

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: center; font-size: 2em;">14</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Robert</u> MI: <u>P.</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <div style="text-align: center; font-size: 1.5em;">Shepard</div>	OFFICE USE ONLY Date Received: <u>JUN 6 11 31 AM '08</u> 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 <div style="text-align: center; font-size: 1.2em;">503 East Border Street Arlington, Texas 76010</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 861-1000		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Michael</u> MI: <u>J.</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <div style="text-align: center; font-size: 1.5em;">Reiswig</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">1000 Ballpark Way # 308 Arlington, Texas 76011</div>		
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 checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.5em;">5 / 2 / 08 6 / 5 / 08</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.5em;">6 / 14 / 08</div>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">Arlington City Council Place 6</div>	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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

\$ - 0 -

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

\$ 14,950.00

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 26,996.63

CONTRIBUTION BALANCE

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

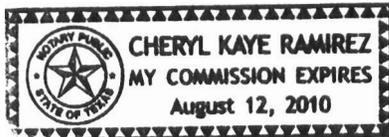
\$ 24,896.11

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 6th day of June, 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: <p style="text-align: right; font-size: 1.2em;">1 of 10</p>	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Robert P. Shepard</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.2em;">5/10/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Randy Stevenson</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">250.⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2400-A Roosevelt Arlington, Texas 76016</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">N/A</p>		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/3/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Michael Gero</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3515 Lake Tahoe Dr. Arlington, Texas 76016</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Banking</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/3/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Charles Clawson</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">200.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">6219 Calveridge Dr Road Arlington, Texas 76016</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Consultant</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/1/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Edwin M. A Blooth</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">628 South Harbor Ct. Granbury, Texas 76048</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">N/A</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/10/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Stephen R. Zimmer</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">500.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">407 Brady Road Arlington, Texas</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">N/A</p>		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: <p style="text-align: right;">2 of 10</p>	
2 FILER NAME <p style="text-align: center;">Robert P. Shepard</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">5/12/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">W Ford</p>	7 Amount of contribution (\$) <p style="text-align: center;">100.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">3507 Town Lake Arlington, Texas 76016</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">Restaurant</p>		10 Employer (See Instructions)	
Date <p style="text-align: center;">5/3/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">W W Partners</p>	Amount of contribution (\$) <p style="text-align: center;">150.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">101 W. Ransom Mill Rd. # 120 Arlington, Texas 76011</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/3/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Gary E. Walker</p>	Amount of contribution (\$) <p style="text-align: center;">150.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">1601 E. Lamar Blvd. # 205 Arlington, Texas 76011</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/3/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">North Collins General Partnership</p>	Amount of contribution (\$) <p style="text-align: center;">200.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">6220 Gaston Avenue # 401 Dallas, Texas 75214</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/3/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Bardin Square Investors</p>	Amount of contribution (\$) <p style="text-align: center;">200.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">1601 E. Lamar Blvd. # 205 Arlington, Texas 76011</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: right;">3 of 10</p>	
2 FILER NAME <p style="text-align: center;">Robert P. Shepard</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">5/3/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Hammer and Nails PAC</p>	7 Amount of contribution (\$) <p style="text-align: center;">250.⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">6464 Brautwood Stair Dr. #100 Ft. Worth, Texas 76112</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">PAC</p>		10 Employer (See Instructions)	
Date <p style="text-align: center;">5/3/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Ralph B. Shelton, II</p>	Amount of contribution (\$) <p style="text-align: center;">250.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">1308 Canterbury Ct. Arlington Texas 76013</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/2/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Lary Fowler</p>	Amount of contribution (\$) <p style="text-align: center;">200.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">1000 Ballpark Way #300 Arlington, Texas 76011</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Attorney</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/4/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">D.V. DiSciullo</p>	Amount of contribution (\$) <p style="text-align: center;">100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">5500 Waterhill Lane Arlington, Texas 76017</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Retired</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/2/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Tim Noe</p>	Amount of contribution (\$) <p style="text-align: center;">100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2405 Panorama Ct. Arlington, Texas 76016</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Computers</p>		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: right; font-size: 1.2em;">4 of 10</p>	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Robert P. Shepard</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.2em;">5/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Charles W. Duke, Jr.</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">50.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1004 Rocky Canyon Arlington, Texas 76012</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">N/A</p>		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/6/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Arden Schoeni</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2001 Park H:11 Drive Arlington, Texas 76012</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">N/A</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/2/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Blaine Gray</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">4506 Fox River Trail Arlington, Texas 76017</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">Sales</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/2/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Charles Kilpatrick</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">50.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2015 Misty Creek Dr. Arlington, Texas 76017</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">Sales</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/2/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Joan Bergstrom</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 1143 Arlington, Texas 76004</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">M.D.</p>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: right;">5 of 10</p>	
2 FILER NAME <p style="text-align: center;">Robert P. Shepard</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">5/2/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Joff Pokrifcsak</p>	7 Amount of contribution (\$) <p style="text-align: center;">200.⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">1404 Riverview Dr. Arlington, Texas</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">N/A</p>		10 Employer (See Instructions)	
Date <p style="text-align: center;">1/23/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Daniel A. Fuller, Sr.</p>	Amount of contribution (\$) <p style="text-align: center;">100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">4205 Bryn Mawr Dr. Dallas, Texas 75225</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/23/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">John C. McElves</p>	Amount of contribution (\$) <p style="text-align: center;">100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">5504 W. University Blvd. Dallas, Texas 75209</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/23/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">David C. Wilson</p>	Amount of contribution (\$) <p style="text-align: center;">100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2525 McKinnon St. # 700 Dallas, Texas 75201</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/25/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">L.W. Jaymes</p>	Amount of contribution (\$) <p style="text-align: center;">1,000.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">1204 Canterbury Ct. Arlington, Texas 76013</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Real Estate</p>		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: right; font-size: 1.2em;">6 of 10</p>	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Robert P. Shepard</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.2em;">5/25/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Lamy D. Jaynes</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">1,000.⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">6020 Canyon Trail McGregor, Texas 76657</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">Deal</p>		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/25/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Bernard Rapoport</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,000.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 21900 Waco, Texas 76702</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">N/A</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">1/30/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Donald C. Tugle</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">500.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1926 SW Green Oaks Blvd. Arlington, Texas 76017</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">M.D.</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/14/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Dale E. Thomson</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">3,000.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 151837 Arlington, Texas 76015</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">N/A</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5/21/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Robert Johnson</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">7202 Lake Mead Blvd. Arlington, Texas 76016</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center; font-size: 1.2em;">Investment Mgt.</p>		Employer (See Instructions)	

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**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 10	
2 FILER NAME <i>Robert D. Shepard</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/24/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carl Green</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2110 Bay Club Dr. Arlington, Texas 76013</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>5/22/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hammer and Nails PAC</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>644 Broadwood Stair Rd. #100 Ft. Worth, Texas 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>PAC</i>		Employer (See Instructions)	
Date <i>5/16/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of James Crabbles</i>	Amount of contribution (\$) <i>0.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2417 A West Park Row Dr. Arlington, Texas 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>5/16/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Connie Ruff</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4602 Shady Valley Dr. Arlington, Texas 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Community Volunteer</i>		Employer (See Instructions)	
Date <i>5/18/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe A. Red</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5605 Hunterwood Lane Arlington, Texas 76017</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: right;">8 of 10</p>	
2 FILER NAME <p style="text-align: center;">Robert P. Shepard</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">12/1/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Zack M. Mozley</p>	7 Amount of contribution (\$) <p style="text-align: center;">500.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">P.O. Box 2020 Arlington, Texas 76004</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">N/A</p>		10 Employer (See Instructions)	
Date <p style="text-align: center;">5/21/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Glenn C. Troutman</p>	Amount of contribution (\$) <p style="text-align: center;">200.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3600 Yachtclub Dr. Arlington, Texas 76016</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">N/A</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/15/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Sue Phillips</p>	Amount of contribution (\$) <p style="text-align: center;">100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">415 Joyce Street Arlington, Texas 76010</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Legal Assistant</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/15/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">James W. Handry, Jr.</p>	Amount of contribution (\$) <p style="text-align: center;">250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2513 Gary Lane Arlington, Texas 76016</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Telecommunications</p>		Employer (See Instructions)	
Date <p style="text-align: center;">5/15/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Michael H. Patterson</p>	Amount of contribution (\$) <p style="text-align: center;">500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2310 West Interstate 20 # 100 Arlington, Texas 76017</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Attorney</p>		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9 of 10	
2 FILER NAME <p style="text-align:center">Robert P. Shepard</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p>5/23/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Judy Rypay</p>	7 Amount of contribution (\$) <p>100.⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p>2210 River Ridge Road Arlington, Texas 76017</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p>Investments</p>		10 Employer (See Instructions)	
Date <p>6/1/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>James C. Maibach</p>	Amount of contribution (\$) <p>250.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>6501 Baldwin Acres Ct. Arlington, Texas 76001</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p>Real Estate</p>		Employer (See Instructions)	
Date <p>5/11/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Frank Cailstrap</p>	Amount of contribution (\$) <p>100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>P.O. Box 121248 Arlington, Texas 76012</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p>Attorney</p>		Employer (See Instructions)	
Date <p>6/4/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Darrell Cox</p>	Amount of contribution (\$) <p>100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>4709 Spring Creek Ct. Arlington, Texas 76017</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p>N/A</p>		Employer (See Instructions)	
Date <p>6/4/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Billie Fawar</p>	Amount of contribution (\$) <p>150.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>600 W. Park Row Dr. Arlington, Texas 76010</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p>Real Estate</p>		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right; font-size: 1.2em;">10 of 10</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Robert P. Shepard</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 1.2em;">6/2/08</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Coy E. Garrett</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">500.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">1430 Crown Hill Arlington, Texas 76012</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Real Estate</div>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 5/5/08	5 Payee name Murphy Turner & Associates	7 Amount (\$) 10,480.00
6 Payee address; City; State; Zip Code 816 Congress Avenue # 1160 Austin, Texas 78701		
8 Purpose of payment (See instructions regarding type of information required.) mailman <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/5/08	Payee name Murphy Turner & Associates	Amount (\$) 10,565.48
Payee address; City; State; Zip Code 816 Congress Avenue # 1160 Austin, Texas 78701		
Purpose of payment (See instructions regarding type of information required.) Mailman <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/13/08	Payee name Murphy Turner & Associates	Amount (\$) 1,515.60
Payee address; City; State; Zip Code 816 Congress Avenue # 1160 Austin, Texas 78701		
Purpose of payment (See instructions regarding type of information required.) Dialer Printer <small>(If travel outside of Texas, complete Schedule T)</small>		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/13/08	Payee name Murphy Turner & Associates	Amount (\$) 2,513.20
Payee address; City; State; Zip Code 816 Congress Avenue # 1160 Austin Texas 78701		
Purpose of payment (See instructions regarding type of information required.) Dialer <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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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

5 Payee name

7 Amount (\$)

6/5/08

Murphy Turner & Associates

1,852.²⁵

6 Payee address; City; State; Zip Code

816 Congress Avenue #1160

Austin, Texas 78701

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

Diner

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

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

5/9/08

Pay Pal

26.¹⁵

Payee address; City; State; Zip Code

N/A

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

Bank Fees

** Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

5/9/08

Worshiper Bank

37.⁹⁵

Payee address; City; State; Zip Code

200 West Main Street

Arlington, Texas 76010

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

Bank Fees

** Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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