

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. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)	\$	0.00
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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	\$	3,310.00
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	17,285.16
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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 Shepperd this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature] Delores H. Guillory Notary
Signature of officer administering oath Print name of officer administering oath 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: 3/4		2 FILER NAME Shepperd, Eric (Mr.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 07/30/2014	5 Payee name AFL-CIO				
6 Amount (\$) \$335.00	7 Payee address City; State; Zip Code 1106 LAVACA STREET #200 AUSTIN, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - SPONSORSHIP - LABOR DAY EVENT		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CHECK #1133 <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/04/2014	Payee name ALLIANCE				
Amount (\$) \$50.00	Payee address City; State; Zip Code AUSTIN, TX				
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"/> Check #1135 <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/17/2014	Payee name AUSTIN BLACK LAWYERS ASSOCIATION				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code P O BOX 13321 AUSTIN, TX 78711-3321				
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"/> CHECK #1137 <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/17/2014	Payee name LINKS INC				
Amount (\$) \$125.00	Payee address City; State; Zip Code P O BOX 1668 AUSTIN, TX 78767-1668				
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"/> CHECK#1136 <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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.

1 PAGE # Schedule: 2/2 Report: 4/4	2 FILER NAME Shepperd, Eric (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 08/10/2014	5 Payee name NEWSPAPERS IN EDUCATION
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6 Amount (\$) \$300.00	7 Payee address City; State; Zip Code 305 SOUTH CONGRESS AVENUE AUSTIN, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - SPONSORSHIP	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CHECK #1134
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/29/2014	Payee name SOUTH AUSTIN DEMOCRATS
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1311 EAST 6TH STREET AUSTIN, TX 78702
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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"/> CHECK #1050
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/15/2014	Payee name TRAVIS COUNTY DEMOCRATIC PARTY
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 1311 EAST 6TH STREET AUSTIN, TX 78702
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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"/> CHECK #1102
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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