

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:

6

OFFICE USE ONLY

Date Received

RECEIVED - CSO
14 MAY - 2 PM: 52

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MRS.

SHERI

A.

NICKNAME

LAST

SUFFIX

CAPEHART

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4417 GARDEN DR. ARLINGTON, TX 76001

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 572-0421

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR.

W.

JEFF

NICKNAME

LAST

SUFFIX

WILLIAMS

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6948 W. POLYWEBB ARLINGTON, TX 76016

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 572-7818

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

THROUGH

Month Day Year

04/01/14

04/30/14

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

Primary

Runoff

General

Special

05/10/14

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

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

COMMITTEE NAME

GENERAL

NONE

SPECIFIC

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

\$ 50⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,256⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 8,167.²³

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 79,968.¹⁴

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheri A. Capehart, this the 2nd day of May, 20 14, to certify which, witness my hand and seal of office.

Stephanie Dimas

Signature of officer administering oath

Stephanie Dimas

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: 4 | |
| 2 FILER NAME SHERI A. CAPEHART | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/23/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC | 7 Amount of contribution (\$) 500.⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code P.O. BOX 2246 AUSTIN, TX 78768 | | (if travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 4/30/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. JEFF WILLIAMS | Amount of contribution (\$) 500.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 6948 W. POLYWEBB ARLINGTON, TX 76016 | | (if travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/30/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE VILLAGE AT SPORTS CENTER, LTD | Amount of contribution (\$) 500.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2500 NE GREEN OAKS BLVD SUITE 200 ARLINGTON, TX 76006 | | (if travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/30/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT NELSON | Amount of contribution (\$) 500.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2340 W. INTERSTATE 20, SUITE 202 ARLINGTON, TX 76017 | | (if travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/30/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY FOWLER | Amount of contribution (\$) 400.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4900 MORRIS HEIGHTS DR. ARLINGTON, TX 76016 | | (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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/30/14

5 Full name of contributor out-of-state PAC (ID# _____)

TOM CRAVENS

7 Amount of contribution (\$)

250.⁰⁰/₁₀₀

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

501 S. FIELDER RD.
ARLINGTON, TX 76013

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/14

Full name of contributor out-of-state PAC (ID# _____)

ROBERT KEMBEL

Amount of contribution (\$)

250.⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3820 LEISURE LANE
DENTON, TX 76210

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/14

Full name of contributor out-of-state PAC (ID# _____)

MICHAEL H. PATTERSON

Amount of contribution (\$)

200.⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2310 W. INTERSTATE 20, SUITE 100
ARLINGTON, TX 76017

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/14

Full name of contributor out-of-state PAC (ID# _____)

DAVID W. TEES

Amount of contribution (\$)

200.⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2104 INVERRAY CT.
ARLINGTON, TX 76017

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/14

Full name of contributor out-of-state PAC (ID# _____)

MRS. W.H. HELSPER

Amount of contribution (\$)

200.⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2112 W. BARDIN RD.
ARLINGTON, TX 76017

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/30/14

5 Full name of contributor out-of-state PAC (ID# _____)

BLESILDA S. MACARAE G

6 Contributor address; City; State; Zip Code

P.O. BOX 153031
ARLINGTON, TX 76015

7 Amount of contribution (\$)

200.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/14

Full name of contributor out-of-state PAC (ID# _____)

TIM D. KOLTON

Contributor address; City; State; Zip Code

1396 W. MAYFIELD #100
ARLINGTON, TX 76015

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/14

Full name of contributor out-of-state PAC (ID# _____)

PATRICIA NOE

Contributor address; City; State; Zip Code

2205 SAPPHIRE DR.
ARLINGTON, TX 76017

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/14

Full name of contributor out-of-state PAC (ID# _____)

JACK S. GARIOTA

Contributor address; City; State; Zip Code

5206 CALIENTE DR.
ARLINGTON, TX 76017

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/14

Full name of contributor out-of-state PAC (ID# _____)

SUSAN E. GUNN

Contributor address; City; State; Zip Code

1401 SOUTHWOOD BLVD.
ARLINGTON, TX 76013

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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| 2 FILER NAME SHERI A. CAPEHART | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/30/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERRY GONZALEZ | 7 Amount of contribution (\$) 100.⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 2211 WOODMONT CT. ARLINGTON, TX 76017 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 4/30/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINE W. PHENIX | Amount of contribution (\$) 50.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2200 TOURNAMENT TRAIL ARLINGTON, TX 76017 | | (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) | |
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