CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|------------------------------|--|---------------------------------------|---|
| 3 CANDIDATE/ OFFICEHOLDER | MS/MRS/MR FIRST | MI V | OFFICE USE ONLY |
| NAME | | | Date Received |
| | NICKNAME LAST | SUFFIX | |
| | do | | CO 22 |
| <u> </u> | Swears | | TI () |
| 4 CANDIDATE/ OFFICEHOLDER | ADDRESS / PO BOX; APT / SUITE #; C | CITY; STATE; ZIP CODE | Ž EN |
| MAILING | 503 E. Budy | d. | on m |
| ADDRESS | 3 | | |
| Change of Address | Anlistas Tr | 76010 | |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | = C |
| OFFICEHOLDER | | EXTENSION | Date Hand-delivered or Date Postmarked |
| PHONE | (817) 861-100 | m | - |
| 6 CAMPAIGN | MS / MRS / MR FIRST | MI | Receipt # Amount \$ |
| TREASURER | MA Police | 4 | |
| NAME | NICKNAME LAST | SUFFIX | Date Processed |
| | Shepard | S37, III | Date Imaged |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SU | JITE #; CITY; STATE; | ZIP CODE |
| TREASURER | | | |
| ADDRESS | 503 E1 1300 abi | r St. | |
| (Residence or Business) | 503 E. Burdon | | |
| | Arlineta - | 76010 | |
| A CANADAIGN | AREA CODE PHONE NUMBER | | |
| 8 CAMPAIGN TREASURER | | EXTENSION | |
| PHONE | (817) 861-1000 | | |
| | 25 | | |
| | | | |
| 9 REPORT TYPE | | | |
| | January 15 30th day before el | lection Runoff | 15th day after campaign treasurer appointment |
| | , | | (Officeholder Only) |
| | July 15 8th day before elec | ction Exceeded \$500 limit | Final Report (Attach C/OH - FR) |
| | | | |
| 10 PERIOD COVERED | Month Day Year | Month | Day Year |
| COVERED | . /. / . | THROUGH / | |
| | 1 11 18 | milodan 4 | 5 18 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year Primary | Runoff Other | 2 |
| | - / / 🗙 | Description | |
| | 5/5/18 General | Special ————— | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) |) |
| | | : | |
| | | | |
| | Arlingon City Course DS | V AN LCL | owered Dist.6 |
| | The state of the s | 10 An (Blode cal) | OWCIA DIST.P |
| | go то | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | Zalas L | P. Shapard | Filer ID (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 | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| - Aller | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | | | |
| | 2. TOTAL (OTHER | \$ 1,150.68 | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | \$ -0- | | |
| | 4. TOTAL | \$ 853.38 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL P OF REP | 8 7 to 34 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL P LAST DA | \$ -0- | | | |
| 18 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under penalty of per true and correct and includes all infor | | | |
| PAMELA JEAN FORRAY Notary Public State of Texas ID # 128241589 Comm. Expires 04-21-2019 | | | | | |
| AFFIX NOTARY STAME | P/SEALABOVE | Signature of Candi | date or Officeholder | | |
| Sworn to and subscribed before me, by the said Robert P. She pard, this the 5th | | | | | |
| day of dphl, 20_18, to certify which, witness my hand and seal of office. | | | | | |
| Kamela Jean Jorgay Pamela Jean Forray Notary Public | | | | | |
| Signature of officer ac | dministerifig oath | Printed name of officer administering oath / | Title of office administering oath | | |

| | | 6. Shopon 2.9 | trado | |
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| | | | | |
| | | | anders. | 17 CONTRIBUTION TOTALS |
| 89.051,1 | | | | |
| | | | | |
| 95533 | A TO AL POLITICAL EXPENDITURES | | | |
| | | | | |
| | 7 | | | |
| | | | | |
| | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILERNAME Robert P. Shepard | 20 Filer ID (Ethics Con | mmission Filers) |
|--|-------------------------|--------------------|
| 160 part 1, siribang | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 1,00000 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 150.68 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ 853.38 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI | NDS | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | ONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER | TIONS | \$ |
