

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: 3 / 1 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS SHERYL NICKNAME LAST SUFFIX D'SPAIN	OFFICE USE ONLY Date Received 07-14-11A11:42 RCVD <hr/> Date Hand-delivered or postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE 35 J. WILLIAMS RD BOERNE TX 78006		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 249-9124		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS SHERYL NICKNAME LAST SUFFIX D'SPAIN		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE 35. J. WILLIAMS RD BOERNE TX 78006		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 249-9124		
9 REPORT TYPE	<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"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2011 THROUGH 6 / 30 / 2011		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input 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)	
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 <hr/> Address / PO Box: Apt. / Suite # City: State: Zip Code		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME SHERYL D'SPAIN 16 ACCOUNT # (Ethics Commission Filers)

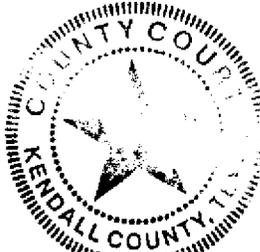
17 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 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	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Sheryl D'Spain, this the 14th day of July, 2011, to certify which, witness my hand and seal of office.

Darlene Herrin
Signature of officer administering oath

DARLENE HERRIN, County Clerk
Kendall County, Texas
Printed name of officer administering oath

Title of officer administering oath

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA
PG 1**

1 CANDIDATE NAME SHERYL D'SPAIN	2 ACCOUNT #	3 Total pages filed: 1
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**See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information only. Do not provide information previously disclosed.**

4 CANDIDATE NAME	NEW	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
			MRS. SHERYL		Date Received	
		NICKNAME	LAST	SUFFIX		
			D'SPAIN			
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		35. J. WILLIAMS RD. BOERNE, TX 78006				
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Postmarked	
		(830) 249-9124				Date Processed
					Date Imaged	

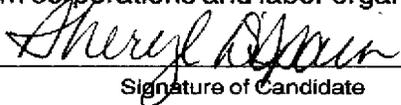
7 OFFICE HELD (if any)	NEW	COUNTY TREASURER
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8 OFFICE SOUGHT (if known)	NEW	
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9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
			MRS SHERYL		D'SPAIN		

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		35. J. WILLIAMS RD BOERNE TX 78006				

11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
		(830) 249-9124		

12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p align="center">  _____ Signature of Candidate </p> <p align="right"> 7/14/11 _____ Date Signed </p>
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