

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <div style="text-align: right; font-size: 2em;">80</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mr.</b> NICKNAME: _____ FIRST: <b>Robert</b> LAST: <b>Shepard</b> MI: <b>P.</b> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>503 East Border Street, Arlington, TX 76010</b>	Date Received: _____ Date Hand-delivered or Date Marked: _____	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(817)</b> PHONE NUMBER: <b>861-1000</b> EXTENSION: _____	Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Mr.</b> NICKNAME: _____ FIRST: <b>Michael</b> LAST: <b>Reiswig</b> MI: <b>J.</b> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1000 Ballpark Way #308 Arlington Texas 76011</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(817)</b> PHONE NUMBER: <del>701</del> <b>701-1500</b> EXTENSION: _____		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <b>1 / 15 / 2008    4 / 9 / 2008</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>5 / 10 / 2008</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Arlington City Council Place 6</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** 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: _____		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

15 C/OH NAME Robert P. Shepard 16 ACCOUNT # (Ethics Commission Filers)

17 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	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS

additional pages

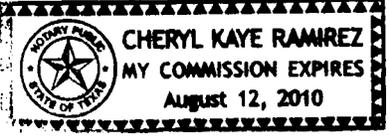
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,499.96
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,849.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 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



Robert P. Shepard  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert P. Shepard, this the 10<sup>th</sup> day of April, 2008, to certify which, witness my hand and seal of office.

Cheryl K Ramirez Cheryl K Ramirez Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>4 1 of 4</i>	
2 FILER NAME <i>Robert P. Shepard</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/4/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Jordan</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 993, Arlington, Texas 76004</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		10 Employer (See Instructions)	
Date <i>2/8/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Landrith &amp; Kulesz, LLP</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>601 Abram, Arlington, Texas 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)	
Date <i>2/19/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael H. Patterson</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2310 W. I-20 #100 Arlington, Texas 76017</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>2/25/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor Vandergriep</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1216 W. Park Row, Arlington, Texas 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Automobile Dealer</i>		Employer (See Instructions)	
Date <i>3/20/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert C. Austin, Jr.</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 461344, Garland, Texas 75046-1344</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 4

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/24/08

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

The Kinway Family Trust

6 Contributor address; City; State; Zip Code

5904 Tacoma Dr., Arlington, Texas

76017-1866

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

Date

3/27/08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

D. Fernandez & Assoc.

Contributor address; City; State; Zip Code

2823 Quail Lane, Arlington, Texas 76016

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

3/28/08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Randal J. Rose

Contributor address; City; State; Zip Code

3416 Colvard Road, Arlington, Texas

76017-3554

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Banking

Employer (See Instructions)

Date

3/28/08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

David M. Parks

Contributor address; City; State; Zip Code

~~34~~ 3702 Dusty Trail, Dalworth Gardens, Tx.

76016

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/28/08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Meg Wells

Contributor address; City; State; Zip Code

3502 Harvard Avenue, Dallas, Texas

75205

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4 3 of 4</b>	
2 FILER NAME <b>Robert P. Shepard</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/31/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. Richard McVay</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>503 East Border Street, Arlington, Texas 76010</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions)	
Date <b>3/31/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>B. Scott Huffman</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2111 Bay Cove Ct, Arlington, Texas 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)	
Date <b>4/1/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert P. Shepard</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5006 Hunterwood Lane, Arlington, Texas 76017</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)	
Date <b>4/4/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David G. Walker</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5506 Hunterwood Lane, Arlington, Texas 76017</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Accounting</b>		Employer (See Instructions)	
Date <b>3/31/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Hardie State Political Action Committee</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>26300 La Alameda, #100 Mission Viejo, California 92691</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>PAC</b>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4 of 4</b>	
2 FILER NAME <b>Robert P. Shepard</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/7/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James L. Maibach</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6501 Baldwin Acres Ct. Arlington, Texas 76001</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Real Estate</b>		10 Employer (See Instructions)	
Date <b>3/25/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Montgomery - Ford Partners, LLP</b>	Amount of contribution (\$) <b>3,149.98</b>	In-kind contribution description (if applicable) <b>Signs</b>
Contributor address; City; State; Zip Code <b>P.O. Box 201371, Arlington, Texas 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>N</b>		Employer (See Instructions)	
Date <b>4/2/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Montgomery - Ford Partners, LLP</b>	Amount of contribution (\$) <b>3,149.98</b>	In-kind contribution description (if applicable) <b>Signs</b>
Contributor address; City; State; Zip Code <b>P.O. Box 201371, Arlington, Texas 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions)	
Date <b>4/7/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DFW Properties, Wet</b>	Amount of contribution (\$) <b>3,000.00</b>	In-kind contribution description (if applicable) <b>Sign Installation</b>
Contributor address; City; State; Zip Code <b>1000 Ballpark Way #308 Arlington, Texas 76011</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions)	
Date <b>4/1/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael J. Weiswig</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable) <b>Website Development</b>
Contributor address; City; State; Zip Code <b>2712 Mark Twain Court Arlington, Texas 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:  1
<b>2</b> FILER NAME  Robert P. Shepard		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/8/08	<b>5</b> Payee name  City of Arlington <b>6</b> Payee address; City; State; Zip Code  101 West Abram, Arlington, Texas 76010	<b>7</b> Amount (\$)  100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Filing Fee  (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date  2/15/08	Payee name  Murphy Turner Associates Payee address; City; State; Zip Code  816 Congress Avenue, Suite 1160 Austin, Texas 78701	Amount (\$)  1,000.00
Purpose of payment (See instructions regarding type of information required.)  Consulting  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Robert D. Shepard</u>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>Montgomery-Ford Partners, LLP</u>		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>DFW Properties, Wet</u>		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>Michael J. Reiswig</u>		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**