Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# 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: 17

**OFFICE USE ONLY**

Date Received: RECEIVED - CSO 12 MAY -4 PM 4:00

Date Hand-delivered or Postmarked:

Receipt #: Amount:

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MRS. FIRST: SHERI MI: A.
NICKNAME: LAST: CAPEHART SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX: 4417 GARDEN DR APT / SUITE #: CITY: ARLINGTON STATE: TX ZIP CODE: 76001

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (817) PHONE NUMBER: 572-0421 EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR. FIRST: W. MI: JEFF
NICKNAME: LAST: WILLIAMS SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 6948 W. POLY WEBB APT / SUITE #: CITY: ARLINGTON, TX STATE: ZIP CODE: 76016

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817) PHONE NUMBER: 572-7818 EXTENSION:

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 04 / 03 / 2012 THROUGH Month Day Year: 05 / 02 / 2012

11 ELECTION
ELECTION DATE Month Day Year: 05 / 12 / 2012
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any): ARLINGTON CITY COUNCIL DISTRICT 2

13 OFFICE SOUGHT (if known): ARLINGTON CITY COUNCIL DISTRICT 2

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14** C/OH NAME: MRS. SHERI A. CAPEHART

**15** ACCOUNT # (Ethics Commission Filers):

**16** 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.

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: NONE

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

**17** CONTRIBUTION TOTALS

| | | |
|---|---|---|
| 1. | TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 115.00 |
| 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 10,565.00 |

EXPENDITURE TOTALS

| | | |
|---|---|---|
| 3. | TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ Ø |
| 4. | **TOTAL POLITICAL EXPENDITURES** | $ 7,145.32 |

CONTRIBUTION BALANCE

| | | |
|---|---|---|
| 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 18,651.60 |

OUTSTANDING LOAN TOTALS

| | | |
|---|---|---|
| 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 89,968.14 |

**18** 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

TINA STEWART
Notary Public, State of Texas
My Commission Expires
February 14, 2015

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheri Capehart, this the 4th day of May, 20 12, 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 7

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/5/12 | USHARANI SUNKARA<br>4511 LAKESIDE DR.<br>COLLEYVILLE, TX 76034 | #200.00 | (If travel outside of Texas, complete Schedule T) |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/5/12 | JIM RYFFEL<br>3113 S. UNIVERSITY DR.<br>FT. WORTH, TX 76109 | #1,000.00 | (If travel outside of Texas, complete Schedule T) |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/7/12 | JACK S. GARIOTA<br>5206 CALIENTE DR.<br>ARLINGTON, TX 76017 | #100.00 | (If travel outside of Texas, complete Schedule T) |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/11/12 | MPAC ARLINGTON, INC.<br>P.O. BOX 174474<br>ARLINGTON, TX 76003 | #200.00 | (If travel outside of Texas, complete Schedule T) |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/16/12 | MARK D. MILLER<br>P.O. BOX 172594<br>ARLINGTON, TX 76003 | #100.00 | (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 foradditional 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 7

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address: City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/16/12 | WALTER AMBROSE<br>2303 NEWFOREST CT.<br>ARLINGTON, TX 76017 | $50.00 | (If travel outside of Texas, complete Schedule T) |

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/16/12 | CHRISTOPHER S. CARROLL<br>2340 W. I-20 #100<br>ARLINGTON, TX 76017 | $500.00 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/18/12 | LOUIS HEINZE<br>2402 GREEN PARK DR.<br>ARLINGTON, TX 76017 | $50.00 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/18/12 | GREGORY M. RICHIE<br>2202 WOODMONT<br>ARLINGTON, TX 76017 | $100.00 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/18/12 | FRED C. WEEKLEY<br>1821 MOSSY OAK<br>ARLINGTON, TX 76012 | $100.00 | (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 7

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address: City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) | 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|---|---|---|---|
| 4/18/12 | MONTIE J. GREEN<br>3303 RANIER DR.<br>ARLINGTON, TX 76016 | $100.00 | | | |
| 4/18/12 | JACKIE ROBINSON<br>4609 ROYAL SPRINGS DR.<br>ARLINGTON, TX 76001 | $100.00 | | | |
| 4/18/12 | B. J. HALL<br>6312 CALEDAR RD.<br>ARLINGTON, TX 76001 | $100.00 | | | |
| 4/18/12 | TAMAS EGER<br>5003 DEERWOOD PARK DR.<br>ARLINGTON, TX 76017 | $100.00 | | | |
| 4/18/12 | CAROLE H. DAGNON<br>5100 TIMBER COVE CT.<br>ARLINGTON, TX 76017 | $100.00 | | | |

