

# 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: 7 33
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. John C. NICKNAME LAST SUFFIX Sheppard		<b>OFFICE USE ONLY</b> Date Received 2014 OCT 6 PM 18 Austin City Clerk RECEIVED Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 40938 Austin TX 78704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 567-5646		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Andrew C. NICKNAME LAST SUFFIX Barbee		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 7306 Danwood Austin, TX 78759		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 565-5939		
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    THROUGH    Month Day Year 8 / 16 / 2014    10 / 4 / 2014 9 25		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 2014		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Austin City Council, District 2	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

John C. Sheppard

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 pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 120.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 575.00

EXPENDITURE  
TOTALS

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

\$ 695.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,604.93

CONTRIBUTION  
BALANCE

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

\$ 470.07

OUTSTANDING  
LOAN TOTALS

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

\$ 1500.00

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.



*John C. Sheppard*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C. Sheppard, this the 16th day of October, 20 14, to certify which, witness my hand and seal of office.

*Ann Margaret Franklin*  
Signature of officer administering oath

Ann Margaret Franklin  
Printed name of officer administering oath

Notary  
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: **1**

2 FILER NAME

**John C. Sheppard**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**8/30/2014**

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

**Patricia Sheppard**

6 Contributor address; City; State; Zip Code

**14209 Cedar Post, Haslet, TX 76052**

7 Amount of contribution (\$)

**150.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**Retired Nurse**

10 Employer (See Instructions)

**N/A**

Date

**9/18/2014**

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

**Austin Board of REALTORS Political Action Comm**

Contributor address; City; State; Zip Code

**10900 Stonelake Blvd, Ste. A100  
Austin, TX 78759**

Amount of contribution (\$)

**350.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/28/2014**

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

**Mary I. Salisbury**

Contributor address; City; State; Zip Code

**112 Hunter Rex Way, Kyle, TX 78640**

Amount of contribution (\$)

**75.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**Estimator/Construction Manager**

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2		<b>2</b> FILER NAME John C. Sheppard		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 10/3/2014		<b>5</b> Payee name Randall's			
<b>6</b> Amount (\$) 106.66		<b>7</b> Payee address; City; State; Zip Code 2025 W. Ben White Austin, TX 78704			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense Event Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) BBQ Fundraiser Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <del>John C. Sheppard</del>		Office sought Office held	
Date 9/10/2014		Payee name Graphics Guys, L.L.C.			
Amount (\$) 246.81		Payee address; City; State; Zip Code P.O. Box 41990 Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising Expense Printing Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/23/2014		Payee name Prism net			
Amount (\$) 22.59		Payee address; City; State; Zip Code 11500 Metric Boulevard, Suite 280 Austin, TX 78758			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Website Set-up <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/5/2014		Payee name Graphics Guys, L.L.C.			
Amount (\$) 246.81		Payee address; City; State; Zip Code P.O. Box 41990 Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising Expense Printing Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

John C. Sheppard

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date of loan

8/16/2014

7 Name of lender

☐ out-of-state PAC (ID#:

John C. Sheppard

9 Loan Amount (\$)

750.00

6 Is lender  
a financial  
institution?

Y

(N)

8 Lender address; City; State; Zip Code

6404 Emerald Forest  
Austin, TX 78745

10 Interest rate

0.9%

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Real Estate Broker

13 Employer (See Instructions)

Austin Home Source, LLC

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account

☒16 GUARANTOR  
INFORMATION☒ not applicable

17 Name of guarantor

~~John C. Sheppard~~

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

9/10/2014

Name of lender

☐ out-of-state PAC (ID#:

John C. Sheppard

Loan Amount (\$)

500.00

Is lender  
a financial  
institution?

Y

(N)

Lender address; City; State; Zip Code

5404 Emerald Forest  
Austin, TX 78745

Interest rate

0.9%

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Austin Home Source, LLC

Description of Collateral

☒ none

Check if personal funds were deposited into political account

☒GUARANTOR  
INFORMATION☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

John C. Sheppard

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date of loan

9/30/2014

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John C. Sheppard

9 Loan Amount (\$)

250.00

6 Is lender  
a financial  
Institution?Y ☒ N

8 Lender address; City; State; Zip Code

5409 Emerald Forest  
Austin, TX 78745

10 Interest rate

0%

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Real Estate Broker

13 Employer (See Instructions)

Austin Home Source, LLC

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account

☒16 GUARANTOR  
INFORMATION☒ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

If lender 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  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2		2 FILER NAME John C. Sheppard		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/2/2014		5 Payee name Prismnet			
6 Amount (\$) 47.97		7 Payee address; City; State; Zip Code 11500 Metric Blvd, Ste. 280, Austin, TX 78758			
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) Website Maintenance <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/30/2014		Payee name Graphics Guys, LLC			
Amount (\$) 368.05		Payee address; City; State; Zip Code P.O. Box 41990, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense Printing Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/16/2014		Payee name Austin City Clerk			
Amount (\$) 500.00		Payee address; City; State; Zip Code 301 W. 2nd Street, Ste. 1120, Austin, TX 78767			
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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/16/2014		Payee name Vista Print			
Amount (\$) 66.04		Payee address; City; State; Zip Code 8877 Inkster Road Taylor, MI 48180			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED