PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2014, covering calendar year ending December 31, 2013.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED: 10

ACCOUNT #

OFFICE USE ONLY

Date Received

2014 SEP 24 PM 4 31
AUSTIN CITY CLERK
RECEIVED

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI: Mr. John C.

NICKNAME; LAST; SUFFIX: Sheppard

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5404 Emerald Forest
Austin, TX 78745

☑ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION: (512) 567-5646

4 REASON FOR FILING STATEMENT

☑ CANDIDATE City Council District 2 (INDICATE OFFICE)
☐ ELECTED OFFICER (INDICATE OFFICE)
☐ APPOINTED OFFICER (INDICATE AGENCY)
☐ EXECUTIVE HEAD (INDICATE AGENCY)
☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
☐ STATE PARTY CHAIR (INDICATE PARTY)
☐ OTHER (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Deborah Sheppard
DEPENDENT CHILD 1. Kathryn Sheppard
2.
3.

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 **PARTS NOT APPLICABLE TO FILER**

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☒ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☒ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Assets of Business Associations
- ☒ N/A Part 11B - Liabilities of Business Associations
- ☒ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address)
☒ SELF-EMPLOYED	NATURE OF OCCUPATION Real Estate Broker
INFORMATION RELATES TO	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address)
☒ SELF-EMPLOYED	NATURE OF OCCUPATION Real Estate Agent
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD 1. ~~Kathryn~~ Sheppard
EMPLOYMENT ☑ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) Starbuck's Coffee / Cashier TX State University Compus Location
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND American Funds	NAME Smallcap World Fund
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND American Funds	NAME Capital Growth & Income
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability *of more than $1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, *see* FORM PFS–INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Credit Union of Texas
2 LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	John C. Sheppard
4 AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☑ $10,000--$24,999 ☐ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Ocwen
LIABILITY OF	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	John C. Sheppard
AMOUNT	☐ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☑ $25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Sallie Mae Student Loan
LIABILITY OF	☐ FILER ☐ SPOUSE ☑ DEPENDENT CHILD 1
GUARANTOR	Kathryn Sheppard
AMOUNT	☑ $1,000--$4,999 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE ☑ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5409 Emerald Forest, Austin, Travis, Texas
3 DESCRIPTION ☑ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Lot 4 Blk E Salem Walk Sec 2 Travis County
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	John Sheppard Deborah Sheppard
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS ☐ (Check if Filer's Home Address) Austin Home Source, LLC 1301 W. Ben White #200B Austin, TX 78704
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check if Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check if Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check if Filer's Home Address) Austin Home Source, LLC 1301 W. Ben White # 200B, Austin, TX	
2 BUSINESS TYPE	LLC	
3 HELD, ACQUIRED, OR SOLD BY	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD ———	
4 ASSETS	DESCRIPTION	CATEGORY
	Office Equipment	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check if Filer's Home Address) Austin Home Source, LLC 1301 W. Ben White #200B, Austin, TX 78704	
2 BUSINESS TYPE	LLC	
3 HELD, ACQUIRED, OR SOLD BY	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD ———	
4 LIABILITIES	DESCRIPTION	CATEGORY
	Lease of Office	☐ LESS THAN $5,000 ☑ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
	E&O Insurance	☑ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
		☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2013, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

John C. Sheppard

Signature of Filer

DEENA ESTRADA SALINAS
Notary Public, State of Texas
My Commission Expires
November 19, 2018

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C. Sheppard, this the 24th day of September, 20 14, to certify which, witness my hand and seal of office.

Estrada-Salinas	Deena Estrada-Salinas	Notary Public
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath