

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7457

FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
01111111

2 PAGE #
1 of 5

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
11412 Carnelian Drive
Austin, TX 78739

Date Hand-delivered or Date Postmarked

Receipt #

Amount

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR Ms. FIRST Beverly MI
NICKNAME LAST SUFFIX
Reeves

Date Processed

Date Imaged

6 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

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 344-4500

8 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)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
09/24/2010 10/23/2010

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/02/2010

11 OFFICE

OFFICE HELD (if any)
Travis County Court At Law #2

12 OFFICE SOUGHT (if known)
Travis County Court At Law #2

13 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**

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

15 ACCOUNT # (Ethics Commission filers)
01111111

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

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

\$ 275.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 590.83

CONTRIBUTION BALANCE

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

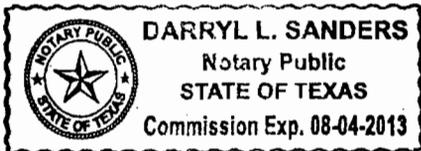
\$ 7,597.41

OUTSTANDING LOAN TOTALS

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

\$ 0.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Darryl L. Sanders, this the 25th day of October, 20 10, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Darryl L. Sanders
Print name of officer administering oath

Court Operations Officer
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 4/5		2 FILER NAME Shepperd, Eric (Mr.)		3 ACCOUNT # (TEC filers) 01111111	
4 Date 10/19/2010	5 Payee name Atlantic Feature Syndicate				
6 Amount (\$) \$140.00	7 Payee address City; State; Zip Code 16 Slayton Road Melrose, CA 02176				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Fee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cartoon		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/17/2010	Payee name Austin Bar Association (ABA)				
Amount (\$) \$65.00	Payee address City; State; Zip Code 816 Congress Avenue #700 Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/13/2010	Payee name Capital Aread Democratic Women				
Amount (\$) \$100.00	Payee address City; State; Zip Code P O Box 2211 Austin, TX 78768-2211				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Sponsorship		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/20/2010	Payee name Check Mark Typesetting				
Amount (\$) \$10.83	Payee address City; State; Zip Code 3217 N IH 35 Austin, TX				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ad Creation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 5/5	2 FILER NAME Shepperd, Eric (Mr.)	3 ACCOUNT # (TEC filers) 01111111
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4 Date 10/06/2010	5 Payee name Hispanic Bar Association of Austin
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6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code P O Box 12692 Austin, TX 78711-2692
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Luncheon Sponsorship	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon Sponsorship
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/14/2010	Payee name Lloyd Lochridge Inns of Court
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Amount (\$) \$175.00	Payee address City; State; Zip Code 600 Congress Avenue Suite 2100 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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