

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6549

**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:** **4**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
Mr. Eric Montgomery
 NICKNAME LAST SUFFIX
Shepherd

OFFICE USE ONLY
 Date Received: **2007 JUL 16**
 Date Hand Delivered: **PM 12:26**
 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 FIRST MI
Ms. Beverly
 NICKNAME LAST SUFFIX
Reeves

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
221 West Sixth Street Suite 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 Month Day Year
01 / 01 / 07 THROUGH 06 / 30 / 07

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

12 OFFICE OFFICE HELD (if any) **Travis County Court-At-Law** **13 OFFICE SOUGHT (if known)** **#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 JC/OH NAME **Eric Montgomery Shepperd** 16 ACCOUNT # (Ethics Commission Filers)

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 **

<input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.14
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$150.00
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eric Sheppard this the 16 day of July 2007 to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Handwritten Signature]* Print name of officer administering oath: **MARY ANN CARROLL**



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 files)

4 Date
2/06/07

5 Payee name
Town Lake Links

7 Amount (\$)
150.00

6 Payee address; City; State; Zip Code
**5712 Painted Valley Drive
Austin TX 78759**

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

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: **1**

2 FILER NAME **Eric Montgomery Shepperd**

3 ACCOUNT # (Ethics Commission filers)

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