

# 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:** 4 ✓/Scheckler

**3 CANDIDATE / OFFICEHOLDER NAME**  
MS / MRS / MR: MRS FIRST: SHERYL MI: \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ LAST: \_\_\_\_\_ SUFFIX: \_\_\_\_\_  
D'SPAIN

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
ADDRESS / PO BOX: 35 J WILLIAMS RD CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
APT / SUITE #: \_\_\_\_\_  
 Change of Address BOERNE TX 78006

**5 CANDIDATE / OFFICEHOLDER PHONE**  
AREA CODE: (830) PHONE NUMBER: 249-9124 EXTENSION: \_\_\_\_\_

**6 CAMPAIGN TREASURER NAME**  
MS / MRS / MR: MRS FIRST: AMBER MI: \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ LAST: \_\_\_\_\_ SUFFIX: \_\_\_\_\_  
DIETRICH

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**  
STREET ADDRESS (NO PO BOX PLEASE): 124 MARK TWAIN CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
APT / SUITE #: \_\_\_\_\_  
BOERNE TX 78006

**8 CAMPAIGN TREASURER PHONE**  
AREA CODE: (830) PHONE NUMBER: 230-5430 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    2 / 1 / 2010    THROUGH    Month Day Year  
2 / 22 / 2010

**11 ELECTION**  
ELECTION DATE: Month Day Year    3 / 2 / 2010  
ELECTION TYPE:  Primary     Runoff     General     Special

**12 OFFICE** OFFICE HELD (if any)    **13 OFFICE SOUGHT (if known)**  
COUNTY TREASURER

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name: \_\_\_\_\_

Address / PO Box: \_\_\_\_\_ Apt. / Suite #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

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

\$ 100.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 30.00

4. TOTAL POLITICAL EXPENDITURES

\$ 330.00

CONTRIBUTION BALANCE

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

\$ 10.08

OUTSTANDING LOAN TOTALS

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

\$

19 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.

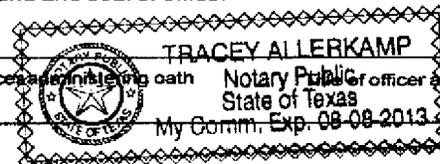
*Sheryl D'spain*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl D'spain, this the 17<sup>th</sup> day of February, 20 10 to certify which, witness my hand and seal of office.

*Tracey Allerkamp*  
Signature of officer administering oath

Printed name 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: <u>1</u>                |  |
| 2 FILER NAME<br><u>SHERYL D'SPAIN</u>  |   | 3 ACCOUNT # (Ethics Commission filers)            |  |
| 4 Date<br><u>2/14/2010</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>DAVID &amp; IVY D'SPAIN</u>               | 7 Amount of contribution (\$)<br><u>100.00</u>    | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City; State; Zip Code<br><u>35 HONEY BEE LANE<br/>BOERNE TX 78006</u> |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)<br><u>PEST CONTROL</u>                 |   | 10 Employer (See Instructions)<br><u>OWNER</u>    |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

SHERYL D'SPAIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/12/2010

5 Payee name

BOERNE STAR

7 Amount (\$)

330.00

6 Payee address; City; State; Zip Code

941 N SCHOOL ST  
BOERNE TX 78006

8 Purpose of payment (See instructions regarding type of information required.)

ADS IN PAPER

(If travel outside of Texas, complete Schedule T)

9 -- Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

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