(If travel outside of Texas, complete Schedule T)

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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: 4 OF 7

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) | 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|---|---|---|---|
| 4/18/12 | DON W. HIGGINS<br>2419 VILLA VERA DR.<br>ARLINGTON, TX 76017 | $100.00 | (If travel outside of Texas, complete Schedule T) | | |
| 4/18/12 | OSCAR C. MACARAEG<br>P.O. BOX 153031<br>ARLINGTON, TX 76015 | $200.00 | (If travel outside of Texas, complete Schedule T) | | |
| 4/18/12 | B. LYNN STAVINOHA<br>4918 BRIDGEWATER DR.<br>ARLINGTON, TX 76017 | $100.00 | (If travel outside of Texas, complete Schedule T) | | |
| 4/18/12 | THOMAS TULLY BRYANT<br>4719 EL SALVADOR CT.<br>ARLINGTON, TX 76017 | $250.00 | (If travel outside of Texas, complete Schedule T) | | |
| 4/18/12 | PERDUE, BRANDON, FIELDER, COLLINS & MOTT, L.L.P.<br>P.O. BOX 13430<br>ARLINGTON, TX 76094 | $250.00 | (If travel outside of Texas, complete Schedule T) | | |

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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: 5 OF 7

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) | 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|---|---|---|---|
| 4/18/12 | JERRY J. TEES<br>2104 INVERRAY CT.<br>ARLINGTON, TX 76017 | $400.00 | (If travel outside of Texas, complete Schedule T) | | |
| 4/18/12 | ROBERT NELSON<br>2340 W. INTERSTATE 20, SUITE #202<br>ARLINGTON, TX 76017 | $500.00 | (If travel outside of Texas, complete Schedule T) | | |
| 4/18/12 | TOBY GOODMAN<br>5001 S. COOPER, SUITE #212<br>ARLINGTON, TX 76017 | $500.00 | (If travel outside of Texas, complete Schedule T) | | |
| 4/18/12 | STEPHEN JONES<br>3900 MIRAMAR AVE.<br>DALLAS, TX 75205 | $1,000.00 | (If travel outside of Texas, complete Schedule T) | | |
| 4/18/12 | JIM M. WAGNON<br>10 COURTNEY CT.<br>ARLINGTON, TX 76015 | $1,000.00 | (If travel outside of Texas, complete Schedule T) | | |

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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 7

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) | 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|---|---|---|---|
| 4/18/12 | MATLOCK OB/GYN ASSOCIATES<br>515 W. MAYFIELD, SUITE #200<br>ARLINGTON, TX 76014 | $1,000.00 | | | |
| 4/20/12 | TREPAC<br>P.O. BOX 2246<br>AUSTIN, TX 78768 | $1,000.00 | | | |
| 4/20/12 | AL CLARK INSURANCE<br>2452 WEST I-20<br>ARLINGTON, TX 76017 | $100.00 | | | |
| 4/25/12 | EDWARD W. DALHEIM<br>4701 WESTHAVEN RD<br>ARLINGTON, TX 76017 | $250.00 | | | |
| 4/28/12 | PAMELA McMASTER<br>2316 TERNBERRY CT.<br>TUSTIN, CA 92782 | $250.00 | | | |

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7 OF 7

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/28/12 | NICHOLAS STEFKOVICH<br>6310 EDINBURGH DR.<br>COLLEYVILLE, TX 76034 | $400.00 | (If travel outside of Texas, complete Schedule T) |

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/28/12 | BILLIE FARRAR<br>600 W. PARK ROW<br>ARLINGTON, TX 76010 | $250.00 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/2/12 | MRS. WAYNE JAMES<br>P.O. BOX 121367<br>ARLINGTON, TX 76012 | $100.00 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/18/12 | MICHAEL H. PATTERSON<br>2310 WEST INTERSTATE 20 SUITE #100<br>ARLINGTON, TX 76017 | | CAMPAIGN FUNDRAISER |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/18/12 | ROBERT NELSON<br>2340 W. INTERSTATE 20 SUITE #202<br>ARLINGTON, TX 76017 | | CAMPAIGN FUNDRAISER |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# PLEDGED CONTRIBUTIONS

