

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 1**

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00067535	2 Total pages filed: 5	
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
UNITE HERE TIP State and				Date Received ELECTRONICALLY FILED 04/29/2015
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 275 Seventh Ave., 16th Fl New York, NY 10001			Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> Change of Address			
5 FILER PHONE	AREA CODE (212) 265-7000	PHONE NUMBER EXTENSION	Date Processed	
6 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	
7 PERIOD COVERED	Month Day Year 01/01/2015	THROUGH	Month Day Year 04/29/2015	Date Imaged
8 ELECTION	ELECTION DATE Month Day Year 05/09/2015		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Sherry Cordova Dallas City Council Dist 5	
			B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported	
		B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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 CITY SECRETARY
 DALLAS, TEXAS

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**DIRECT CAMPAIGN EXPENDITURES
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**FORM DCE
COVER SHEET PG 2**

10 FILER NAME UNITE HERE TIP State and Local Fund		11 Filer ID (Ethics Commission Filers) 00067535
12 EXPENDITURE TOTALS	1. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 2,245.08

13 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.

ELECTRONICALLY FILED WITH TEC

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity (only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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14 FILER NAME UNITE HERE TIP State and Local Fund		15 Filer ID (Ethics Commission Filers) 00067535
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 2,245.08
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 F1: Sch: 1/2 Rpt: 4/5		2 FILER NAME UNITE HERE TIP State and Local Fund		3 Filer ID (Ethics Commission Filers) 00067535	
4 Date 04/23/2015		5 Payee name UNITE HERE Local 23			
6 Amount (\$) \$296.26 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 275 Seventh Avenue New York, NY 10001			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing flyers for Canvass	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Cordova, Sherry		Office sought City Council Place Dallas	
Office held City Council Place Dallas					
Date 04/25/2015		Payee name UNITE HERE Local 23			
Amount (\$) \$60.53 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 275 Seventh Avenue New York, NY 10001			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Photocopies, office supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Cordova, Sherry		Office sought City Council Place Dallas	
Office held City Council Place Dallas					
Date 04/27/2015		Payee name UNITE HERE Local 23			
Amount (\$) \$88.29 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 275 Seventh Avenue New York, NY 10001			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Food for canvassers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Cordova, Sherry		Office sought City Council Place Dallas	
Office held City Council Place Dallas					

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 F1: Sch: 2/2 Rpt: 5/5		2 FILER NAME UNITE HERE TIP State and Local Fund		3 Filer ID (Ethics Commission Filers) 00067535	
4 Date 04/27/2015		5 Payee name UNITE HERE Local 23			
6 Amount (\$) \$1,800.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 275 Seventh Avenue New York, NY 10001			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Salary expenses for Canvassers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Cordova, Sherry		Office sought City Council Place Dallas	
				Office held City Council Place Dallas	