

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:** 11

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: Mr. NICKNAME: Robert LAST: MI: P. SUFFIX: Shepard

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 503 East Boulder Street
 Arlington, Texas 76010
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (817) PHONE NUMBER: 861-1000 EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: Mr. NICKNAME: Michael LAST: MI: J. SUFFIX: Reisswig

7 CAMPAIGN TREASURER ADDRESS
 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: (817) PHONE NUMBER: 701-1500 EXTENSION:

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year: 6 / 6 / 08 THROUGH Month Day Year: 6 / 30 / 08

11 ELECTION
 ELECTION DATE: Month Day Year: / / ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): Arlington City Council Place 6 **13 OFFICE SOUGHT** (if known):

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 ** 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: _____
 additional pages

OFFICE USE ONLY

Date Received: 08 JUL 15 11:33:55 CSO

Date Hand-delivered or Date Postmarked:

Receipt # _____ Amount: _____

Date Processed: _____

Date Imaged: _____

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
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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) \$ 8,624.95

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ -0-

4. TOTAL POLITICAL EXPENDITURES \$ 24,442.73

CONTRIBUTION BALANCE

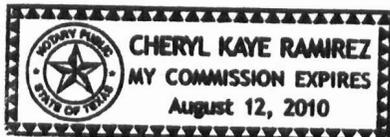
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 8,928.46

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 15th day of July, 20 08, to certify which, witness my hand and seal of office.

Cheryl Kaye 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 4</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;">6/6/08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Bob McFarland</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;">2340 West I-20 # 100 Arlington, Texas 76017</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Attorney</p>		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">6/6/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Cunneado Properties</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">300.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1803-B W. Park Row Arlington Texas 76013</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Real Estate</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">6/6/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">TREPAC</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">2,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 2246 Austin, Texas 78768-2246</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">PAC</p>		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">6/6/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">William H. Biesel</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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">6/6/08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Stephen Jones</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;">3900 Miramar Ave. Dallas, Texas 75205</p>		(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 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

6/6/08

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

Michael Sinacola

6 Contributor address; City; State; Zip Code

6701 Glendenny Lane
Plano, Texas 75024

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/6/08

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

David P. Erwin

Contributor address; City; State; Zip Code

514 East Beady Road
Arlington, Texas 76006

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)

Employer (See Instructions)

Date

6/6/08

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

Joe Williams

Contributor address; City; State; Zip Code

6948 Poly Webb Road
Arlington, Texas 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)

Employer (See Instructions)

Date

6/6/08

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

Bart Thompson Campaign

Contributor address; City; State; Zip Code

1803-B West Park Row Dr.
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)

Employer (See Instructions)

Date

6/6/08

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

Dr. Mark Hanson

Contributor address; City; State; Zip Code

2705 Butler Dr.
Arlington, Texas 76012

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)

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: 3 of 4	
2 FILER NAME Robert P. Shepard			3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mozzy Haddad	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 2233 Avenue J #101 Arlington, Texas 76006		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 6/13/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Victor Vaudargis	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1216 West Park Row Arlington, Texas 76013		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 6/14/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melvin V. Le Blanc	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2720 Male Twain Ct. Arlington, Texas 76006		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 6/18/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jane Alexander	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 801 South Bowen Road Arlington, Texas 76013		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 6/19/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Lloyd	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3851 SW Green Oaks Blvd. # 123 Arlington, Texas 76017		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		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: 4 of 4	
2 FILER NAME Robert P. Shepard		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zap Print & Copy	7 Amount of contribution (\$) 224.95	8 In-kind contribution description (if applicable) Cards
6 Contributor address; City; State; Zip Code 1021 West Abram Arlington, Texas 76013		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		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:
103

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6/6/08

Montgomery Ford Partners, LLP

6 Payee address; City; State; Zip Code

P.O. Box 201371

Arlington, Texas 76006

3,149.98

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

Signs

(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

Payee name

Amount (\$)

6/6/08

Montgomery Ford Partners, LLP

Payee address; City; State; Zip Code

P.O. Box 201371

Arlington, Texas 76006

3,149.98

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

Signs

(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

Amount (\$)

6/6/08

D. Fox Properties, Net

Payee address; City; State; Zip Code

1000 Ballpark Way # 308

Arlington, Texas 76011

3,000.00

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

Signs Installation

(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

Amount (\$)

6/6/08

Michael J. Keiswig

Payee address; City; State; Zip Code

2712 Mark Twain Ct.

Arlington, Texas 76006

500.00

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

Website Development

(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 3
2 FILER NAME Robert P. Shepard		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/6/08	5 Payee name DFW Properties, Nat	7 Amount (\$) 752.39
6 Payee address; City; State; Zip Code 1000 Ballpark Way # 308 Arlington Texas 76011		
8 Purpose of payment (See instructions regarding type of information required.) Food & Beverage <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 6/6/08	Payee name Zap Print & Copy	Amount (\$) 224.95
Payee address; City; State; Zip Code 1021 West Abram Arlington, Texas 76013		
Purpose of payment (See instructions regarding type of information required.) Cards <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 6/6/08	Payee name Murphy Tuner & Associates	Amount (\$) 1,744.00
Payee address; City; State; Zip Code 816 Congress Avenue # 1160 Austin, Texas 78701		
Purpose of payment (See instructions regarding type of information required.) Phonecalls <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 6/10/08	Payee name Murphy Tuner & Associates	Amount (\$) 1,744.00
Payee address; City; State; Zip Code 816 Congress Avenue # 1160 Austin, Texas 78701		
Purpose of payment (See instructions regarding type of information required.) Phone Calls <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: 3 of 3
2 FILER NAME Robert P. Shepard		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/12/08	5 Payee name Arlington Professional Firefighters PAC	7 Amount (\$) 8,500.00
6 Payee address; City; State; Zip Code 208 South Fielder Road Arlington, Texas 76013		
8 Purpose of payment (See instructions regarding type of information required.) Meals (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 6/27/08	Payee name Murphy Tower & Associates	Amount (\$) 1,677.43
Payee address; City; State; Zip Code 816 South Congress Avenue # 1160 Austin, Texas 78701		
Purpose of payment (See instructions regarding type of information required.) Phone Calls (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	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
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

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: 1 of 2
2 FILER NAME Robert P. Shepard	3 ACCOUNT # (Ethics Commission filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Montgomery Ford Partners, LLP		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" 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 DFW Properties, Net		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" 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 Michael J. Reising		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" 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)	

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**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: 2 of 2
2 FILER NAME Robert P. Shepard	3 ACCOUNT # (Ethics Commission filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Zap Permit & Copy		
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 checked="" 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: <input 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		
Contribution / Expenditure reported on: <input 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)	

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