**SCHEDULE B**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule B: 1

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: $ NONE

| 5 Date | 6 Full name of pledgor ☐ out-of-state PAC (ID#: ) / 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge ($) | 9 In-kind description (if applicable) |
|---|---|---|---|
| | NONE | | (If travel outside of Texas, complete Schedule T) |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor ☐ out-of-state PAC (ID#: ) / Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor ☐ out-of-state PAC (ID#: ) / Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor ☐ out-of-state PAC (ID#: ) / Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor ☐ out-of-state PAC (ID#: ) / Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind 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.**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ NONE

| 5 Date of loan | 7 Name of lender ☐ out-of-state PAC (ID# ) | 9 Loan Amount ($) |
|---|---|---|
| 6 Is lender a financial Institution? Y N | 8 Lender address: City: State: Zip Code NONE | 10 Interest rate |
| | | 11 Maturity date |

| 12 Principal occupation / Job title (See Instructions) | 13 Employer (See Instructions) |
|---|---|
| 14 Description of Collateral ☐ none | 15 Check if personal funds were deposited into political account ☐ |

| 16 GUARANTOR INFORMATION ☐ not applicable | 17 Name of guarantor | 19 Amount Guaranteed ($) |
|---|---|---|
| | 18 Guarantor address; City; State; Zip Code | |

| 20 Principal Occupation (See Instructions) | 21 Employer (See Instructions) |
|---|---|

| Date of loan | Name of lender ☐ out-of-state PAC (ID# ) | Loan Amount ($) |
|---|---|---|
| Is lender a financial Institution? Y N | Lender address: City: State: Zip Code | Interest rate |
| | | Maturity date |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Description of Collateral ☐ none | Check if personal funds were deposited into political account ☐ |

| GUARANTOR INFORMATION ☐ not applicable | Name of guarantor | Amount Guaranteed ($) |
|---|---|---|
| | Guarantor address: City: State: Zip Code | |

| Principal Occupation (See Instructions) | Employer (See Instructions) |
|---|---|

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

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# POLITICAL EXPENDITURES

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

**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: 4/18/12 | 5 Payee name: PRECISION PRESS | |
| 6 Amount ($): $832.56 | 7 Payee address; City; State; Zip Code: 3115 S. COOPER SUITE #300 ARLINGTON, TX 76015 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule): PRINTING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T): SCRATCH PADS |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date: 4/28/12 | Payee name: MURPHY TURNER ASSOCIATES | |
| Amount ($): $6,312.76 | Payee address; City; State; Zip Code: P.O. BOX 296 AUSTIN, TX 78767 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule): CONSULTING EXPENSE | Description (If travel outside of Texas, complete Schedule T): MAIL PIECE |
| Complete ONLY 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY 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**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule G: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 1 | SHERI A. CAPEHART | |

| 4 Date | 5 Payee name | 6 Amount ($) | 7 Payee address; City; State; Zip Code | 8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|---|---|---|
| 4/18/12<br>4/21/12 | LOWE'S | #48.56<br>☐ Reimbursement from political contributions intended | 1901 HIGHWAY 287<br>MANSFIELD, TX 76063 | ADVERTISING EXPENSE | SIGN ACCESSORIES |
| 4/28/12 | LOWE'S | #56.98<br>☐ Reimbursement from political contributions intended | 1901 HIGHWAY 287<br>MANSFIELD, TX 76063 | ADVERTISING EXPENSE | SIGN ACCESSORIES |
| | | ☐ Reimbursement from political contributions intended | | | |
| | | ☐ Reimbursement from political contributions intended | | | |

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule H: 1 | 2 FILER NAME SHERI A. CAPEHART | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 4 Date | 5 Business name | |
| 6 Amount ($) | 7 Business address: City: State: Zip Code NONE | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Business name | |
| Amount ($) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Business name | |
| Amount ($) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Business name | |
| Amount ($) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule I | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 1 | SHERI A. CAPEHART | |

| 4 Date | 5 Payee name |
|---|---|
| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
| | NONE |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (See instructions regarding type of information required.) |
|---|---|---|

| Date | Payee name |
|---|---|
| Amount ($) | Payee address; City; State; Zip Code |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|---|---|---|

| Date | Payee name |
|---|---|
| Amount ($) | Payee address; City; State; Zip Code |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|---|---|---|

| Date | Payee name |
|---|---|
| Amount ($) | Payee address; City; State; Zip Code |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|---|---|---|

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Name of person from whom amount is received<br>6 Address of person from whom amount is received; City; State; Zip Code<br>7 Purpose for which amount is received | 8 Amount ($) |
|---|---|---|
| | NONE | |
| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code<br>Purpose for which amount is received | Amount ($) |
| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code<br>Purpose for which amount is received | Amount ($) |
| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code<br>Purpose for which amount is received | Amount ($) |

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule T:

2 FILER NAME SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☒ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G

☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☒ PAC-E

NONE

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G

☐ Schedule H ☐ Schedule N ☐ COH-UC ☒ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G

☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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