

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 6367	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Eric	MI Montgomery
	NICKNAME	LAST Shepperd	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 4408 Reynosa Dr. Austin TX 78739		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 680 - 3218		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Beverly	MI
	NICKNAME	LAST Reeves	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 221 West Sixth Street Suit 1000 Austin TX 78701-3410		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 334 - 4500		
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 Day Year THROUGH Month Day Year 07 / 01 / 06 09 / 28 / 06		
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 06		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Court-At-Law #2	
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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

Eric Montgomery Shepperd

16 ACCOUNT # (Ethics Commission Fiers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 120.85

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

\$ 4620.85

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8197.50

CONTRIBUTION BALANCE

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

\$ 4620.85

OUTSTANDING LOAN TOTALS

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

\$ 2000.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ERIC SHEPPERD, this the 10th day of Oct., 2006, to certify which, witness my hand and seal of office.

Dorine Hood



Dorine Hood
My Commission Expires
03/29/2010

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 3	
2 FILER NAME Eric Montgomery Shepperd		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/05/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine & Blackburn LLP 6 Contributor address; City; State; Zip Code 6601 Vaught Ranch Road, Suite 201 Austin, TX 78730	7 Amount of contribution (\$) 750.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Law Firm		10 Contributor's job title Law Firm	
11 Contributor's employer/law firm Law Firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 7/05/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald & Messner, P.C. Contributor address; City; State; Zip Code 812 San Antonio, Suite 400 Austin TX 78701-2224	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Law Firm		Contributor's job title Law Firm	
Contributor's employer/law firm Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 7/05/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank T. Ivy & Associates Contributor address; City; State; Zip Code 4801 Spicewood Springs Road, Building 3, Suite 200 Austin TX 78759	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Law Firm		Contributor's job title Law Firm	
Contributor's employer/law firm Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 3	
2 FILER NAME Eric Montgomery Shepperd		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/05/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Oden	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 1506 Gaston Avenue Austin, TX 78703-2419			
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 7/05/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian K. Jammer	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code P. O. Box 19528 Austin TX 78760			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 7/05/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sigman & Sigman, LLP	Amount of contribution (\$) 150.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1205 W. 43RD Street Austin TX 78756			
Contributor's principal occupation Law Firm		Contributor's job title Law Firm	
Contributor's employer/law firm Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A(J): 3	
2 FILER NAME Eric Montgomery Shepperd				3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/05/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Legette	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 2911 Kassarine Pass Austin, TX 78704					
9 Contributor's principal occupation			10 Contributor's job title		
11 Contributor's employer/law firm			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)					
Date 7/05/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunham & Rogers	Amount of contribution (\$) 2000.00	In-kind contribution description(if applicable)		
Contributor address; City; State; Zip Code 1800 Guadalupe Street Austin TX 78701					
Contributor's principal occupation Law Firm			Contributor's job title Law Firm		
Contributor's employer/law firm Law Firm			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					
Date 7/05/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews & Kurth Texas PAC	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)		
Contributor address; City; State; Zip Code 600 Travis, Suite 4200 Houston, TX 77002					
Contributor's principal occupation			Contributor's job title		
Contributor's employer/law firm			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B(J): 5

2 FILER NAME **Eric Montgomery Shepperd** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 7/05/06	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausley, Algert, Robertson & Flores	8 Amount of pledge (\$) 500.00	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code Austin TX		

10 Pledgor's principal occupation **Law Firm** 11 Pledgor's job title **Law Firm**

12 Pledgor's employer/law firm **Law Firm** 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) TheBratton Firm	Amount of pledge (\$) 500.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code Austin TX		

Pledgor's principal occupation **Law Firm** Pledgor's job title **Law Firm**

Pledgor's employer/law firm **Law Firm** Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews & Elliott	Amount of pledge (\$) 500.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code Austin TX		

Pledgor's principal occupation **Law Firm** Pledgor's job title **Law Firm**

Pledgor's employer/law firm **Law Firm** Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B(J): 5

2 FILER NAME **Eric Montgomery Shepperd** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 7/05/06	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilgers, Bell & Richards 7. Pledgor address; City; State; Zip Code Austin TX	8 Amount of pledge (\$) 500.00	9 In-kind description (if applicable)
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10 Pledgor's principal occupation **Law Firm** 11 Pledgor's job title **Law Firm**

12 Pledgor's employer/law firm **Law Firm** 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Bright & Whittenton Pledgor address; City; State; Zip Code Austin TX	Amount of pledge (\$) 500.00	In-kind description (if applicable)
------------------------	---	--	-------------------------------------

Pledgor's principal occupation **Law Firm** Pledgor's job title **Law Firm**

Pledgor's employer/law firm **Law Firm** Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler & Harvey Pledgor address; City; State; Zip Code Austin TX	Amount of pledge (\$) 500.00	In-kind description (if applicable)
------------------------	---	--	-------------------------------------

Pledgor's principal occupation **Law Firm** Pledgor's job title **Law Firm**

Pledgor's employer/law firm **Law Firm** Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

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2 FILER NAME **Eric Montgomery Shepperd** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 7/05/06	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead, Sechrest & Minick	8 Amount of pledge (\$) 500.00	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code Austin TX		

