

**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: 4				
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/13/2015 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME	LAST	SUFFIX				
UNITE HERE TIP State and Local							
4 FILER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 275 Seventh Ave., 16th Flr <input type="checkbox"/> Change of Address New York, NY 10001							
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(212)	265-7000					
6 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election				
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election				
			<input type="checkbox"/> Runoff				
7 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	04	30	2015	THROUGH	06	30	2015
8 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	05	09	2015	<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 City Council, Dallas				
			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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**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	\$ 3,790.64

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
3 of 4

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	\$ 3,790.64
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: 1/1 Rpt: 4/4		2 FILER NAME UNITE HERE TIP State and Local Fund		3 Filer ID (Ethics Commission Filers) 00067535	
4 Date 05/20/2015		5 Payee name UNITE HERE Local 23			
6 Amount (\$) \$631.18		7 Payee address; City; State; Zip Code 275 Seventh Avenue New York, NY 10001			
<input type="checkbox"/> Expenditure from corporate funds					
8 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, telephone and gas reimbursement for Canvassers.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Cordova, Sherry		Office sought City Council Place Dallas	
Date 05/20/2015		Payee name (see previous)			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Cordova, Sherry		Office sought City Council Place Dallas	
Date 05/12/2015		Payee name UNITE HERE Local 23			
Amount (\$) \$3,159.46		Payee address; City; State; Zip Code 275 Seventh Avenue New York, NY 10001			
<input type="checkbox"/> Expenditure from corporate funds					
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 reimbursement for Canvassers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Cordova, Sherry		Office sought City Council Place Dallas	
		Office held Place Dallas			