs 4 U - Jay Perkins Paid by MPA (in-kind)			
Amount (\$) \$568.00		Payee address: 4400 Samuel Blvd.		City; State; Zip Code Mesquite, Tx 75149	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Sherry Wisdom, City Council, Place 1					
Date 12-1-19		Payee name Brad Underwood / The Liberty Center (in-kind)			
Amount (\$) \$500.00		Payee address: 4411 Gus Thomasson #B		City; State; Zip Code Mesquite, Tx 75150	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description consulting on campaign matters, supplies, mailings		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Sherry Wisdom City Council, Place 1					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Sherry D. Wisdom	3 Filer ID (Ethics Commission Filers)
4 Date 8.2.19	5 Payee name Uprinting.com	
6 Amount (\$) \$82.83	7 Payee address; City; State; Zip Code 8000 Haskell Ave. Van Nuys, CA 91406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push cards for campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1
Date 9.19.19	Payee name Pancho's Restaurant	
Amount (\$) \$29.47	Payee address; City; State; Zip Code 4550 Gus Thomasson Mesquite, Tx 75150	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description "Meet & Greet" Candidate
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Sherry D. Wisdom</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: |

2 FILER NAME

Sherry D. Wisdom

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sherry D. Wisdom</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>0</i>
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2	2 FILER NAME Sherry D. Wisdom	3 Filer ID (Ethics Commission Filers)
4 Date 6-18-19	6 Payee name Vista Print, a Cimpres Company	
6 Amount (\$) 18.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Business cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1
Date (2019) 6-18 thru 10-9	Payee name Godaddy.com, LLC	
Amount (\$) 121.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14455 N. Hayden Rd. Suite # 219 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Campaign Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1
Date 6-23-2019	Payee name Mesquite Print Shop	
Amount (\$) 162.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2114 US Hwy 80E Mesquite, TX 75149 #402	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign TShirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 2	2 FILER NAME Sherry Wisdom	3 Filer ID (Ethics Commission Filers)
4 Date 6.24.19	5 Payee name Wal-mart #789	
6 Amount (\$) 53.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 200 US Hwy 80E Mesquite, Tx 75149	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Palos Verdes "Meet & Greet"
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1
Date 6.18.19	Payee name Office Depot	
Amount (\$) 49.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3795 W. Emporium Mesquite, Tx 75150	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing, Lamination, Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1
Date 7.18.19	Payee name Pay-Pal	
Amount (\$) 10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2211 N. 1st St. San Jose, Ca 95131	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Campaign Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sherry Wisdom	Office sought / Office held City Council, Place 1

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