

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS.	FIRST SHERYL	MI L.
	NICKNAME	LAST D'SPAIN	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 35 J. WILLIAMS RD	APT / SUITE #;	CITY, STATE, ZIP CODE BOERNE, TX 78006
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (830)	PHONE NUMBER 249-9124
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST SHERYL	MI L.
	NICKNAME	LAST D'SPAIN	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 35 J. WILLIAMS RD.	APT / SUITE #;	CITY, STATE, ZIP CODE BOERNE, TX 78006
	8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 249-9124
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) <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 7 / 1 / 2013	THROUGH	Month Day Year 12 / 31 / 2013
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 2014	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) COUNTY TREASURER	13 OFFICE SOUGHT (if known)	

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