

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>8</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS.</b> NICKNAME	FIRST <b>Sheri</b> LAST	MI <b>A.</b> SUFFIX	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4417 GARDEN DRIVE, ARLINGTON, TX 76001</b>	Date Received  Date Hand-delivered or Date Postmarked <b>2011 15 PM 2:15</b>
<input type="checkbox"/> Change of Address		

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(817)</b>	PHONE NUMBER <b>572-0421</b>	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Rudolph</b> NICKNAME	FIRST <b>Rudolph</b> LAST	MI <b>L.</b> SUFFIX	OFFICE USE ONLY
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2414A FOREST BROOK LANE, ARLINGTON, TX 76006</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(817)</b>	PHONE NUMBER <b>649-7469</b>	EXTENSION
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			

10 PERIOD COVERED	Month Day Year <b>05 / 01 / 08</b>	THROUGH	Month Day Year <b>06 / 30 / 08</b>
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11 ELECTION	ELECTION DATE Month Day Year <b>5 / 10 / 08</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) <b>ARLINGTON City Council District 2</b>	13 OFFICE SOUGHT (if known) <b>ARLINGTON City Council District 2</b>
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name <b>NONE</b> Address / PO Box; Apt. / Suite #; City; State; Zip Code
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additional pages

**GO TO PAGE 2**

# 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 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
		<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	\$	180.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,805.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	21,578.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	2,438.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	89,968.14

19 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.

Sheri A. Capehart  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheri Capehart, this the 10 day of July, 2008, to certify which, witness my hand and seal of office.

Tina Stewart  
Signature of officer administering oath

Tina Stewart  
Printed name of officer administering oath

notary  
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 4

2 FILER NAME Sheri A. Capehart 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>5/1/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>T. L. WOOLEY</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4708 Hillside Drive Arlington, TX 76013</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>5/1/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dorothy Aderholt</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3416 Country Club Road Arlington, TX 76013</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>5/1/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Helen Schrickel</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1304 Canterbury Court Arlington, TX 76013</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>5/1/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dale Linebarger</u>	Amount of contribution (\$) <u>\$1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 17428, Austin, TX 78760</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>5/2/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bob Kembel</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8200 Douglas Avenue, Suite 300 Dallas, TX 75225</u>		(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 4**

2 FILER NAME <b>SHERI A. CAPEHART</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/2/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRAIG SAYELA</b>	7 Amount of contribution (\$) <b>\$125.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6515 FOX GLEN DRIVE ARLINGTON, TX 76001</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/2/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillip W. HOFFINES</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>DOUGLAS AVENUE, SUITE 300 DALLAS, TX 75225</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES L. MAIBACH</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1703 N. PEYCO DRIVE ARLINGTON, TX 76001</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILLIE FARRAR</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>600 W. PARK ROW DRIVE ARLINGTON, TX 76010</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/1/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHANI JEWELL</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>DEVELOPMENT OF CANDIDATE WEBSITE</b>
Contributor address; City; State; Zip Code <b>2752 YOAKUM STREET FORT WORTH, TX 76108</b>		(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: <b>3 of 4</b>	
2 FILER NAME <b>SHERI A. CAPEHART</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/6/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GRACE DARLING</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1316 SOUTH PECAN STREET ARLINGTON, TX 76010</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/6/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRIS GAVRAS</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2214 FRANKLIN DRIVE ARLINGTON, TX 76011</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/6/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PEGGY MERRITT</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3004 IRON STONE COURT ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/8/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHEN JONES</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3900 MIRAMAR AVENUE DALLAS, TX 75205</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/9/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JANNA C. McDONALD</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1124 FORREST DRIVE ARLINGTON, TX 76012</b>		(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**  
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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: <b>4 of 4</b>	
2 FILER NAME <b>SHERI A. CAPEHART</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/16/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DON. A. DUKE</b>	7 Amount of contribution (\$) <b>\$200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2906 MISTLETOE COURT ARLINGTON, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/16/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Toby Goodman</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1600 E. LAMAR, SUITE 250 ARLINGTON, TX 76011</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/17/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JULIA BURGEN</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2312 WINEWOOD STREET ARLINGTON, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/29/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACKIE D. BEWLEY</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2200 S. RIVERSIDE DRIVE FORT WORTH, TX 76104</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/27/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MELINDA CHENRY MATHES</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>25 Highland Park Village, Suite 100-751 DALLAS, TX 75205</b>		(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**  
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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 (\$)

**5/4/08**

**MURPHY, TURNER & ASSOCIATES**

**\$9,590.42**

6 Payee address; City; State; Zip Code

**816 CONGRESS AVENUE, SUITE 1160  
AUSTIN, TX 78701**

8 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

Date

Payee name

Amount (\$)

**5/8/08**

**MURPHY, TURNER & ASSOCIATES**

**\$5,954.68**

Payee address; City; State; Zip Code

**816 CONGRESS AVENUE, SUITE  
AUSTIN, TX 78701**

Purpose of payment (See instructions regarding type of information required.) **SERVICES, TELEPHONE CALLS TO REGISTERED VOTERS**  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**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	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
5/9/08	STAPLES 1781 U.S. Highway 287 MANSFIELD, TX 76063 7 Purpose of expenditure (See instructions regarding type of information required.) MAP BOARD AND SUPPLIES (If travel outside of Texas, complete Schedule T)	\$ 22.03  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/10/08	CORKY'S BRICK OVEN 4760 LITTLE ROAD ARLINGTON, TX 76017 Purpose of expenditure (See instructions regarding type of information required.) Food for POST-ELECTION GATHERING (If travel outside of Texas, complete Schedule T)	\$ 191.89  Reimbursement from political contributions intended
5/18/08	LOWE'S HOME CENTERS, INC. 1901 U.S. Highway 287 MANSFIELD, TX 76063 Purpose of expenditure (See instructions regarding type of information required.) WATER MISTING FOR POST-ELECTION GATHERING (If travel outside of Texas, complete Schedule T)	\$ 77.77  Reimbursement from political contributions intended
5/28/08	MURPHY, TURNER, & ASSOCIATES 816 CONGRESS AVENUE, SUITE 1160 AUSTIN, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) PRINTING AND MAILING CAMPAIGN MATERIALS (If travel outside of Texas, complete Schedule T)	\$ 5,724.43  Reimbursement from political contributions intended
6/3/08	U.S. POSTAL SERVICE TATE SPRINGS STATION, ARLINGTON, TX 76003 Purpose of expenditure (See instructions regarding type of information required.) POSTAGE FOR POST-ELECTION NOTES & ACKNOWLEDGMENTS (If travel outside of Texas, complete Schedule T)	\$ 16.80  Reimbursement from political contributions intended

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