

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:

5

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 Month Day Year
05/01/14 THROUGH 06/30/14

11 ELECTION

Month ELECTION DATE Year ELECTION TYPE
Day Year
05/10/14
 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

GOTO 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

\$ 0

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

\$ 2300.⁰⁰

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

\$ 10,467.⁶⁸

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 Capehart, this the 15th day of July, 20 14, to certify which, witness my hand and seal of office.

Mary Supino

MARY SUPINO

City Secretary

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:

3 (3 of 3)

2 FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

4 Date

APRIL
-MAY
2014

5 Full name of contributor

out-of-state PAC (ID#: _____)

ARLINGTON POLICE ASSOCIATION PAC

6 Contributor address; City; State; Zip Code

P.O. BOX 856
ARLINGTON, TX 76004

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

ADVERTISING

(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#: _____)

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

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

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

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 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:

3 (1 of 3)

2 FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/6/14

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

GRACE McDERMOTT

6 Contributor address; City; State; Zip Code

2114 FRANKLIN DR.
ARLINGTON, TX 76011

7 Amount of contribution (\$)

100.⁰⁰

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

5/8/14

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

DONNA J. SMIEDT

Contributor address; City; State; Zip Code

3216 W. ARKANSAS LN.
ARLINGTON, TX 76016

Amount of contribution (\$)

200.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/14

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

JIM MAIBACH

Contributor address; City; State; Zip Code

1703 N. PEYCO DR.
ARLINGTON, TX 76001

Amount of contribution (\$)

750.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/14

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

RICK W. MERRITT

Contributor address; City; State; Zip Code

3004 IRON STONE CT.
ARLINGTON, TX 76006

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/14

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

CHAD L. NOBLES

Contributor address; City; State; Zip Code

29212 VILLAGE CRK.
MAGNOLIA, TX 77355

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)

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:

3 (2 of 3)

2 FILER NAME

SHERI A. CAPEHART

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/23/14

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

JOE BOWERS

6 Contributor address; City; State; Zip Code

620 AVENUE H EAST #102
ARLINGTON, TX 76011

7 Amount of contribution (\$)

100.⁰⁰

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

6/10/14

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

BILLIE N. FARRAR

Contributor address; City; State; Zip Code

600 W. PARK ROW
ARLINGTON, TX 76010

Amount of contribution (\$)

200.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/14

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

JIM RYFFEL

Contributor address; City; State; Zip Code

3113 S. UNIVERSITY DR. #600
FORT WORTH, TX 76109

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/25/14

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

CONNIE RUFF

Contributor address; City; State; Zip Code

4102 SHADY VALLEY DR.
ARLINGTON, TX 76013

Amount of contribution (\$)

350.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

APRIL
-MAY
2014

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

ARLINGTON PROFESSIONAL FIRE FIGHTERS
PAC

Contributor address; City; State; Zip Code

208 S. FLELDER RD,
ARLINGTON, TX 76013

Amount of contribution (\$)

In-kind contribution description (if applicable)

ADVERTISING

(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.