FOR CANDIDATE/OFFICEHOLDER							
1 ACCOUNT#		2 Total pages filed: 5	OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR M(· Joh NICKNAME LASTS	n C. heppord suffix	Date Received AUSTIN RE				
4 ORIGINAL REPORT TYPE	July 15 Ex 30th day before election 15 ap	nofi Other (specify) ceeded \$500 limit th day after treasurer opointment (officeholder only) nal report	7 CIT Date Hand-delivered or Postmarked CO Receipt # Amerit RR Date Processed 2				
5 ORIGINAL PERIOD COVERED	Month Day Year 8 / 16 / 2014 TH	HROUGH 9 /25 /2014	Date Imaged				
6 EXPLANATION OF CORRECTION Original report filed on 10/6/14 included contributions and expenditures that occurred after 9/25/2014.							
I swear, or affirm, under penalty of perjury, that this corrected 7 AFFIDAVIT report is true and correct.							
	Check ONLY if applicable:						
Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amend- ment/correction is filed on or after the eighth day after the original report was filed, t swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.							
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. AFFIX NOTARY STAMP / SEAL ABOVE							
Swom to and subscribed before me, by the said <u>John C. Sheppord</u> , this the <u>7th</u> day of <u>OCTOLEA</u> ,							
20 17, to certify which, witness my hand and seal of office. Jonnerty Sure Horocoo Jangero Sure Goorlass Notary							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections							

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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

Texas Ethics Commission

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P.O. Box 12070

(512) 463-5800 (TDD 1-800-735-2989)

FORM C/OH CANDIDATE / OFFICEHOLDER REPORT: COVER SHEET PG 2 **SUPPORT & TOTALS** 14 C/OH NAME 15 ACCOUNT # (Ethics Commission Filers) **16 NOTICE FROM** THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S) CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE NAME COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS **17 CONTRIBUTION** 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS \$ 500.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE \$ 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS 22,59 \$1,082.25 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5 BALANCE \$167,75 OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS \$ 750.00 LAST DAY OF THE REPORTING PERIOD **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 of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____, this the day of _____, 20 ____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Tohn C. Sheppard te 5 Full name of contributor Dout-of-state PAC (10# 4 Date 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) 8/30/2014 Patricia Sheppard 6 Contributor address; City; State; Zip Code 150.00 14209 Cedor Past Haslet, TX 76052 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) NIA Retired Nurse Full name of contributor out-of-state PAC (ID#_ Date In-kind contribution Amount of description (if applicable) contribution (\$) Austin Board of REALTORS PAC contributor address; City; State; Zip Code 10900 Stonelake Bird, Ste A-100 9/18/2014 350.00 Aushin, TX 78759 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution Date out-of-state PAC (ID#: contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution Date Out-of-state PAC (/D# contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (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 foradditional reporting requirements. www.ethics.state.tx.us Revised 07/28/2014

Austin, Texas 78711-2070

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LOANS				SCHEDULE E	
The Instruction Guide explains how to complete this form.				les Schedule E:	
2 FILER NAME John C. Sheppard			3 ACCOUNT # (Ethics Commission Filers)		
4			T	· · · · · · · · · · · · · · · · · · ·	
TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			⇒	\$	
5 Date of loan	n 7 Name of lender [] out-of-state PAC (ID#)			9 Loan Amount (\$)	
B/16/2014 John C. Sheppard				750.00	
6 Istender	Islender 8 Lender address; City; State; Zip Code			10 Interest rate	
a financial Institution?	5409 Emerald Forest			0 % 11 Maturity date	
Y (N)	x (N) Austin, TX 78745				
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		N/A	
	12 Principal occupation / Job title (See Instructions) Real Estate Broker		Austin Home Source, LLC		
14 Description of Col	· · · · · · · · · · · · · · · · · · ·	15 Check if personal funds were deposited into political account			
🔀 none		×			
16 GUARANTOR INFORMATION	17 Name of guarantor	ł	ľ	19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code					
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)			
Date of loan] out-of-state PAC (IO#:)	Loan Amount (\$)	
9/10/2014	John C. Sheppard			500.00	
ls lender	Lender address; City; State;	Zip Code		Interest rate	
a financial Institution?	5409 Emerald Forest			0%	
Y N	Austin, TX 78745			Maturity date	
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)			
	ate Broker				
Description of Collateral		Check if personal funds were deposited into political account			
X none		×			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
🕅 not applicable	Guarantor address; City; State; Zip Code				
Principal Occupation (See Instructions)		Employer (See Instructions)	I	, , , , .	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL	EXPENDITURES	SCHEDULE F				
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/R The Instruction Guide explains how to	tract Labor Loan Repayment/Reimbursement ing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ntal Expense OTHER (enter a category not listed above)				
1 Total pages Schedule F:	2 FILER NAME John C. Sheppord	3 ACCOUNT # (Ethics Commission Filers)				
4 Date 8/16/2014	5 Payee name Austin City Clerk					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
500.00	301 W. 2nd St. Ste. 1/20	Austin, TX 78767				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee				
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Y if direct Candidate / Office holder name Office sought Office held					
Date	Payee name					
9/16/2014	Vista Print					
Arnount (\$)	Payee address; City; State; Zip Code 8877 InKSKr Road					
66.04	Taylor, MI 48180					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payes name					
9/10/2014	Graphic Guys, L.L.C.					
Amount (\$)	Payee address; City, State; Zip Code					
246. 81	P.O. Box 41990 Austin, TX 18704					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held				
Date	Payee name					
9/5/2014	Graphic Guys, L.L.C.					
Amount (\$)	Graphic Guys, L.L.C. Payee address; City; State; Zip Code P.O. Box 41990					
246.81	Austin, TX. 78704					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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