

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8313

FORM **JC/OH**  
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 11111111	2 PAGE # 1 of 4
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Eric	MI	OFFICE USE ONLY
	NICKNAME	LAST Shepperd	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	11412 Carnelian Drive Austin, TX 78739				
<input type="checkbox"/> Change of Address					

Date Received  
2014 FEB 24 11:15 AM  
FILED  
TRAVIS COUNTY CLERK

Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Beverly	MI
	NICKNAME	LAST Reeves	SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	221 West Sixth Street Suite 100 Austin, TX 78701-3410				

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 344-4500	

8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
			01/24/2014				02/22/2014

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
			03/04/2014				

11 OFFICE	OFFICE HELD (if any) Travis County Court at Law #2	12 OFFICE SOUGHT (if known) Travis County Court at Law #2
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**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM JC/OH**  
**COVER SHEET PG 2**

<b>13 C/OH NAME</b> Shepperd, Eric (Mr.)	<b>14 ACCOUNT #</b> (Ethics Commission filers) 11111111
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**15 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"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

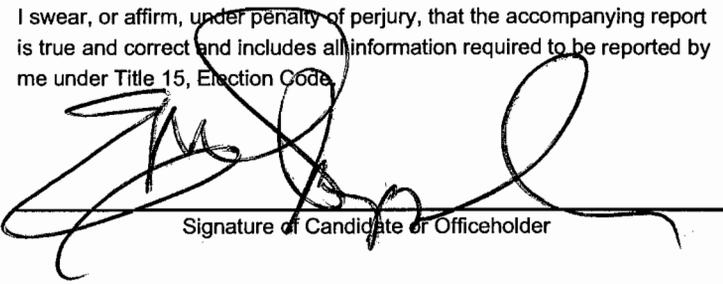
<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	675.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	18,356.10
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Eric Shepperd, this the 24th day of February, 2014, to certify which, witness my hand and seal of office.

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Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The I NSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/4	
2 FILER NAME Shepperd, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date  02/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Aniita C. (Ms.) ..... 6 Contributor address; City; State; Zip Code 5114 Balcones Woods #307-345 Austin, TX 78759	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable) Austin Lyric Opera's Auction Event      (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)			

# 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.

<b>1</b> PAGE # Schedule: 1/1 Report: 4/4	<b>2</b> FILER NAME Shepperd, Eric (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11111111
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<b>4</b> Date 02/01/2014	<b>5</b> Payee name Austin Bar Association
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<b>6</b> Amount (\$) \$175.00	<b>7</b> Payee address City; State; Zip Code 816 Congress Avenue STE 700 Austin, TX 78701
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<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"/> Annual ABA Gala (Check #1074)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/27/2014	Payee name Stephens, Bridget
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Amount (\$) \$250.00	Payee address City; State; Zip Code 4600 Mueller Blvd #4109 Austin, TX 78723
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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"/> Campaign Services (Check #1073)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/10/2014	Payee name Stephens, Bridget
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Amount (\$) \$250.00	Payee address City; State; Zip Code 4600 Mueller Blvd #4109 Austin, TX 78723
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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"/> Campaign Services (Check #1104)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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