

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sheri A. Capehart 16 ACCOUNT # (Ethics Commission Filers)

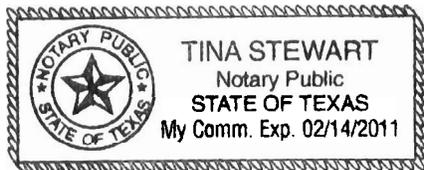
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	<u>NONE</u>
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>210.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,360.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,040.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10,956.98</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>89,968.14</u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Sheri A. Capehart
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheri Capehart, this the 2nd day of May, 2008, to certify which, witness my hand and seal of office.

Tina Stewart Tina Stewart notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1 of 6**

2 FILER NAME SHERI A. CAPEHART	3 ACCOUNT # (Ethics Commission filers)
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4 Date 4/8/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/ ASSOC. OF REALTORS PAC	7 Amount of contribution (\$) \$1,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 2246 AUSTIN, TX 78768-2246		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 1/19/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID LOWE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5401 MESA VERDE TRAIL ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 4/18/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO PEREZ	Amount of contribution (\$)	In-kind contribution description (if applicable) PRINTING OF FUND-RAISER INVITATIONS
Contributor address; City; State; Zip Code 2744 5TH AVENUE FORT WORTH, TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 4/21/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL FULKS	Amount of contribution (\$)	In-kind contribution description (if applicable) PRINTING OF CAMPAIGN SIGNS
Contributor address; City; State; Zip Code 618 BRENT DRIVE ARLINGTON, TX 76012		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 4/24/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALID JOULANI	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2900 RUSH COURT ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 6	
2 FILER NAME SHERI A. CAPEHART		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/24/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES H. SUNDBERG	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2308 NEWFOREST COURT ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/24/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY TEES	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) Campaign SILK-SCREEN TEE SHIRTS
Contributor address; City; State; Zip Code 2104 INVERRAY COURT ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/24/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY MCKNIGHT	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3209 W. SUBLETT ROAD ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY JORDAN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 993 ARLINGTON, TX 76004		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEVERLY FOGLEMAN	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4411 RISING SUN COURT ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 6	
2 FILER NAME SHERI A. CAPEHART		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/28/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adlai PENNINGTON	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4110 SURFSIDE COURT ARLINGTON, TX 76016		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALICIA KOLTON	Amount of contribution (\$)	In-kind contribution description (if applicable) DESIGN AND LAYOUT FOR CAMPAIGN PUSH- AND POST-CARDS
Contributor address; City; State; Zip Code 3602 PRATHER COURT ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph L. WAY, SR.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3910 SILKWOOD TRAIL ARLINGTON, TX 76016		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nicholas STEFKOVICH	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6308 Edinburgh Drive COLLEYVILLE, TX 76034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: B. LYNN STAVINOKA	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4918 BRIDGEWATER ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 6	
2 FILER NAME Sheri A. CAPEHART		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/28/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. David FIELDER	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2305 Woodsong TRAIL ARLINGTON, TX 76016		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifford MYCOSKIE	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 Woodbine COURT ARLINGTON, TX 76012		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phyllis R. PETERS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5104 Timber Cove COURT ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff WILLIAMS	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6948 W. Poly Webb ARLINGTON, TX 76016		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY D. BROWN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 307 Quail Ridge Aledo, TX 76008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 6	
2 FILER NAME Sheri A. CAPEHART		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/28/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie L. BOREK	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 14029 ARLINGTON, TX 76094		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD W. DALHEIM	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4701 WESTHAVEN ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNIE RUFF	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4102 SHADY VALLEY DRIVE ARLINGTON, TX 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOJY HADDAD	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2233 AVENUE J, SUITE 101 ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM D. KOLTON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1396 W. MAYFIELD, SUITE 100 ARLINGTON, TX 76015		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 of 6	
2 FILER NAME SHERI A. CAPEHART		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/29/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL J. REISWIG	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2712 MARK TWAIN COURT ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ICKIE AND RODOLPH ENNIS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2414A FOREST BROOK LANE ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **SHERI A. CAPEHART**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
4/10/08	PRECISION PRESS 6 Payee address; City; State; Zip Code 3115 S. COOPER, SUITE 300 ARLINGTON, TX 76015	\$928.35

8 Purpose of payment (See instructions regarding type of information required.) PRINTING CAMPAIGN NOTE PADS, PUSH- AND POST-CARDS (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
4/10/08	MURPHY TURNER ASSOCIATES Payee address; City; State; Zip Code 816 CONGRESS AVENUE, SUITE 1160 AUSTIN, TX 78701	\$1,000.00

Purpose of payment (See instructions regarding type of information required.) SERVICES, PRINTING AND MAILING CAMPAIGN MATERIALS (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
4/28/08	VENTANA GRILLE Payee address; City; State; Zip Code 7005 GOLF CLUB DRIVE ARLINGTON, TX 76001	\$778.00

Purpose of payment (See instructions regarding type of information required.) FOOD, BEVERAGE AND SET UP FEE FOR CAMPAIGN FUND-RAISER (If travel outside of Texas, complete Schedule T)	9 ** Complete 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	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** 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: **1**

2 FILER NAME **SHERI A. CAPEHART**

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/10/08	5 Payee name U.S. POSTAL SERVICE 6 Payee address; City; State; Zip Code TATE Springs STATION, ARLINGTON, TX 76003	8 Amount (\$) \$52.00
7 Purpose of expenditure (See instructions regarding type of information required.) POSTAGE (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 4/19/08	Payee name U.S. POSTAL SERVICE Payee address; City; State; Zip Code TATE Springs STATION, ARLINGTON, TX 76003	Amount (\$) \$52.00
Purpose of expenditure (See instructions regarding type of information required.) POSTAGE (If travel outside of Texas, complete Schedule T)		Reimbursement from political contributions intended

Date 4/20/08	Payee name COSTCO Payee address; City; State; Zip Code 600 W. ARBROOK BLVD., ARLINGTON, TX 76014	Amount (\$) \$203.75
Purpose of expenditure (See instructions regarding type of information required.) POSTAGE (If travel outside of Texas, complete Schedule T)		Reimbursement from political contributions intended

Date 4/21/08	Payee name U.S. POSTAL SERVICE Payee address; City; State; Zip Code TATE Springs STATION, ARLINGTON, TX 76003	Amount (\$) \$26.00
Purpose of expenditure (See instructions regarding type of information required.) POSTAGE (If travel outside of Texas, complete Schedule T)		<input checked="" 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.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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