10 Pledgor's principal occupation **Law Firm** 11 Pledgor's job title **Law Firm**

12 Pledgor's employer/law firm **Law Firm** 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allensworth & Porter	Amount of pledge (\$) 250.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code Austin TX		

Pledgor's principal occupation **Law Firm** Pledgor's job title **Law Firm**

Pledgor's employer/law firm **Law Firm** Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deats, Durst, Owen & Levy	Amount of pledge (\$) 250.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code Austin TX		

Pledgor's principal occupation **Law Firm** Pledgor's job title **Law Firm**

Pledgor's employer/law firm **Law Firm** Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

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2 FILER NAME **Eric Montgomery Shepperd** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 7/05/06	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Acosta, Braden & Jones	8 Amount of pledge (\$) 250.00	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code Austin TX		

10 Pledgor's principal occupation **Law Firm** 11 Pledgor's job title **Law Firm**

12 Pledgor's employer/law firm **Law Firm** 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray & Becker	Amount of pledge (\$) 250.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code Austin TX		

Pledgor's principal occupation **Law Firm** Pledgor's job title **Law Firm**

Pledgor's employer/law firm **Law Firm** Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack London	Amount of pledge (\$) 250.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code Austin TX		

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule B(J): **5**

2 FILER NAME
Eric Montgomery Shepperd **3 ACCOUNT #** (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: **\$**

5 Date 7/05/06	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhea & Rodman	8 Amount of pledge (\$) 250.00	9 In-kind description (if applicable)
	7 Pledgor address; City, State, Zip Code Austin TX		

10 Pledgor's principal occupation Law Firm **11 Pledgor's job title** Law Firm

12 Pledgor's employer/law firm Law Firm **13 Law firm of pledgor's spouse (if any)**

14 If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater & Kennon	Amount of pledge (\$) 250.00	In-kind description (if applicable)
	Pledgor address; City, State, Zip Code Austin TX		

Pledgor's principal occupation Law Firm **Pledgor's job title** Law Firm

Pledgor's employer/law firm Law Firm **Law firm of pledgor's spouse (if any)**

If pledgor is a child, law firm of parent(s) (if any)

Date 7/05/06	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Weldon	Amount of pledge (\$) 250.00	In-kind description (if applicable)
	Pledgor address; City, State, Zip Code Austin TX		

Pledgor's principal occupation **Pledgor's job title**

Pledgor's employer/law firm **Law firm of pledgor's spouse (if any)**

If pledgor is a child, law firm of parent(s) (if any)

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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: **4**

2 FILER NAME **Eric Montgomery Shepperd** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
8/08/06	Travis County Democratic Party	100.00
	6 Payee address; City; State; Zip Code	
	Austin TX	

8 Purpose of payment (See instructions regarding type of information required.) Fundraiser	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
8/08/06	AFL-CIO	195.00
	Payee address; City; State; Zip Code	
	1625 L Street, N.W. Washington, DC 20036	

Purpose of payment (See instructions regarding type of information required.) Advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
8/25/06	David Butts	2000.00
	Payee address; City; State; Zip Code	
	1914 Patton Lane Austin TX 78723	

Purpose of payment (See instructions regarding type of information required.) Campaign Work	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
8/25/06	American Court Dues	382.50
	Payee address; City; State; Zip Code	
	Austin TX	

Purpose of payment (See instructions regarding type of information required.) Professional Dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME Eric Montgomery Shepperd		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/30/06	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code Austin TX	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) Fundraiser		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/01/06	Payee name Capital Area Progressive Women Payee address; City; State; Zip Code Austin TX	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/07/06	Payee name West Austin Democrats Payee address; City; State; Zip Code Austin TX	Amount (\$) 15.00
Purpose of payment (See instructions regarding type of information required.) Dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/07/06	Payee name Worley Printing Payee address; City; State; Zip Code 3217 N IH 35 Austin TX	Amount (\$) 2020.00
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME Eric Montgomery Shepperd		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/22/06	5 Payee name Glen Maxey 6 Payee address; City; State; Zip Code Austin TX	7 Amount (\$) 2500.00
8 Purpose of payment (See instructions regarding type of information required.) Database		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/27/06	Payee name My Net Biz Payee address; City; State; Zip Code Austin TX	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) Website		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/18/06	Payee name Hispanic Board Payee address; City; State; Zip Code Austin TX	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Fundraiser		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office
Date 9/27/06	Payee name Democratic National Party Payee address; City; State; Zip Code	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Fundraiser		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 4

2 FILER NAME **Eric Montgomery Shepperd** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
9/26/06	South Austin Democrats	10.00
	6 Payee address; City; State; Zip Code	
	Austin TX	

8 Purpose of payment (See instructions regarding type of information required.) Fundraiser	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.)	.. 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.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office
---	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS**SCHEDULE L**The ²INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

Eric Montgomery Shepperd

LENDER
INFORMATION

4 Name of lender

Kathlyn C. Wilson

5 Lender address:

City:

State:

Zip Code

3503 Pergrine Falcon Dr.

Austin, TX 78746

GUARANTOR
INFORMATION

6 Name of guarantor

 not applicable

7 Guarantor address:

City:

State:

Zip Code

LENDER
INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

 not applicable

Guarantor address:

City:

State:

Zip Code

LENDER
INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

 not applicable

Guarantor address:

City:

State:

Zip Code

LENDER
INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

 not applicable

Guarantor address:

City:

State:

Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED