

# 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:  <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Robert</b> MI: <b>P.</b> NICKNAME: <b>Shepard</b> LAST: _____ SUFFIX: _____	<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 <b>503 East Border St. Arlington, Texas 76010</b>	Date Received: <b>12 MAY -4 PM 2:00</b> RECEIVED - CSO Date Hand-delivered or Postmarked: _____ Receipt # _____ Date Processed: _____ Date Imaged: _____	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(817)</b> PHONE NUMBER: <b>861-1000</b> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Robert</b> MI: <b>P.</b> NICKNAME: _____ LAST: <b>Shepard</b> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>503 East Border St. Arlington, Texas 76010</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>(817)</b> PHONE NUMBER: <b>861-1000</b> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 <b>4 / 13 / 2012    5 / 3 / 2012</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 12 / 2012</b>	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) <b>Arlington City Council District 6</b>	13 OFFICE SOUGHT (if known) <b>Arlington City Council District 6</b>	
<b>GO TO PAGE 2</b>			

# 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.

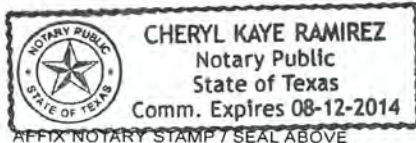
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 5,575.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,456.62
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.

Robert P. Shepard  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Robert P. Shepard, this the 4th day of May, 20 12, to certify which, witness my hand and seal of office.

Cheryl K. Ramirez  
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: <span style="font-size: 2em; font-weight: bold;">3</span>	
2 FILER NAME <span style="font-size: 1.2em;">Robert P. Shepard</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.2em;">4/17/12</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">H.W. Scott Howell</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">200<sup>00</sup></span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">3900 Willow St. # 200 Dallas, Texas 75226</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">4/17/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">James D. Lightner</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">250<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">5070 Pinyon St. Littleton, Colorado 80123</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">4/13/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">TREPAC</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">1,000<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">P.O. Box 2246 Austin, Texas 78768-2246</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">4/17/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">George M. Straughn</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">100<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4201 S. Bellaire Circle Creston Hills Village, Colorado 80113</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">4/17/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Roger MS Franis</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">100<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">7407 Midbury Jr. Dallas, Texas 75230</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **3**

2 FILER NAME **Robert P. Shepard** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>4/13/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MPAC Arlington, Inc.</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>P.O. Box 174474 Arlington, Texas 76003</b>	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>4/13/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert S. Johnson</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>7202 Lake Mead Blvd. Arlington, Texas 76016</b>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4/17/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clifford Mycoskie</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>1409 Woodbine Ct. Arlington, Texas 76012</b>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4/26/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David G. Walker</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>5526 Hunterwood Lane Arlington, Texas 76017</b>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>5/1/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wayne James</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>P.O. Box 121367 Arlington, Texas 76012</b>	(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Robert D. Shepard

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/23/12

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Reidre Brandon Fields (Colin's mom),  
LLP

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 13430  
Arlington, Texas 76094

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/3/12

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

ALT Association Tarrant County PDC

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6350 Baker Blvd.  
Richard Hills, Texas 76118

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/12

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Lamy Fowler

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4900 Morris Heights Dr.  
Arlington Texas 76016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/12

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dan A White

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1000 Ballpark Way # 300  
Arlington, Texas 76011

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/12

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Paul J. Johnson

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2430 Park Row Drive  
Arlington, Texas 76016

(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.