

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Robert	MI P.
	NICKNAME	LAST Shepard	SUFFIX
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 (817)	PHONE NUMBER 861-1000	EXTENSION
	6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert
	NICKNAME	LAST Shepard	MI P.
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	503 East Border Street Arlington, Texas 76010		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 861-1000	EXTENSION
	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input checked="" 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 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
	1	17	12
THROUGH		Month	Day
		4	11
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	05	12	12
		<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 Dist. 6		Arlington City Council Dist. 6
GO TO PAGE 2			

OFFICE USE ONLY

Date Received **12 APR 12 12:40**

RECEIVED - OSO

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Robert P. Shepard

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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)

\$ 3,750.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 7,601.84

CONTRIBUTION
BALANCE

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

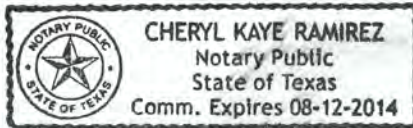
\$ 2,881.62

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert P. Shepard, this the 12th day of April, 20 12, to certify which, witness my hand and seal of office.

[Signature]
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: <div style="text-align: right;">1</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="text-align: center; font-size: 1.2em;">1/18/12</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Kenneth L. Lee</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">500.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">Box 271 Mansfield, Texas 76063</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em;">2/21/12</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">AFFA PAC</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">2,500.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">208 South Fielder Road Arlington, Texas 76013</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em;">2/6/12</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Kicic Memitt</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">300.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">3004 Iron stone Court Arlington, Texas 76006</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em;">3/19/12</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Dan Dipert</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">250.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">4709 El Salvador Arlington, Texas</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em;">4/9/12</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Dan Fernandez</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">200.00</div>	In-kind contribution description (if applicable) <div style="text-align: center; font-size: 1.2em;">Sign Justalkin</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2823 Quail Lane Arlington, Texas 76015</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Robert P. Shepard		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/14/12		5 Payee name Signs Now			
6 Amount (\$) 2,804.92		7 Payee address; City; State; Zip Code 900 East Copeland Road, Suite 130 Arlington, Texas 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/27/12		Payee name Signs Now			
Amount (\$) 2,696.92		Payee address; City; State; Zip Code 900 East Copeland Road, Suite 130 Arlington Texas 76011			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/19/12		Payee name Dan Fernandez			
Amount (\$) 2,000.00 1,800.00		Payee address; City; State; Zip Code 2823 Quail Lane Arlington, Texas 76015			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Sign Installation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/6/12		Payee name Worthington National Bank			
Amount (\$) 100.00		Payee address; City; State; Zip Code 401 East Border Street Arlington, Texas 76010			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Filing Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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