

# 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 #<br>(Ethics Commission Filers)                               | 2 Total pages filed:<br><b>3</b>   |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>MRS.</b>  | FIRST<br><b>SHERI</b>   | MI<br><b>A.</b>  |
|  | NICKNAME  | LAST<br><b>CAPEHART</b>   | SUFFIX   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address                   | ADDRESS / PO BOX;<br><b>4417 GARDEN DR.</b>   | APT / SUITE #;  | CITY; STATE; ZIP CODE<br><b>ARLINGTON, TX 76001</b>  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br><b>(817)</b>   | PHONE NUMBER<br><b>572-0421</b>   | EXTENSION  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>MR.</b>   | FIRST<br><b>L.</b>  | MI<br><b>B.</b>  |
|  | NICKNAME  | LAST<br><b>CAPEHART</b>   | SUFFIX   |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>4417 GARDEN DR. ARLINGTON, TX 76001</b>   |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br><b>(817)</b>   | PHONE NUMBER<br><b>572-0421</b>   | EXTENSION  |
| 9 REPORT TYPE  | <input checked="" 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)<br><input 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    THROUGH    Month Day Year<br><b>7/01/10    12/31/10</b>   |   |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>5/08/10</b>   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>ARLINGTON CITY COUNCIL DISTRICT 2</b>  | 13 OFFICE SOUGHT (if known)<br><b>ARLINGTON CITY COUNCIL DISTRICT 2</b> |  |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><input type="checkbox"/> additional pages | 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.<br>Name<br><b>— NONE —</b><br>Address / PO Box; Apt. / Suite #; City; State; Zip Code   |   |  |
| <b>GO TO PAGE 2</b>  |   |   |  |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

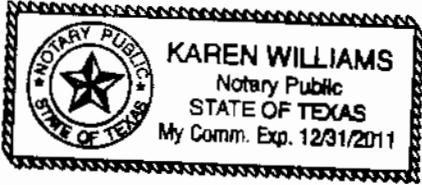
**FORM C/OH  
COVER SHEET PG 2**

|              |   |
|--------------|---|
| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filers) |
|--------------|---|

|  |   |   |
|--|---|---|
| 17 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> additional pages | 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. |   |
|  | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME<br><br><p style="text-align: center; font-size: 2em;">— NONE —</p> |
|  |   | COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME                        |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |

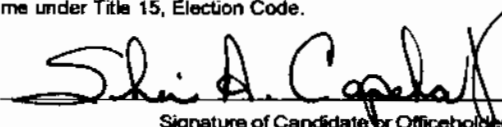
|                         |   |                          |
|-------------------------|---|--------------------------|
| 18 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ $\phi$                |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 1,000. <sup>00</sup>  |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ $\phi$                |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ $\phi$                |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 6,300. <sup>88</sup>  |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 89,968. <sup>14</sup> |

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.

  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheri A. Capchart, this the 18<sup>th</sup> day of January, 20 11, to certify which, witness my hand and seal of office.

Karen Williams  
Signature of officer administering oath

Karen Williams  
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:<br><b>1</b>                         |  |
| 2 FILER NAME<br><b>SHERI A. CAPEHART</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)                        |  |
| 4 Date   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>TREPAC</b>                                | 7 Amount of contribution (\$)<br><b># 1,000.<sup>00</sup></b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City; State; Zip Code<br><b>P.O. BOX 2246<br/>AUSTIN, TX 78768-2246</b> |  | (If travel outside of Texas, complete Schedule T)             |  |
| 9 Principal occupation / Job title (See Instructions)  |  | 10 Employer (See Instructions)                                |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address: City; State; Zip Code | Amount of contribution (\$)                                   | In-kind contribution description (if applicable)   |
|  |  | (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# _____)<br><br>Contributor address: City; State; Zip Code | Amount of contribution (\$)                                   | In-kind contribution description (if applicable)   |
|  |  | (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# _____)<br><br>Contributor address: City; State; Zip Code | Amount of contribution (\$)                                   | In-kind contribution description (if applicable)   |
|  |  | (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# _____)<br><br>Contributor address: City; State; Zip Code | Amount of contribution (\$)                                   | In-kind contribution description (if applicable)   |
|  |  | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                   |  |

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