

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:

6

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
<input type="checkbox"/> Change of Address	100 Glenborough Dr Ste 1000				RECEIVED OCT - 2 2025	
	Houston, TX 77067				uplen	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(512)	293-7444				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	Date Imaged	
		Michael				
		Gallo				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE:	
(Residence or Business)	100 Glenborough Dr Ste 1000			Houston, TX	77067	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(424)	303-2112				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	
	07	28	2025		10	
					03	
					2025	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	
	11	04	25	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				Aldine ISD Trustee Pos 4		
14 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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 16,242.84
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 20,537.31
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 <u>1</u>	2 FILER NAME <u>Michael Gallo</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9/2/25</u>	5 Payee name <u>Greenhouse Int'l Church</u>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <u>9577.36</u>	7 Payee address; City; State; Zip Code <u>1125 Cypress Station Dr Houston, TX 77090</u> <u>Ste FG</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Consulting, Printing, Salaries</u>	(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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>9/2/25</u>	Payee name <u>Greenhouse Int'l Church</u>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <u>3360</u>	Payee address; City; State; Zip Code <u>1125 Cypress Station Dr Ste FG Houston, TX 77090</u>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries</u>	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
Date <u>10/2/25</u>	Payee name <u>Greenhouse Int'l Church</u>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <u>8600</u>	Payee address; City; State; Zip Code <u>1125 Cypress Station Dr Ste FG Houston, TX 77090</u>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting, Salaries</u>	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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

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 | 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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	3/2		2 FILER NAME	Michael Gallo		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						\$	16,248.89
5 CREDIT CARD ISSUER	Name of financial institution						
	Chase Visa						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid				
	\$ 1192.33	8/12/25	9/5/25				
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code					
	Banner Buzz	415 Horizon Dr Sunnyside, GA 30024 Gwinnett County					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		Printings Banners				
		(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		Office Sought		Office Held		
	Steve Moore		Aldine ISD Pos 4				
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid				
	\$ 367.22	7/28/25	8/5/25				
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code					
	Cricket Wireless	227 Greens Rd Houston TX 97060					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		Other Cell phones for calls/texting				
		(c) <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		Office Sought		Office Held		
	Steve Moore		Aldine ISD Pos 4				
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid				
	\$ 150	8/27	9/5/25				
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code					
	Cricket Wireless	227 Greens Rd Houston, TX 97060					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		Office Overhead Cell phone plan				
		(c) <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		Office Sought		Office Held		
	Steve Moore		Aldine ISD Pos 4				

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

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 | 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) |

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USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1/2	2 FILER NAME Michael Gylo	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 16,248³⁴
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5 CREDIT CARD ISSUER	Name of financial institution Chase Visa
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6 PAYMENT	(a) Amount Charged \$ 389⁸²	(b) Date Expenditure Charged 7/30/25	(c) Date(s) Credit Card Issuer Paid 8/5/25
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7 PAYEE	(a) Payee name Tring Williams	(b) Payee address; City, State, Zip Code 1125 Cypress Station Ste F2 Houston 77090
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Printing, fees	(b) Description Yard Signs	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Moore	Office Sought Aldine ISD Pos. 4	Office Held
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PAYMENT	(a) Amount Charged \$ 7026²⁰	(b) Date Expenditure Charged 8/8/25	(c) Date(s) Credit Card Issuer Paid 9/5/25
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PAYEE	(a) Payee name Tring Williams	(b) Payee address; City, State, Zip Code 1125 Cypress Station Ste F2 Houston 77090
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Consulting, Salaries, Print, Fees	(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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Moore	Office Sought Aldine ISD Pos. 4	Office Held
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PAYMENT	(a) Amount Charged \$ 2613⁸⁷	(b) Date Expenditure Charged 8/22/25	(c) Date(s) Credit Card Issuer Paid 9/5/25
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PAYEE	(a) Payee name Tring Williams	(b) Payee address; City, State, Zip Code 1125 Cypress Station Ste F2 Houston 77090
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Salaries, fees	(b) Description Names, Website, Payroll	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Moore	Office Sought Aldine ISD Pos 4	Office Held
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