



**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)

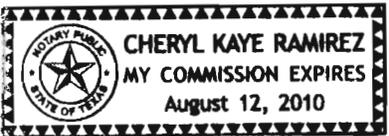
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to 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 TYPE	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)	\$ 4,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,683.46
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 30<sup>th</sup> day of April, 2010, to certify which, witness my hand and seal of office.

Cheryl Kaye Ramirez  
Signature of officer administering oath

Cheryl Kaye 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: <b>1</b>	
2 FILER NAME <b>Robert P. Shepard</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/11/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pierson Behr, Attorneys</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>301 West Abram Street Arlington, Texas 76010</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorneys</b>		10 Employer (See Instructions)	
Date <b>4/21/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glen C. Troutman</b>	Amount of contribution (\$) <b>300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3600 Yacht Club Drive Arlington, Texas 76016</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>4/23/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TREPAC</b>	Amount of contribution (\$) <b>2,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 2246 Austin, Texas 78768</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/19/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>D. Fernandez &amp; Associates</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable) <b>Sign Placement</b>
Contributor address; City; State; Zip Code <b>2823 Quail Lane Arlington, Texas 76016</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions)	
Date <b>4/26/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A FFA PAC</b>	Amount of contribution (\$) <b>2,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>208 South Fielder Road Arlington, Texas 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>8</b>		Employer (See Instructions)	

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:  1
2 FILER NAME  <i>Robert P. Shepard</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date  <i>4/26/10</i>	5 Payee name  <i>D. Fernandez &amp; Associates</i>	7 Amount (\$)  <i>1,200.<sup>00</sup></i>
6 Payee address; City; State; Zip Code  <i>2823 Quail Lane Arlington, Texas 76010</i>		
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<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**