

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8387

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

<b>The JC/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers) 11111111	<b>2 PAGE #</b> 1 of 6		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Eric	MI		
	NICKNAME	LAST Shepperd	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	11412 Carnelian Drive Austin, TX 78739				
<input type="checkbox"/> Change of Address		<b>OFFICE USE ONLY</b> Date Received: 2014 JUL 15 PM 1:15 Date Hand-delivered or Date Postmarked: 2014 JUL 15 PM 1:15 Receipt #      Amount Date Processed Date Imaged			
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Ms.			FIRST Beverly	MI
	NICKNAME			LAST Reeves	SUFFIX
<b>6 CAMPAIGN TREASURER ADDRESS</b> (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				
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION		
(512) 344-4500					
<b>8 REPORT TYPE</b>	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
<b>9 PERIOD COVERED</b>	Month	Day	Year		
	02/23/2014		THROUGH 06/30/2014		
<b>10 ELECTION</b>	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year		
11/04/2014		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
<b>11 OFFICE</b>	OFFICE HELD (if any)				
	County Court At Law #2				
		<b>12 OFFICE SOUGHT (if known)</b>			
		County Court At Law #2			

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**13 C/OH NAME** Shepperd, Eric (Mr.)

**14 ACCOUNT #** (Ethics Commission filers)  
11111111

**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  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

**16 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)	\$	2,500.00
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**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	3,135.94
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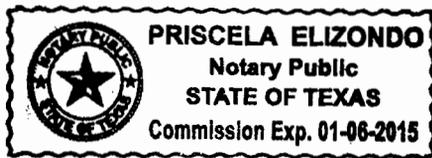
**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	18,470.16
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**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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**17 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 M. Shepperd, this the 15<sup>th</sup> day of July, 2014, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Priscela Elizondo  
Print name of officer administering oath

Notary  
Title of officer administering oath



# 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 PAGE #</b> Schedule: 1/3 Report: 4/6		<b>2 FILER NAME</b> Shepperd, Eric (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 11111111	
<b>4 Date</b> 06/02/2014	<b>5 Payee name</b> African American Youth Harvest Foundation				
<b>6 Amount (\$)</b> \$350.00	<b>7 Payee address</b> City; State; Zip Code Austin, TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship (Ck #1131)		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/24/2014	<b>Payee name</b> American Board of Trial Advocates				
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues (Ck #1128)		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 04/28/2014	<b>Payee name</b> Austin Bar Foundation				
<b>Amount (\$)</b> \$35.00	<b>Payee address</b> City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Law Day (Ck #1079)		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 06/20/2014	<b>Payee name</b> Austin Bar Foundation				
<b>Amount (\$)</b> \$400.00	<b>Payee address</b> City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues (Ck #1083)		
<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	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: 2/3 Report: 5/6	<b>2</b> FILER NAME Shepperd, Eric (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11111111
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<b>4</b> Date 02/24/2014	<b>5</b> Payee name Hispanic Bar Association
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<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address City; State; Zip Code Austin, TX
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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"/> Sponsorship (Ck #1021)
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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 05/21/2014	Payee name Oddo, Chris
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Amount (\$) \$50.00	Payee address City; State; Zip Code Austin, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Austin Bar Association (Ck #1130)
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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 06/02/2014	Payee name Sam Biscoe Sponsorship
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Amount (\$) \$25.00	Payee address City; State; Zip Code Austin, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship (Ck #1129)
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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 06/20/2014	Payee name Stephens, Bridget
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Amount (\$) \$500.00	Payee address City; State; Zip Code 4600 Mueller Blvd #4109 Austin, TX 78723
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<b>PURPOSE OF EXPENDITURE</b>	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 (Ck #1084)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**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: 3/3 Report: 6/6	<b>2</b> FILER NAME Shepperd, Eric (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11111111
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<b>4</b> Date 04/03/2014	<b>5</b> Payee name Texas Board of Legal Specialization
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<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address City; State; Zip Code Austin, TX
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues (Ck #1107)
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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 03/20/2014	Payee name Texas Center for the Judiciary
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code Austin, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship (Ck #1075)
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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 04/22/2014	Payee name Travis County Women's Lawyer Association
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Amount (\$) \$125.00	Payee address City; State; Zip Code Austin, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship (Ck #1078)
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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 06/16/2014	Payee name Worley Printing
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Amount (\$) \$300.94	Payee address City; State; Zip Code 3217 IH-35 Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Printing (Ck #1049)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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