

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">15</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:10%; text-align: center;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">MRS. SHERI</td> <td style="text-align: center;">A</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">CAPEHART</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		MRS. SHERI	A	NICKNAME	LAST	SUFFIX		CAPEHART		<div style="text-align: center; font-weight: bold; font-size: 0.9em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received <div style="text-align: center; font-size: 1.2em; font-weight: bold;">16 JUL 15 PM 3:21</div> <div style="text-align: center; font-size: 0.8em;">RECEIVED - C/OH</div> </div> <div style="margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div>							
MS / MRS / MR	FIRST	MI																			
	MRS. SHERI	A																			
NICKNAME	LAST	SUFFIX																			
	CAPEHART																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:30%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">4417 GARDEN DR. ARLINGTON, TX 76001</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	4417 GARDEN DR. ARLINGTON, TX 76001												
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:45%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>(817)</td> <td>572-0421</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(817)	572-0421													
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Receipt #	Amount \$																				
Date Processed																					
Date Imaged																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:10%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:30%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">2114 CROSS CREEK CT. ARLINGTON, TX 76017</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2114 CROSS CREEK CT. ARLINGTON, TX 76017												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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)	<input checked="" 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)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; text-align: center;"> Month Day Year 01 / 01 / 2016 </td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:45%; text-align: center;"> Month Day Year 06 / 30 / 2016 </td> </tr> </table>			Month Day Year 01 / 01 / 2016	THROUGH	Month Day Year 06 / 30 / 2016															
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; font-size: 0.8em;">ELECTION DATE</td> <td colspan="2" style="font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td style="width:30%;"><input type="checkbox"/> Primary</td> <td style="width:35%;"><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="text-align: center;">05 / 07 / 2016</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	05 / 07 / 2016	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		<input type="checkbox"/> Other Description							
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	<input type="checkbox"/> Other Description																				
12 OFFICE	12 OFFICE HELD (if any) ARLINGTON CITY COUNCIL DISTRICT TWO	13 OFFICE SOUGHT (if known) ARLINGTON CITY COUNCIL DISTRICT TWO																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

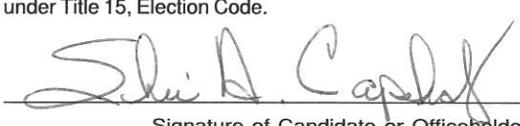
14 C/OH NAME SHERI A. CAPEHART	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME ~~~~~ NONE ~~~~~
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 10,165.
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	\$ 20,310.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 79,968

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.



 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, 2016, to certify which, witness my hand and seal of office.

Mary Supina MARY SUPINA City Secretary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME SHERI A. CAPEHART	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,165.
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ∅
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ ∅
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ∅
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ∅
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ ∅
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ∅
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ ∅
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ ∅
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ∅
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ∅

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/16

5 Full name of contributor

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

STEPHEN E. CAVENDER

6 Contributor address;

City; State; Zip Code

2111 N. COLLINS
STE. 323

ARLINGTON, TX, 76011

7 Amount of contribution (\$)

\$250.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/5/16

Full name of contributor

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

WILLIAM W. SNIDER

Contributor address;

City; State; Zip Code

2111 N. COLLINS
STE. 323

ARLINGTON, TX, 76011

Amount of contribution (\$)

\$200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/16

Full name of contributor

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

JOHN D. MORITZ

Contributor address;

City; State; Zip Code

P.O. BOX 490

ARLINGTON, TX, 76004

Amount of contribution (\$)

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/16

Full name of contributor

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

LINDA KEI DIPERT

Contributor address;

City; State; Zip Code

1512 KILLIAN DR, ARLINGTON, TX, 76013

Amount of contribution (\$)

250.⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/16

5 Full name of contributor

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

FRED C. WEEKLEY

6 Contributor address;

City; State; Zip Code

1821 MOSSY OAK ARLINGTON, TX, 76012

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/7/16

Full name of contributor

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

DAVID J. TESMER

Contributor address;

City; State; Zip Code

612 E. LAMAR BLVD. ARLINGTON, TX, 76011
STE. 300

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/7/16

Full name of contributor

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

KATHLEEN LONG

Contributor address;

City; State; Zip Code

7107 TRUVER LN. ARLINGTON, TX, 76001

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

Full name of contributor

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

AGT COUNSELING, LLC

Contributor address;

City; State; Zip Code

900 W. MITCHELL ST. ARLINGTON, TX, 76013

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/16

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

CAROLE R. HOYER

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

2206 RACQUET CLUB CT. ARLINGTON, TX, 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/16

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

JUDITH W. NORTHUP

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

3112 WESTADOR DR. ARLINGTON, TX, 76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

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

VIRGINIA LYNNE CRNKOVICH

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

2105 INVERRAY CT. ARLINGTON, TX, 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

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

SISSY DAY

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

538 CHATEAU TR. ARLINGTON, TX, 76012

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/16

5 Full name of contributor

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

HELEN A. MOISE

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

2106 HILLRIDGE CT. ARLINGTON, TX, 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/16

Full name of contributor

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

DEBBIE L. BOREK

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2733 W. 7TH ST. FT. WORTH, TX, 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

