

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|  |   |  |  |
|--|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. |   | <b>1</b> Filer ID (Ethics Commission Filers)   | <b>2</b> Total pages filed:<br><div style="text-align: center; font-size: 24px;">6</div> |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                         | MS / MRS / MR                      FIRST                      MI<br>MRS.                      Sheri                      L<br>NICKNAME                      LAST                      SUFFIX<br><div style="text-align: center; font-size: 24px;">Sheppard</div>  | <b>OFFICE USE ONLY</b>   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS              | ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>16234 TAHOE DR.    Jersey VILLAGE,<br>TX    77040<br><input type="checkbox"/> Change of Address   | Date Received<br>April 4, 2016<br><br>1:53pm   |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                        | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(832)    288-2481   | Date Hand-delivered or Date Postmarked   |  |
| <b>6</b> CAMPAIGN TREASURER NAME                               | MS / MRS / MR                      FIRST                      MI<br>MR.                      William                      J<br>NICKNAME                      LAST                      SUFFIX<br>Bill                      Sheppard   | Receipt #  | Amount \$  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)    | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>16234 TAHOE DR.    JERSEY VILLAGE, TX    77040   |  |  |
| <b>8</b> CAMPAIGN TREASURER PHONE                              | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(832)    288-2481   |  |  |
| <b>9</b> 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)<br><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) |  |  |
| <b>10</b> PERIOD COVERED                                       | Month                      Day                      Year                      Month                      Day                      Year<br>02 / 01 / 2016                      THROUGH                      04 / 04 / 2016   |  |  |
| <b>11</b> ELECTION   | ELECTION DATE<br>Month                      Day                      Year<br>05 / 07 / 2016   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
| <b>12</b> OFFICE   | OFFICE HELD (if any)<br>City Council Position 4   | <b>13</b> OFFICE SOUGHT (if known)<br>City Council Position 4  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14** C/OH NAME Sheri L. Sheppard **15** 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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |             |
|-------------------------------|---|-------------|
| <b>17</b> CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 50.00    |
|                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 50.00    |
| EXPENDITURE TOTALS            | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ —        |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2,344.23 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ —        |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

Sheri L. Sheppard  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheri Sheppard, this the 4th day of April, 2016, to certify which, witness my hand and seal of office.

[Signature]      Lori      City Secretary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

SHERI L. SHEPPARD

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |           |
|-----|-------------------------------------|--|-----------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 50.00  |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$        |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$        |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$        |
| 5.  | <input type="checkbox"/>            | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$        |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$        |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$        |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 460.00 |
| 9.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 460.00 |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$        |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$        |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$        |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

SHERI L. SHEPPARD

3 Filer ID (Ethics Commission Filers)

4 Date

04-02-16

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

Joyce Berube

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

15926 Juneau Jersey Village TX 77040

8 Principal occupation / Job title (See Instructions)

REAL ESTATE AGENT

9 Employer (See Instructions)

KELLER WILLIAMS

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>1   | <b>2</b> FILER NAME<br>SHERI L SHEPPARD  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>3/21/2016  | <b>5</b> Payee name<br>CHASE CARDMEMBER SERVICES   |  |
| <b>6</b> Amount (\$)<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 94014 Paladines, IL 60094-4014         |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>CREDIT CARD PAYMENT | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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  | Office sought      Office held   |

|   |   |  |
|---|---|--|
| Date<br>04/04/2016  | Payee name<br>MINUTEMAN PRESS NORTHWEST   |  |
| Amount (\$)<br>639.29<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>17484 NORTHWEST FREEWAY HOUSTON, TX 77040           |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>PRINTING EXPENSE | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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  | Payee name  |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                                    |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:                                  | <b>2</b> FILER NAME<br>SHERI L. SHEPPARD  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |   | \$ —   |
| <b>5</b> Date<br>3/15/2016   | <b>6</b> Payee name<br>MINUTEMAN PRESS NORTHWEST  |  |
| <b>7</b> Amount (\$)<br>460.06                                     | <b>8</b> Payee address; City; State; Zip Code<br>17484 NORTHWEST FREEWAY HOUSTON, TX 77040  |  |
| <b>9</b> TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political        |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>PRINTING EXPENSE | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH      | Candidate / Officeholder name   | Office sought      Office held   |
| Date<br>04/04  | Payee name<br>MINUTEMAN PRESS NORTHWEST   |  |
| Amount (\$)<br>1244.88   | Payee address; City; State; Zip Code<br>17484 NORTHWEST FREEWAY HOUSTON, TX 77040           |  |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political        |  |
| <b>PURPOSE OF EXPENDITURE</b>                                      | Category (See Categories listed at the top of this schedule)<br>PRINTING EXPENSE            | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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