

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mr.      Robert      D. <small>NICKNAME      LAST      SUFFIX</small> Shepard	<b>OFFICE USE ONLY</b>	
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	Date Received  Date Hand-delivered or Date Postmarked Receipt #      Amount Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (817)      861-1000	RECEIVED - 5 10 APR 8 PM 2:34	
CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mr.      Michael      J. <small>NICKNAME      LAST      SUFFIX</small> Reising		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS, (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 6301 Brazos Ct. Colleyville, Texas 76034		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (817)      701-1500		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff      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 1 / 16 / 10      4 / 8 / 10		
11 ELECTION	ELECTION DATE Month      Day      Year 5 / 8 / 10	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) Arlington City Council Place 6	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)

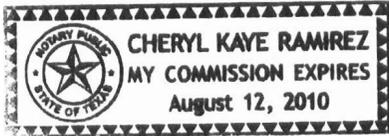
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<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)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 700.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 133.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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 8<sup>th</sup> day of April, 2010, to certify which, witness my hand and seal of office.

Cheryl Ramirez Signature of officer administering oath  
Cheryl Ramirez Printed name of officer administering oath  
notary public Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: _____
2 FILER NAME <i>Robert D. Shepard</i>		3 ACCOUNT # (Ethics Commission filers) _____
4 Date <i>2/2/10</i>	5 Payee name <i>City of Arlyth, Texas</i>	7 Amount (\$) <i>100.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 90231 Arlyth, Texas 76004-3231</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Filing Fee</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>3/17/10</i>	Payee name <i>Murphy-Tuner Associates</i>	Amount (\$) <i>600.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 296 Austin, Texas 78767-0296</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Retainer</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name _____ Office sought _____ Office held _____	

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