

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6438

FORM JC/OH  
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#  
(Ethics Commission filers)

2 Total pages filed:  
5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr.** FIRST **Eric** MI **Montgomery**  
NICKNAME LAST **Shepperd** SUFFIX

OFFICE USE ONLY

Date Received  
Date Hand-Delivered or Date Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
**4408 Reynosa Dr.  
Austin TX 78739**

Change of Address

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

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 THROUGH Month Day Year  
**10 / 29 / 06 THROUGH 12 / 31 / 06**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
**11 / 07 / 06**  
 Primary  Runoff  General  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

\*\* 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

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

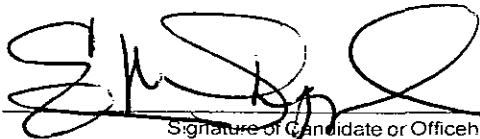
15 C/OH NAME <b>Eric Montgomery Sheppard</b>	16 ACCOUNT # (Ethics Commission Users)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	.. This box is for notice of political expenditures by political committees to support 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
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00 (Emi) 600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 450.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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 Sheppard this the 18th day of January 20 07, to certify which, witness my hand and seal of office.

 MARY ANN CARMONA  
Notary Public, State of Texas  
My Commission Expires  
AUGUST 25, 2008  
Notary

Mary Ann Carmona Signature of officer administering oath      MARY ANN CARMONA Print name of officer administering oath      Notary 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): 1

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

4 Date <b>7/05/06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Victoria Batiste</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>3512 Grimes Ranch Road Austin, TX 78732</b>			

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 <b>7/05/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Winstead Sechrest &amp; Minick</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>401 Congress Avenue Austin TX</b>			

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 <b>7/05/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>John F. McCormick</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>1801 Rock Creek Drive Round Rock, TX 78681</b>			

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)

**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

Eric Montgomery Shepperd

3 ACCOUNT # (Ethics Commission filer)

4 Date

5 Payee name

7 Amount (\$)

10/31/06

**Kathlyn C. Wilson**

**250.00**

6 Payee address: City: State: Zip Code

**3503 Pergrine Falcon Dr.  
Austin TX 78746**

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

**Loan payment**

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/29/06

**Dorothy Fowler**

**200.00**

Payee address: City: State: Zip Code

**12046 Ballerstedt Road  
Elgin, TX 78621**

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 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**OUTSTANDING LOANS**

**SCHEDULE L**

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule L:

1

2 FILER NAME

Eric Montgomery Shepperd

3 ACCOUNT # (Ethics Commission file)

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