

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2016 JAN -4 AM 11:39  
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

JACK SHEPARD FOR PRESIDENT EXPLORARY COMMITTEE

ADDRESS (number and street) VIA R MARENCO 2A  
(Check if address is changed)  
ROME - ITALY CITY STATE ZIP CODE 00124

COMMITTEE'S E-MAIL ADDRESS  
(Check if address is changed) CONTACT@JACKSHEPARD.NET  
Optional Second E-Mail Address CONTACT@SHEPARD BIDEN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)  
(Check if address is changed) WWW.JACKSHEPARD.NET  
WWW.SHEPARD BIDEN.NET

2. DATE 31 12 2015

3. FEC IDENTIFICATION NUMBER C00433367

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. JACK SHEPARD

Signature of Treasurer Dr. Jack Shepard Date 31 12 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

14010100001001010000

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate JACK SHEPARD

Candidate Party Affiliation DEM Office Sought: House Senate  President State District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a (National) State (Democratic) or subordinate) committee of the Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization  
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. \_\_\_\_\_ FEC ID number
- 2. \_\_\_\_\_ FEC ID number
- 3. \_\_\_\_\_ FEC ID number
- 4. \_\_\_\_\_ FEC ID number

2010-01-04 10:00:00 AM

Write or Type Committee Name

JACK SHEPARD FOR PRESIDENT EXPLORATORY COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

JACK SHEPARD

Mailing Address

VIA R. MARENCO 20 A  
ROME - ITALY X 00124

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

ITALY +39 / 3339661799  
Telephone number  
USA 651-222-9838

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

JACK SHEPARD

Mailing Address

VIA R. MARENCO 20 A  
ROME - ITALY [ ] 00124

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number 651-222-9838

NON-PROFIT ORGANIZATION

Full Name of Designated Agent

UNIVERSITY BANK (SUNRISE BANK)

Mailing Address

200 UNIVERSITY AVENUE WEST

ST. PAUL MN 55103

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUNRISE BANK

Mailing Address

200 UNIVERSITY AVENUE WEST

ST. PAUL MN 55103

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2010-11-04 09:00:00

Track this shipment: <http://www.dhl.com>  
Shipment Waybill



01/5/05  
95 4676 9352

Receiver's / Parcel copy

DESTINATION CODE

**8) Products & Services**

Domestic  International Document

Banglar Union  International Non-Documents

Products (not all are available to and from all locations)

EXPRESS 900  EXPRESS 1030

EXPRESS 1200  EXPRESS WORLDWIDE

EXPRESS ENVELOPE  ECONOMY SELECT

OTHER

Optional Services (extra charges may apply)

Saturday Delivery  Hold for Collection

Delivery Notification  Payable Packaging

OTHER

Globalmail Business

Priority  Standard  Other

DIMENSIONAL/CHARGEABLE WEIGHT

kg  gr

CHARGES

Services

Other

Insurance

VAT

CURRENCY TOTAL

Picked up by

Route No.

Time/Date

ORIGIN

**9) Shipment details** Bill weight is calculated from total weight and dimensions

Total number of packages

Total Weight

Dimensions in cm

Pieces

Length

Width

Height

**10) Full description of contents**

Give content and quantity

**11) Non-Documents Shipments Only (Customs Requirement)**

Attach the original and two copies of a Proforma or Commercial Invoice

Shipper's VAT/GST number

Receiver's VAT/GST or Shipper's VAT/GST

Declared Value for Customs (as on commercial/proforma invoice)

Harmonised Commodity Code if applicable

TYPE OF EXPORT

Permanent  Repair/Return  Temporary

Government Export Number (where legally required)

Destination duties/taxes if left blank receiver pays duties/taxes

Receiver  Shipper  Other

**12) Shipper's agreement (Signature required)**

Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between me/us and DHL and I/ we, such terms and conditions and, where applicable, the Warsaw Convention limits and/or excludes DHL's liability for loss, damage or delay and I/ we this shipment does not contain cash or dangerous goods (see reverse).

Signature

Date

**1) Payer, account number, and insurance details**

Charge to  Shipper  Receiver  3rd party  Cash  Cheque  Credit Card  Carnet

Payer Account No.

Shipment Insurance (see reverse)

Yes  No

Not all payment options are available in all countries. CC reference code

**2) From (Shipper)**

Shipper's account number

Contact name

JACK SHEPARD

Shipper's reference (up to 32 characters - first 12 will be shown on invoice)

09176440582

Company name

JACK EDWARD SHEPARD

Address

VIA R. MANENCO 20

ROME, ITALY

Postcode/Zip Code (required)

00124

Phone, Fax or Email (required)

37/3339061799

**3) To (Receiver)**

FEDERAL ELECTION COMMISSION

999 E. STREET N.W

WASHINGTON, D.C

Country USA

Postcode/Zip Code (required)

20463

Contact person

Phone, Fax or E-mail (required)

202 644 1103

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>DHL</b>	Shipping Date <b>12/31/15</b>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

**1/4/16**  
 DATE PREPARED

NON-PROFIT ORGANIZATION