Full name of contributor

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

VANDELLA L. MENIFEE

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

5431 CHILDRESS DR. GRAND PRAIRIE, TX, 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

Full name of contributor

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

C. THOMAS CORBIN

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

P.O. Box 237 MANSFIELD, TX, 76063

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

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2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/16

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

ANNE G. WEYDECK

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

1707 QUEENSBOROUGH ARLINGTON, TX, 76015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/16

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

N.L. JOHNSON PLUMP

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

5201 HIDDEN OAKS LN, ARLINGTON, TX, 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

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

PAULIK & ASSOCIATES

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

6115 CAMP BOWIE BLVD, FORTWORTH, TX, 76116
STE. 270

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

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

GREGORY N. SMITH

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

220 RIVER RIDGE ARLINGTON, TX, 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/16

5 Full name of contributor

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

DAVID W. TEES

7 Amount of contribution (\$)

\$100.⁰⁰/₋

6 Contributor address;

City; State; Zip Code

2104 INVERRAY CT.

ARLINGTON, TX, 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/16

Full name of contributor

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

GLENN DAY

Amount of contribution (\$)

\$100.⁰⁰/₋

Contributor address;

City; State; Zip Code

2307 WOOD CLIFF CT.

ARLINGTON, TX, 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

Full name of contributor

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

RICHARD GREENE

Amount of contribution (\$)

\$100.⁰⁰/₋

Contributor address;

City; State; Zip Code

2114 CROSS CREEK CT.

ARLINGTON, TX, 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

Full name of contributor

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

PETER N. DAO

Amount of contribution (\$)

\$100.⁰⁰/₋

Contributor address;

City; State; Zip Code

4526 MARBLE ARCH DR.

GRAND PRAIRIE, TX, 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:

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2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/16

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

DODSON CAPITAL, LLC

6 Contributor address; City; State; Zip Code
255 N. CENTER ST. ARLINGTON, TX, 76011
STE. 100

7 Amount of contribution (\$)

\$350.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/16

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

MAIBACH INVESTMENTS, LP

Contributor address; City; State; Zip Code
1703 N. PEYCO DR. ARLINGTON, TX, 76001

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

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

ARLINGTON POLICE ASSN., PAC

Contributor address; City; State; Zip Code
P.O. BOX 856 ARLINGTON, TX, 76004

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/16

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

AFFA PAC

Contributor address; City; State; Zip Code
208 S. FIELDER RD. ARLINGTON, TX, 76013

Amount of contribution (\$)

\$2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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1 Total pages Schedule A1:

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2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/16

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

WILMA W. MITCHELL

7 Amount of contribution (\$)

\$65.00

6 Contributor address; City; State; Zip Code

2108 CROSS CREEK CT, ARLINGTON, TX, 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/15/16

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

MONTIE JAY GREEN

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

3303 RAINIER DR, ARLINGTON, TX, 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/16

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

RICKIE W. MERRITT

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

3004 IRON STONE CT, ARLINGTON, TX, 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/16

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

FAMILY LAW FIRM OF DONNA J. SMIEDT, PLLC

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

3216 W. ARKANSAS LN, ARLINGTON, TX, 76016

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/16

5 Full name of contributor

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

JAN ALTRY

6 Contributor address;

City; State; Zip Code

2302 NEWFOREST CT.

ARLINGTON, TX, 76017

7 Amount of contribution (\$)

\$150.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/16

Full name of contributor

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

LINDA S. PATTERSON

Contributor address;

City; State; Zip Code

4514 COLT DR.

ARLINGTON, TX, 76017

Amount of contribution (\$)

\$200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/16

Full name of contributor

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

MATLOCK OB/GYN ASSOCIATES

Contributor address;

City; State; Zip Code

515 W. MAYFIELD
STE. 200

ARLINGTON, TX, 76014

Amount of contribution (\$)

\$250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/16

Full name of contributor

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

MOJIB HADDAD

Contributor address;

City; State; Zip Code

3024 SHADOW DR. WEST

ARLINGTON, TX, 76006

Amount of contribution (\$)

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

SHERI A. CAPEHART

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/16

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

CONNIE RUFF

7 Amount of contribution (\$)

\$250.⁰⁰

6 Contributor address; City; State; Zip Code

4102 SHADY VALLEY ARLINGTON, TX, 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/15/16

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

GEORGE A. COOPER

Amount of contribution (\$)

\$200.⁰⁰

Contributor address; City; State; Zip Code

6108 WINDSONG DR, ARLINGTON, TX, 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>SHERI A. CAPEHART</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4/11/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GILLIGANS (RANDY FORD)</u>	8 Amount of Contribution \$ <u>\$300.00</u>	9 In-kind contribution description <u>REFRESHMENTS FOR FUNDRAISER</u>
7 Contributor address; City; State; Zip Code <u>400 E. ABRAM ARLINGTON, TX 76010</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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