

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 1/2 decks*

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MRS</i>	FIRST <i>SHERYL</i>	MI	OFFICE USE ONLY
	NICKNAME	LAST <i>D'SPAIN</i>	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <i>35 J WILLIAMS RD.</i>	APT / SUITE #;	CITY; <i>BOERNE TX</i>	STATE; <i>TX</i>	ZIP CODE <i>78006</i>	Date Received <i>01-29-10 A11:27 RCVD</i>
						Date Hand-delivered or Date Postmarked <i>Sdecker</i>

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(830)</i>	PHONE NUMBER <i>249-9124</i>	EXTENSION	Receipt #	Amount
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MRS</i>	FIRST <i>AMBER</i>	MI	Date Processed
	NICKNAME	LAST <i>DIETRICH</i>	SUFFIX	Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <i>124 MARK TWAIN</i>	APT / SUITE #;	CITY; <i>BOERNE TX</i>	STATE; <i>TX</i>	ZIP CODE <i>78006</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(830)</i>	PHONE NUMBER <i>230-5430</i>	EXTENSION
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9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 <i>1</i>	Day <i>1</i>	Year <i>2010</i>	THROUGH	Month <i>2</i>	Day <i>1</i>	Year <i>2010</i>
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11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month <i>3</i>	Day <i>2</i>	Year <i>2010</i>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>COUNTY TREASURER</i>
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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	

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 525.00

EXPENDITURE TOTALS

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

\$ 68.07

4. TOTAL POLITICAL EXPENDITURES

\$ 517.95

CONTRIBUTION BALANCE

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

\$ 190.08

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

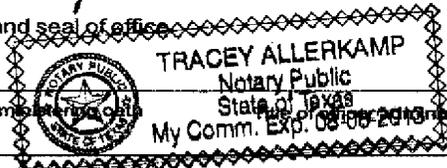
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl D'spain, this the 28th day of January, 20 10, to certify which, witness my hand and seal of office.

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:	
2 FILER NAME SHERYL D'SPAIN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/9/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE & JOAN GODSEY	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 518 SUMMIT TRAIL BOERNE TX 78006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 1/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE & CHRIS GODSEY	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 518 SUMMIT TRAIL BOERNE TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CIVIL ENGINEER		Employer (See Instructions)	
Date 1/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS	Amount of contribution (\$) 75.00	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 <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)	
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)	
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:
2 FILER NAME SHERYL D'SPAIN		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/22/2010	5 Payee name ALLIED SIGNS	7 Amount (\$) 197.66
6 Payee address; City; State; Zip Code 3700 BLANCO RD SAN ANTONIO TX 78212		
8 Purpose of payment (See instructions regarding type of information required.) BALANCE OWED ON SIGNS <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date 1/12/2010	5 Payee name ALLIED SIGNS ----- 6 Payee address; City: State: Zip Code 3700 BLANCO RD SAN ANTONIO TX 78212 ----- 7 Purpose of expenditure (See instructions regarding type of information required.) DEP ON POLITICAL SIGNS (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 197.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 1/16/2010	Payee name HOME DEPOT ----- Payee address; City: State: Zip Code 633 W BANLIERA BOERNE TX 78006 ----- Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES FOR SIGNS (If travel outside of Texas, complete Schedule T)	Amount (\$) 55.22 <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name ----- Payee address; City: State: Zip Code ----- Purpose of expenditure (See instructions regarding type of information required.) ----- (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name ----- Payee address; City: State: Zip Code ----- Purpose of expenditure (See instructions regarding type of information required.) ----- (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name ----- Payee address; City: State: Zip Code ----- Purpose of expenditure (See instructions regarding type of information required.) ----- (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED