

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: <div style="text-align: right; font-size: 2em;">13</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Robert P. NICKNAME LAST SUFFIX Shepard	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 503 East Border street Arlington, Texas 76010		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 861-1000		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Michael J. NICKNAME LAST SUFFIX Reiswig		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1000 Ballpark Way # 308 Arlington, Texas 76011		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 701-1500		
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 10 / 08 5 / 1 / 08		
11 ELECTION	ELECTION DATE Month Day Year 5 / 10 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Arlington City Council Place 6	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 125.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18,892.39

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 1699.61

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

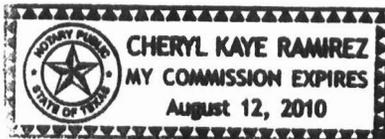
\$ 36,942.74

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 1st day of May, 20 08, to certify which, witness my hand and seal of office.

Cheryl K. Ramirez

Signature of officer administering oath

Cheryl K. Ramirez

Printed name of officer administering oath

Notary Public

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:

1 of 8

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/11/08

5 Full name of contributor out-of-state PAC (ID# _____)

Snow Automotive, LLC

6 Contributor address; City; State; Zip Code

2311 Anton Oaks Trail
Arlington, Texas 76006

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retail Automobile Dealer

10 Employer (See Instructions)

Date

4/11/08

Full name of contributor out-of-state PAC (ID# _____)

James & Betty Byman

Contributor address; City; State; Zip Code

3200 Hyde Park Ct.
Arlington, Texas 76015

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retiree

Employer (See Instructions)

Date

4/11/08

Full name of contributor out-of-state PAC (ID# _____)

E.J. Gutierrez

Contributor address; City; State; Zip Code

4228 Woodland Park
Arlington, Texas 76013

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)

Engineer

Employer (See Instructions)

Date

4/11/08

Full name of contributor out-of-state PAC (ID# _____)

Don Fogle, M.D.

Contributor address; City; State; Zip Code

6824 W. Poly Webb Rd.
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)

Doctor

Employer (See Instructions)

Date

4/11/08

Full name of contributor out-of-state PAC (ID# _____)

Made Betty

Contributor address; City; State; Zip Code

408 Anglana Dr.
Arlington, Texas 76018

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retiree

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 8

2 FILER NAME
Robert D. Shoppard

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/11/08

5 Full name of contributor out-of-state PAC (ID#: _____)
Joy Wells
6 Contributor address; City; State; Zip Code
805 Cavalave
Arlington, Texas 76012

7 Amount of contribution (\$)
50.00
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
N/A

10 Employer (See Instructions)

Date
4/11/08

Full name of contributor out-of-state PAC (ID#: _____)
Phyllis Peters
Contributor address; City; State; Zip Code
5104 Timber Cove Ct.
Arlington, Texas 76017

Amount of contribution (\$)
250.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)

Date
4/11/08

Full name of contributor out-of-state PAC (ID#: _____)
Mary Hadad
Contributor address; City; State; Zip Code
3024 Shadow Dr. West
Arlington, Texas 76006

Amount of contribution (\$)
1,000.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)

Date
4/18/08

Full name of contributor out-of-state PAC (ID#: _____)
Stephen Kramer
Contributor address; City; State; Zip Code
4808 Hidden Oaks
Arlington, Texas 76017

Amount of contribution (\$)
100.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)

Date
4/18/08

Full name of contributor out-of-state PAC (ID#: _____)
Dave Newman
Contributor address; City; State; Zip Code
2008 W. Wimbledon Dr.
Arlington Texas 76017

Amount of contribution (\$)
100.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Retired

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: **3 of 8**

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/16/08

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

Gary Graham

6 Contributor address; City; State; Zip Code

*P.O. Box 171503
Arlington Texas 76003*

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Banking

10 Employer (See Instructions)

Date

4/16/08

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

Helen M Lee

Contributor address; City; State; Zip Code

*Box 271
Mansfield, Texas 76063*

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Banking

Employer (See Instructions)

Date

4/11/08

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

Travis Thomson

Contributor address; City; State; Zip Code

*6714 Marthas V. Mayan
Arlington Texas 76001*

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

4/11/08

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

Joel Pat Latham

Contributor address; City; State; Zip Code

*3409 Redstone Dr.
Arlington Texas 76001*

Amount of contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Noted

Employer (See Instructions)

Date

4/16/08

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

Tim Maloney

Contributor address; City; State; Zip Code

*2008 Rowson
Arlington Texas 76006*

Amount of contribution (\$)

40.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Insurance

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: **4 of 8**

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/11/08

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

TREPAC

6 Contributor address; City; State; Zip Code

**P.O. Box 22116
Austin, Texas 78768**

7 Amount of contribution (\$)

2,500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

PAC

10 Employer (See Instructions)

Date

4/11/08

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

Joe & Bonnie Red

Contributor address; City; State; Zip Code

**5605 Muldrow Lane
Arlington, Texas 76017**

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)

Retired

Employer (See Instructions)

Date

4/11/08

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

Morrison & Cox, LLP

Contributor address; City; State; Zip Code

**P.O. Box 200727
Arlington, Texas**

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)

Attorneys

Employer (See Instructions)

Date

4/11/08

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

Red River Solutions, LLC

Contributor address; City; State; Zip Code

**14800 Addison Drive #325
Dallas, Texas 75254**

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Computer Solutions

Employer (See Instructions)

Date

1/1/08

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

Arlington Police Association PAC

Contributor address; City; State; Zip Code

**P.O. Box 856
Arlington, Texas 76004**

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)

PAC

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: **5 of 8**

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/15/08

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

George Puggan

6 Contributor address; City; State; Zip Code

**5101 Trisha Court
Austin, Texas 76017**

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Railroad

10 Employer (See Instructions)

Date

4/14/08

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

16401 Amy Mozjeski

Contributor address; City; State; Zip Code

**3014 Shadow Dr.
Arlington Texas 76006**

Amount of contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

4/11/08

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

DFW Properties, Net

Contributor address; City; State; Zip Code

**1000 Ballpark Way #308
Arlington, Texas 76011**

Amount of contribution (\$)

752.39

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Food + Beverage

Principal occupation / Job title (See Instructions)

Real

Employer (See Instructions)

Date

4/16/08

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

Franya Wilhelm

Contributor address; City; State; Zip Code

**809 Lava Lane
Arlington, Texas 76012**

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

4/22/08

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

Sam Scott

Contributor address; City; State; Zip Code

**3700 Cross Bend Dr.
Arlington, Texas 76016**

Amount of contribution (\$)

75.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

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:
6 of 8

2 FILER NAME

Robert A. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/08

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

DLM Investments

6 Contributor address; City; State; Zip Code

2111 North Collins # 323
Arlington, Texas 76011

7 Amount of contribution (\$)

5,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Investments

10 Employer (See Instructions)

Date

4/23/08

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

Law Offices of James Cobles

Contributor address; City; State; Zip Code

2417 Park Row
Arlington, Texas 76013

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)

Attorney

Employer (See Instructions)

Date

4/28/08

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

R. D. Anvil, LP

Contributor address; City; State; Zip Code

3004 Iron Stone Ct.
Arlington, Texas, 76006

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)

Contractor

Employer (See Instructions)

Date

4/21/08

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

Travis Coppe

Contributor address; City; State; Zip Code

4401 Sheepchase
Arlington, Texas 76016

Amount of contribution (\$)

500

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

4/21/08

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

A. C. Moore

Contributor address; City; State; Zip Code

2116 Franklin Dr.
Arlington, Texas 76011

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

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: <i>7 of 8</i>	
2 FILER NAME <i>Robert P. Shepard</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/24/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Dipert</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4709 El Salvador Arlington Texas 76017</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Motor Coach</i>		10 Employer (See Instructions)	
Date <i>4/26/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>B. J. Hill</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6312 Calander Rd. Arlington, Texas 76001</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Driver</i>		Employer (See Instructions)	
Date <i>4/28/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew Piel</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4402 Murvick Arlington Texas 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Att</i>		Employer (See Instructions)	
Date <i>4/17/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Apartment Owners PAC</i>	Amount of contribution (\$) <i>2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6350 Baker Blvd. Ft. Worth, Texas 76118</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>PAC</i>		Employer (See Instructions)	
Date <i>4/17/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jamy Hoodbyale</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2464 Lakeview Cr. Arlington, Texas 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Att</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:
8 of 8

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/08

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

Ralph Shelton

6 Contributor address; City; State; Zip Code

*1308 Cantelbury Ct,
Austin, Texas 76013*

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)

Real Estate

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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.

1 Total pages Schedule F:
1 of 2

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/14/08

5 Payee name

Murphy Turner Associates

6 Payee address; City; State; Zip Code

816 Congress Avenue, Suite 1160

Austin Texas 78701

7 Amount (\$)

639.00

8 Purpose of payment (See instructions regarding type of information required.)

Photographs

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/23/08

Payee name

Murphy Turner & Associates

Payee address; City; State; Zip Code

816 Congress Avenue, Suite 1160

Austin, Texas 78701

Amount (\$)

771.86

Purpose of payment (See instructions regarding type of information required.)

Push Cards

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/15/08

Payee name

Zap Print & Copy

Payee address; City; State; Zip Code

1021 West Abram

Arlington, Texas 76013

Amount (\$)

152.72

Purpose of payment (See instructions regarding type of information required.)

N2N Cards

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/24/08

Payee name

Innovative Merchant Solutions

Payee address; City; State; Zip Code

26541 Agoura Rd. # 200

Calabasas, California

Amount (\$)

37.95

Purpose of payment (See instructions regarding type of information required.)

Merchant Fee

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/13/08

5 Payee name

Harland Checks

7 Amount (\$)

38.13

6 Payee address; City; State; Zip Code

UNKNOWN

8 Purpose of payment (See instructions regarding type of information required.)

Check order for account

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/24/08

Payee name

Funeraria Merchants Inc

Amount (\$)

59.95

Payee address; City; State; Zip Code

UNKNOWN

Purpose of payment (See instructions regarding type of information required.)

Merchant Fee

(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>DFW Properties, Net</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

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C 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

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
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