| | | |

| MONET | ARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 | | |
|---|---|---------------------------------------|-------------------------------|--|--|
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: | | |
| 2 FILER NAME | Palsert P. Shepaux | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Full name of contributor ut-of-state PAG | | 7 Amount of contribution (\$) | | |
| 2/28/18 | TREPAC/texas Associates City; State | 1,00000 | | | |
| | P.O. Box 224k Austin | Tx 78768 | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) | | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | | |
| | Contributor address; City; State | e; Zip Code | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | | |
| Contributor address; City; State; Zip Code | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | |
| Date | Full name of contributor out-of-state PAC | C (ID#:) | Amount of contribution (\$) | | |
| | Contributor address; City; State | e; Zip Code | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | | |
| | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instruction Guide explains how to complete this form | n. 1 Total pages Schedule A2: |
|---|--|
| 2 FILER NAME TECHNOT P. Shopard | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | 8 Amount of 9 In-kind contribution description (50.68 Sign Distribution (50.68 Check if travel outside of Texas, Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of . In-kind contribution Contribution \$. description de Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |
| ATTACH ADDITIONAL COPIES OF T | HIS SCHEDULE AS NEEDED |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | | EXPENDITURE CA | ALEGORIES | OH BOX 8(a) | | |
|---|----------------|---|---|---------------------------------|---|------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | F F y (| Event Expense Ges Good/Beverage Expense Gilf/Awards/Memorials Expens Gegal Services The Instruction Guide ex | Office Over Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAM | ME D. She | No V | | 3 Filer ID (Ethics Commission File | ers) |
| 4 Date | 5 Payee nam | e | AMO | | | |
| 2/1/18 | Cit | 1 04 ArTinto | M | | | |
| 6 Amount (\$) | 7 Payee add | ess; City; State | e; Zip Code | | | |
| 00 | P-6 | 1. Box 405 | 15 | | | |
| 1000 | - A | Mysty. Tx | 76000 | 4 | | |
| 8 | (a) Category (| See Categories listed at the top o | of this schedule) | (b) Description | | |
| PURPOSE | ~ 12 | Cons | | | utside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | 610 | y Fees | | Check if Austii | n, TX, officeholder living expense | |
| | | | | | | |
| 9 Complete ONLY if direct | Candidat | e / Officeholder name | | Office sought | Office held | 1 / |
| expenditure to benefit C/OF | - F | iles | Ac. | Office sought | Office held | th |
| Date | Payee nam | e | | | | |
| 4/3/18 | 30: | s:qus | | | | |
| Amount (\$) | Payee add | | e; Zip Code | | | |
| | 113 | 3 W. Main st | • | | | |
| 753.38 | 48 | lighter TX | 76013 | | | _ |
| | Category (| See Categories listed at the top of | f this schedule) | Description | | |
| PURPOSE OF | | | | [] | rtside of Texas. Complete Schedule T. | |
| EXPENDITURE | Si | Suz | | Check ii Ausiiii | , 17, oncended hving expense | |
| | | | | | | |
| Complete ONLY if direct | | e / Officeholder name | | Office sought | Office held | |
| expenditure to benefit C/OH | Fil | es | A | 1. CC Dist.6 | Aulce Dis | 16 |
| Date | Payee nam | ie . | | | | |
| | | | | | | |
| | | 15 | | | | |
| Amount (\$) | Payee addr | ress; City; State | e; Zip Code | | | |
| | | | | | | |
| | | | | | | |
| nuencer | Category (S | See Categories listed at the top o | rtnis schedule) | Description Check if travel out | itside of Texas. Complete Schedule T. | |
| PURPOSE OF | | | | | , TX. officeholder living expense | |
| EXPENDITURE | | | | | | |
| | il il | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | e / Officeholder name | | Office sought | Office held | |
| | 30 | | | | | |
| | ATTA | CH ADDITIONAL COF | PIES OF THIS S | SCHEDULE AS NEE | EDED | |
| | | | | | | |