

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME Shepperd, Eric (Mr.)

15 ACCOUNT # (Ethics Commission filers)

16 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

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	150.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	5,829.95
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CONTRIBUTION BALANCE

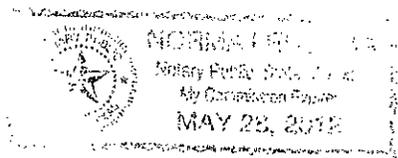
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2000.00
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18 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.



Eric Shepperd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eric Shepperd, this the 29 day of June, 2010 to certify which, witness my hand and seal of office.

Norma Ledesma
Signature of officer administering oath

Norma Ledesma
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 PAGE # Schedule: 1/1 Report: 3/6	
2 FILER NAME Shepperd, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/04/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernard, Najjean (Mrs.)	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 Glacier Point Trail Taylor, TX 76574		(if travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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 01/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Boyle, Robert (Mr.)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Congress Avenue Suite 1600 Austin, TX 78701		(if travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Strasburger		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 4/6

2 FILER NAME Shepperd, Eric (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date 01/20/2010	5 Payee name Austin Bar Association (ABA) 6 Payee address; City; State; Zip Code 816 Congress Avenue #700 Austin, TX 78701	7 Amount (\$) \$250.00
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8 Purpose of payment (See instructions regarding type of information required.) ABA Membership Directory (Check #1094) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/04/2010	Payee name Austin Tejano Democrats Payee address; City; State; Zip Code 2544 Stoutwood Circle Austin, TX 78745	Amount (\$) \$325.00
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Purpose of payment (See instructions regarding type of information required.) Ad Sponsorship (Check #1092) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/02/2010	Payee name Butts, David (Mr.) Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	Amount (\$) \$5,000.00
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Purpose of payment (See instructions regarding type of information required.) Signs (Check #1156) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/20/2010	Payee name Hispanic Bar Association of Austin Payee address; City; State; Zip Code P O Box 12692 Austin, TX 78711-2692	Amount (\$) \$250.00
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Purpose of payment (See instructions regarding type of information required.) Event Sponsorship (Check #1103) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 2/2 Report: 5/6**2** FILER NAME Shepperd, Eric (Mr.)**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

01/04/2010

PayPal

\$1.75

6 Payee address; City; State; Zip Code1840 Embarcadero Road
Palo Alto, CA 94303**8** Purpose of payment (See instructions regarding type of information required.)

Transaction Fee - Najjean Bernard PayPal Contribution

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name

Amount
(\$)

01/11/2010

PayPal

\$3.20

Payee address; City; State; Zip Code

1840 Embarcadero Road
Palo Alto, CA 94303

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

Transaction Fee - Robert O-Boyle PayPal Contribution

(If travel outside of Texas, complete Schedule T) **** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 6/6

2 FILER NAME Shepperd, Eric (Mr.)

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender
Wilson, Kathlyn (Ms.)

5 Lender address; City; State; Zip Code
3503 Pegrine Falcon Drive
Austin, TX 78746

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

not applicable