

FORM COR-C/OH

# **CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed: <u>5</u>		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	<b>AUSTIN CITY CLERK RECEIVED</b> 2014 OCT 7 PM 4:42		
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #			
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	8	16	2014	THROUGH	9	25	2014
				Date Processed			
				Date Imaged			

## 6 EXPLANATION OF CORRECTION

Original report filed on 10/6/14 included contributions and expenditures that occurred after 9/25/2014.

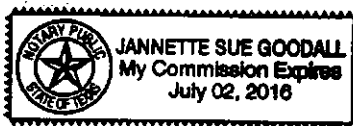
## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected 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 amendment/correction is filed on or after the eighth day after the original report was filed, I 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

Sworn to and subscribed before me, by the said John C. Sheppard, this the 7th day of OCTOBER

20 14, to certify which, witness my hand and seal of office.

Jannette Sue Goodall  
Signature of officer administering oath

Jannette Sue Goodall  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

FORM C/OH  
COVER SHEET PG 2

<b>18 AFFIDAVIT</b>		
<p>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.</p>		
<p>_____</p> <p>Signature of Candidate or Officeholder</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.</p>		
Signature of officer administering oath	Printed name of officer administering oath	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 Past  
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 PAC

Contributor address; City; State; Zip Code

10900 Stonelake Blvd, Ste A-100  
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

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)

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.

**LOANS****SCHEDULE E**

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

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

John C. Sheppard

☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

750.00

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

9/10/2014

Name of lender

John C. Sheppard

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

500.00

Is lender  
a financial  
institution?

Y N

Lender address; City; State; Zip Code

5409 Emerald Forest  
Austin, TX 78745

Interest rate

0%

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Real Estate Broker

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.

<b>1</b> Total pages Schedule F: 1		<b>2</b> FILER NAME John C. Sheppard		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 8/16/2014		<b>5</b> Payee name Austin City Clerk			
<b>6</b> Amount (\$) 500.00		<b>7</b> Payee address; City; State; Zip Code 301 W. 2nd St. Ste. 1120, Austin, TX 78767			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee <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 9/16/2014		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) <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 9/10/2014		Payee name Graphic Guys, L.L.C.			
Amount (\$) 246.81		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		Description (If travel outside of Texas, complete Schedule T) <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 Graphic Guys, L.L.C.			
Amount (\$) 246.81		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		Description (If travel outside of Texas, complete Schedule T) <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	

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