

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:** 3

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received	RECEIVED - CSO 10 APR 9 PM 4:38	
	MRS. SHERI A CAPEHART			Date Hand-delivered or Date Postmarked		
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			Receipt #		
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Processed			
4417 GARDEN DR. ARLINGTON, TX 76001			Date Imaged			
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817)	572-0421				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
	MR.	L.	B.			
		CAPEHART				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	4417 GARDEN DR.			ARLINGTON, TX		76001
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817)	572-0421				
9 REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15		<input type="checkbox"/> 9th day before election		<input type="checkbox"/> Exceeded \$500 limit	
				<input type="checkbox"/> 15th day after campaign treasurer appointment (officer/holder only)		
				<input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	
	01	01	10	03	29	10
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary		<input type="checkbox"/> Runoff
	05	08	10	<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	ARLINGTON CITY COUNCIL DISTRICT 2			ARLINGTON CITY COUNCIL DISTRICT 2		
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					
	- NONE -					
Address / PO Box; Apt. / Suite #; City; State; Zip Code						
<input type="checkbox"/> 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 Files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

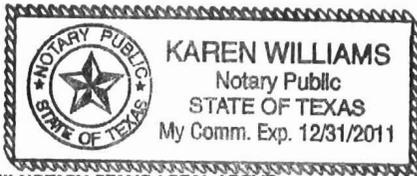
- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditure. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	
	- NONE -	
	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,793.80
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sheri A. Capehart
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheri A. Capehart, this the 9th day of April, 2010, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams 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

2 FILER NAME SHERI A. CAPEHART		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/23/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) B. LYNN STAVINOHA	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4918 BRIDGEWATER ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JIM M. WAGNON	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10 COURTNEY CT. ARLINGTON, TX 76015		(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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.