

# 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: **8**

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST	SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Date Received				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	Date Hand-delivered or Postmarked				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount
	NICKNAME	LAST	SUFFIX	Date Processed	

**7** CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

503 East Border Street  
Arlington, Tx 76010

**8** CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 861-1000

**9** REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)

July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

**10** PERIOD COVERED

Month Day Year    THROUGH    Month Day Year

5 / 1 / 14    7 / 14 / 14

**11** ELECTION

Month ELECTION DATE Day Year    ELECTION TYPE

Primary    Runoff    General    Special

**12** OFFICE    OFFICE HELD (if any)    **13** OFFICE SOUGHT (if known)

Arlington City Council  
District 6

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Robert P. Shepard 15 ACCOUNT # (Ethics Commission Filers)

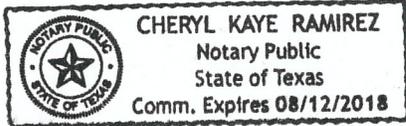
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>Arlington Police Association PAC</u>
	COMMITTEE ADDRESS	<u>P.O. Box 856 Arlington, TX 76004</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>John Eric Borton</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>P.O. Box 856 Arlington, TX 76004</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9,805.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,105.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,606.62</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert P. Shepard, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Cheryl K. Ramirez Cheryl K. Ramirez notary  
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: <b>1054</b>	
2 FILER NAME <b>Robert P. Shepard</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/1/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Apt. Association Tarrant County PAC</b>	7 Amount of contribution (\$) <b>2,500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6350 Baker Boulevard Richardson Hills, Tx 76118</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>PAC</b>		10 Employer (See Instructions)	
Date <b>5/5/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark and Belinda Gist</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2100 Woodside Drive Arlington, Tx 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Sabs</b>		Employer (See Instructions)	
Date <b>5/5/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Fowler</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4900 Morris Heights Drive Arlington, Tx 76016</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)	
Date <b>5/5/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kevin C. Little, Sr.</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5622 Memorial Arlington, Tx 76017</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>5/5/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul J. Johnson</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2430 Park Row Drive Arlington, Tx 76016</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		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:

2 of 4

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/2/14

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

Dan A. White

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1000 Ballpark Way # 300  
Arlington, TX 76011

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Date

5/2/14

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

Wesly Marness

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6314 Milwood Court  
Arlington, TX 76016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

5/7/14

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

Rickie W. Merritt

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3004 Ironstone Court  
Arlington, TX 76006

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Date

5/8/14

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

John A. Biery

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5500 Hunterwood Lane  
Arlington, TX 76017

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

I.T.

Employer (See Instructions)

Date

5/7/14

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

Jeff Williams

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6948 Poly Webb Road  
Arlington, TX 76016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 4

2 FILER NAME

Robert P. Shepard

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/9/14

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

Clifford Mycoskie

6 Contributor address; City; State; Zip Code

1409 Woodbine Court  
Arlington, TX 76012

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Consultant

10 Employer (See Instructions)

Date

5/21/14

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

Don A. Duke

Contributor address; City; State; Zip Code

P.O. Box 13464  
Arlington, TX 76094

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Investments

Employer (See Instructions)

Date

5/12/14

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

Joe Bowers

Contributor address; City; State; Zip Code

520 Avenue H East #102  
Arlington, TX 76011

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

5/15/14

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

Arlington Professional Fire Fighters

Contributor address; City; State; Zip Code

208 South Fielder Road  
Arlington TX 76013

Amount of contribution (\$)

1,230.00

In-kind contribution description (if applicable)

Polling Expense/  
Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

Date

6/17/14

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

Arlington Police Association PAC

Contributor address; City; State; Zip Code

P.O. Box 856  
Arlington, TX 76004

Amount of contribution (\$)

775.00

In-kind contribution description (if applicable)

Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**4 of 4**

2 FILER NAME

**Robert P. Shepard**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**6/17/14**

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

**Arlington Police Association PAC**

6 Contributor address; City; State; Zip Code

**P.O. Box 856  
Arlington, TX 76004**

7 Amount of contribution (\$)

**2,500.00**

8 In-kind contribution description (if applicable)

**Advertising/  
Mailers**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**PAC**

10 Employer (See Instructions)

Date

**5/10/14**

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

**South Street Padjo**

Contributor address; City; State; Zip Code

**400 East Abram Street  
Arlington, TX 76010**

Amount of contribution (\$)

**250.00**

In-kind contribution description (if applicable)

**Event Expense**

(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**  
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Robert P. Shepard</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>5/7/14</i>	<b>5</b> Payee name <i>Carol's Cupcakery</i>
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<b>6</b> Amount (\$) <i>350.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 1522 Mansfield, TX 76063</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Event Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/10/14</i>	Payee name <i>Will Hobbs</i>
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Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/10/14</i>	Payee name <i>South Street Patio</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>400 East Abram Street Arlington, TX 76010</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/12/14</i>	Payee name <i>Murphy Nasica</i>
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Amount (\$) <i>2,500.00</i>	Payee address; City; State; Zip Code <i>815-A Brazos Street #304 Austin, TX 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Robert P. Shepard</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/15/14</i>	5 Payee name <i>Arlington Professional Fire Fighters PAC</i>
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6 Amount (\$) <i>1,230.00</i>	7 Payee address; City; State; Zip Code <i>208 South Fielder Road Arlington, TX 76013</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Polling Expense/Signs</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/17/14</i>	Payee name <i>Arlington Police Association PAC</i>
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Amount (\$) <i>775.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 856 Arlington, TX 76004</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Polling Expense/Advertising/signs</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/17/14</i>	Payee name <i>Arlington Police Association PAC</i>
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Amount (\$) <i>2,500.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 856 Arlington, TX 76004</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising/Media</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/14/14</i>	Payee name <i>Arlington Police Association PAC</i>
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Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 856 Arlington, TX 76004</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation by Officeholder</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED