



# 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)	\$	100.00
--	----	--------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
--	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	1,205.00
---------------------------------	----	----------

CONTRIBUTION BALANCE

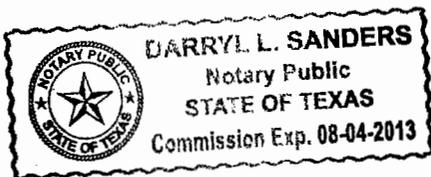
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,037.41
--	----	----------

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 13<sup>th</sup> day of July, 2011, 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.

<b>1 PAGE #</b> Schedule: 1/3 Report: 4/6		<b>2 FILER NAME</b> Shepperd, Eric (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 01111111	
<b>4 Date</b> 05/25/2011		<b>5 Payee name</b> Austin Bar Association (ABA)			
<b>6 Amount (\$)</b> \$55.00		<b>7 Payee address City; State; Zip Code</b> 816 Congress Avenue #700 Austin, TX 78701			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Law Day Celebration Luncheon Ticket (Check #1117)	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/14/2011		<b>Payee name</b> Austin Chapter Links			
<b>Amount (\$)</b> \$100.00		<b>Payee address City; State; Zip Code</b> P O Box 143255 Austin, TX 78714			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Event Sponsorship (Check #1035)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/19/2011		<b>Payee name</b> Black Austin Democrats			
<b>Amount (\$)</b> \$250.00		<b>Payee address City; State; Zip Code</b> P O Box 212 Austin, TX 78767			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Sponsorship (Check #1053)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/01/2011		<b>Payee name</b> Capital Area Asian American Democrats			
<b>Amount (\$)</b> \$100.00		<b>Payee address City; State; Zip Code</b> P O Box 300595 Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Event Sponsorship (Check #1034)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**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.

<b>1</b> PAGE # Schedule: 2/3 Report: 5/6	<b>2</b> FILER NAME Shepperd, Eric (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 01111111
--	---	---

<b>4</b> Date 04/19/2011	<b>5</b> Payee name Gomez, Commissioner Margaret
-----------------------------	---

<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address City; State; Zip Code 314 West 11th Street Suite 525 Austin, TX 78701
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cinco De Mayo Event Sponsorship (Check #1038)
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 06/14/2011	Payee name Sam Biscoe Special Projects
--------------------	---

Amount (\$) \$25.00	Payee address City; State; Zip Code P O Box 1748 Austin, TX 78767
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Juneteenth Donation (Check #1119)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 04/30/2011	Payee name Stephens, Bridget (Ms.)
--------------------	---------------------------------------

Amount (\$) \$175.00	Payee address City; State; Zip Code 2000 South Lakeline Boulevard #437 Cedar Park, TX 78613
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mother's Day Luncheon Sponsorship (Check #1052)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 02/22/2011	Payee name Texas Board of Legal Specialization
--------------------	---

Amount (\$) \$125.00	Payee address City; State; Zip Code 505 East Huntland Drive Suite 400 LB 28 Austin, TX 78752
-------------------------	---

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"/> Certification Dues (Check #1036)
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

**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.

<b>1 PAGE #</b> Schedule: 3/3 Report: 6/6		<b>2 FILER NAME</b> Shepperd, Eric (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 01111111	
<b>4 Date</b> 04/28/2011		<b>5 Payee name</b> Travis County Women Lawyers' Association			
<b>6 Amount (\$)</b> \$125.00		<b>7 Payee address City; State; Zip Code</b> P O Box 684683 Austin, TX 78768-4683			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Annual Luncheon Ticket (Check #1039)	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	