

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Cluech Shypard

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 type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

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

\$ 0

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

\$ 2425⁰⁰

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10,922⁹¹

CONTRIBUTION
BALANCE

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

\$ 1759²⁶

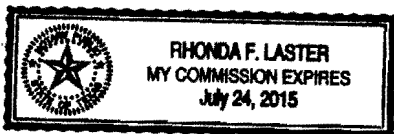
OUTSTANDING
LOAN TOTALS

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

\$ 10,257²³

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.



Cluech Shypard

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Cluech Shypard*, this the 17 day of January, 20 12, to certify which, witness my hand and seal of office.

Rhonda F Laster
Signature of officer administering oath

Rhonda F Laster
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:

2 FILER NAME

Chuck Shepard

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/5/11

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

Michael Notley

6 Contributor address; City; State; Zip Code

PO Box 66 Elmo, Tx 75118

7 Amount of contribution (\$)

\$ 100 -

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/5/11

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

TERRY BARBER

Contributor address; City; State; Zip Code

P.O. Box 744 Terrell, Tx 75160

Amount of contribution (\$)

\$ 100 -

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/11

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

THOMAS BOBBY

Contributor address; City; State; Zip Code

11730 CR 309 Terrell 75161

Amount of contribution (\$)

\$ 250 -

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/11

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

Kenneth Moody

Contributor address; City; State; Zip Code

25138 Fm 429 Terrell 75161

Amount of contribution (\$)

\$ 100 -

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/11

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

John Walker

Contributor address; City; State; Zip Code

15374 Fm 2728 Terrell 75161

Amount of contribution (\$)

\$ 100 -

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CHUCK SHEPARD		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/5/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HARVEY CHITTY	7 Amount of contribution (\$) \$ 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 13 Terrell, 75160		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Stevens	Amount of contribution (\$) \$ 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 129 Elmo, TX 75118		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruno Schoener	Amount of contribution (\$) \$ 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 129 Elmo 75118		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard Gosnell	Amount of contribution (\$) \$ 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14235 FM 2728 Terrell 75161		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BIBB White	Amount of contribution (\$) \$ 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14609 CR 318 Terrell 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 FILER NAME <i>Chuck Shepard</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/21/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>C. J. OLDAKER</i>	7 Amount of contribution (\$) <i>\$100-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>12377 Fm 2728 Terrell 75161</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/21/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BOB WHITE</i>	Amount of contribution (\$) <i>\$50-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14603 CR 318 Terrell 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/21/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MAX MILLER</i>	Amount of contribution (\$) <i>\$50-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10 825 ESTATE LN Terrell 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/21/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Keith Bell</i>	Amount of contribution (\$) <i>\$250-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 1886 Forney</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/21/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JOHN WALKER</i>	Amount of contribution (\$) <i>\$150-</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>15374 CR 2728 Terrell 75161</i>		(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.

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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:	
2 FILER NAME <i>C Huck Shepard</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/12/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Bruce Miracle</i>	7 Amount of contribution (\$) <i>\$ 100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>102 E. Moore Terrell 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>James Smith</i>	Amount of contribution (\$) <i>\$ 200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12155 FM 2728 Terrell 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>CASSANDRA GREEN</i>	Amount of contribution (\$) <i>\$ 50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9639 CR 313 Terrell 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>JOHN Bailey</i>	Amount of contribution (\$) <i>\$ 50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 193 Elmo 75118</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>FRANCES TAN Kersley</i>	Amount of contribution (\$) <i>\$ 25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>112 Poinsetta Cr Terrell 75160</i>		(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.

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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:	
2 FILER NAME Chuck Shepard		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/12/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eugene Glaeser	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 1255 Terrell 75160		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peggy Nadolski	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 316 Elm Dr Terrell 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Notley	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 66 Elmo 75118		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Scott Ervin	Amount of contribution (\$) \$75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 407 W. High Terrell 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/3/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James R. Cade	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 542 Terrell, TX 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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.	
2 FILER NAME <i>Chuck Shepard</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/2/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ROBERT E WHITE</i>	7 Amount of contribution (\$) <i>5000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>14603 CR 318 TERRELL TX 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/30/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bill A. White</i>	Amount of contribution (\$) <i>5000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14609 CR 318 Terrell TX 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind 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)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind 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)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind 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
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3	2 FILER NAME Cluck Shepard	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/30/11	5 Payee name Nixon Notes
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6 Amount (\$) 1500⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10140 CR 4084 Scurry, TX 75158
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 10/10/11	Payee name Nixon Notes
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Amount (\$) 300⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10140 CR 4084 Scurry, TX 75158
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
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Date 11/4/11	Payee name Renfro Graphics
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Amount (\$) 4631²⁴ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 101 Metro Dr Terrell, TX 75160
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T)
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Date 11/28/11	Payee name Nixon Notes
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Amount (\$) 300⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10140 CR 4084 Scurry, TX 75158
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Exp	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2/3	2 FILER NAME Cheryl Shepard	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/20/11	5 Payee name Nixon Notes	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 648.25	7 Payee address; City; State; Zip Code 10140 CR 4084 Scurry, TX 75158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
Date 11/20/11	Payee name Nixon Notes	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 386.59	Payee address; City; State; Zip Code 10140 CR 4084 Scurry, TX 75158	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T)
Date 11/20/11	Payee name Kaueman Co Republican Party	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 750.00	Payee address; City; State; Zip Code 10A W Grove Kaueman TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Filing Fee	Description (If travel outside of Texas, complete Schedule T)
Date 12/16/11	Payee name Rewero Graphics	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 140.73	Payee address; City; State; Zip Code 101 Metro Dr Terrell, TX 75160	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3/3	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/10/12	5 Payee name CARMONA'S
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6 Amount (\$) 201.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 311 TANGEN DR TERRELL, TX 75160
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 1/13/12	Payee name Renato Dragotiz
------------------------	--------------------------------------

Amount (\$) 598.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 101 Metro DR TERRELL, TX 75160
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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: <i>1</i>	2 FILER NAME <i>CHUCK SHEPARD</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12/29/11</i>	5 Payee name <i>NIXON NOTES</i>	
6 Amount (\$) <i>665.24</i>	7 Payee address; City; State; Zip Code <i>10100 CR 4084 SCURRY TX 75158</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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