

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) 00006000	2 PAGE # 1 of 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Brigid		OFFICE USE ONLY Date Received 2012 JAN 17 4 55 PM AUSTIN CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX Shea		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2604 Geraghty Ave. Austin, TX 78757		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Danette		Date Processed
	NICKNAME LAST SUFFIX Chimenti		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 200 The Circle Austin, TX 78704		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 912-8290		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <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)		
9 PERIOD COVERED	Month Day Year Month Day Year 12/05/2011 THROUGH 12/31/2011		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05/12/2012		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Shea, Brigid (Ms.)

14 ACCOUNT # (Ethics Commission filers)
0000600015 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 4,200.00

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,000.00

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

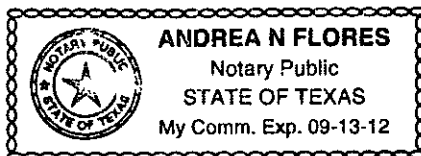
\$ 3,200.00

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 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.



Brigid Shea
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M. Brigid Shea, this the 11th day
of January, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print 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 PAGE #

Schedule: 1/4 Report: 3/9

2 FILER NAME Shea, Brigid (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00006000

4 Date

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

Chimenti, Danette (Ms.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

12/15/2011

6 Contributor address; City; State; Zip Code
200 The Circle
Austin, TX 78704

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Computer Consultant

10 Employer (See Instructions)
Self

Date

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

Hyatt, Diane (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/28/2011

Contributor address; City; State; Zip Code
400 North Lowell Lane
Austin, TX 78733

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Texas Water Development Board

Date

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

Kitchen, Ann (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/13/2011

Contributor address; City; State; Zip Code
2401 Briargrove
Austin, TX 78704

\$175.00

(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# _____)

Maxwell, Mary Gay (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/14/2011

Contributor address; City; State; Zip Code
111 Laurel Ln
Austin, TX 78705

\$100.00

(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# _____)

McAfee, Mark (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/15/2011

Contributor address; City; State; Zip Code
6315 Spicewood Springs Rd
Austin, TX 78759

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Food Service/Catering

Employer (See Instructions)
Self

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 2/4 Report: 4/9	
2 FILER NAME Shea, Brigid (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date 12/29/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNally, Eileen (Ms.) 6 Contributor address; City; State; Zip Code 902 Lund St Austin, TX 78704		7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Artist			10 Employer (See Instructions) Self	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moriarty, William (Mr.) Contributor address; City; State; Zip Code 400 North Lowell Lane Austin, TX 78733		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Engineer			Employer (See Instructions) King Engineering	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pitzer, Greg (Mr.) Contributor address; City; State; Zip Code 902 Lund St Austin, TX 78704		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate Broker			Employer (See Instructions) Self	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prisant, Martin (Mr.) Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) SCDP, Inc.	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prisant, Nadia (Ms.) Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager			Employer (See Instructions) SCDP, Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/4 Report: 5/9

2 FILER NAME Shea, Brigid (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00006000

4 Date

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

Rather, Robin (Ms.)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12/19/2011

6 Contributor address; City; State; Zip Code

805 Ethel Street
Austin, TX 78704

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Business Owner

10 Employer (See Instructions)
Collective Strength

Date

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

Sayle, Carol (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/29/2011

Contributor address; City; State; Zip Code

3414 Lyons Rd
Austin, TX 78702

\$50.00

(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# _____)

Smaha, Stephen (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/31/2011

Contributor address; City; State; Zip Code

5003 Lucas Lane
Austin, TX 78731

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)
Self

Date

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

Stanley, Alfred (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/31/2011

Contributor address; City; State; Zip Code

1409 Hardouin Ave
Austin, TX 78703

\$100.00

(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# _____)

Tuschak, Robert (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/24/2011

Contributor address; City; State; Zip Code

80 Red River St Apt 215
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 6/9

2 FILER NAME Shea, Brigid (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00006000

4 Date**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

Yznaga, Mark (Mr.)

7 Amount of
contribution (\$)**8** In-kind contribution
description (if applicable)

12/13/2011

6 Contributor address; City; State; Zip Code2401 Briargrove
Austin, TX 78704

\$175.00

(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

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

Zaretsky, Janet (Ms.)

Amount of
contribution (\$)In-kind contribution
description (if applicable)

12/31/2011

Contributor address; City; State; Zip Code

13110 Bayfield Dr
Austin, TX 78727

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/2 Report: 7/9

2 FILER NAME Shea, Brigid (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00006000

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID# _____)

Camp, Marla (Ms.)

8 Amount of
pledge (\$)**9** In-kind description
(if applicable)

12/31/2011

7 Pledgor address;

City; State; Zip Code

1415 Newning Ave
Austin, TX 78704

\$50.00

(If travel outside of Texas, complete Schedule T) ☐**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Ferchill, Cary (Mr.)

Amount of
pledge (\$)In-kind description
(if applicable)

12/22/2011

Pledgor address;

City; State; Zip Code

2524 Tanglewood Trail
Austin, TX 78703

\$350.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
LawyerEmployer (See Instructions)
Self

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Geiger, Carol (Ms.)

Amount of
pledge (\$)In-kind description
(if applicable)

12/22/2011

Pledgor address;

City; State; Zip Code

2613 Nottingham Ln
Austin, TX 78704

\$150.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Holderness, Earl (Mr.)

Amount of
pledge (\$)In-kind description
(if applicable)

12/31/2011

Pledgor address;

City; State; Zip Code

2943 Thousand Oaks Dr
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
N/A

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Holderness, Macy (Ms.)

Amount of
pledge (\$)In-kind description
(if applicable)

12/31/2011

Pledgor address;

City; State; Zip Code

2943 Thousand Oaks Dr
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
N/A

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 8/9

2 FILER NAME Shea, Brigid (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00006000**4** TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID# _____)

Lafe, Larson (Mr.)

8 Amount of
pledge (\$)**9** In-kind description
(if applicable)

12/22/2011

7 Pledgor address; City; State; Zip Code
3505 Vara Dr
Austin, TX 78754

\$100.00

(If travel outside of Texas, complete Schedule T) ☐**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Meredith, Susan (Ms.)

Amount of
pledge (\$)In-kind description
(if applicable)

12/29/2011

Pledgor address; City; State; Zip Code
1206 E Live Oak St
Austin, TX 78704

\$350.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Business OwnerEmployer (See Instructions)
Go Green Squads, LLC

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Schagen, Tracy (Ms.)

Amount of
pledge (\$)In-kind description
(if applicable)

12/31/2011

Pledgor address; City; State; Zip Code
8319 Haskel Dr
Austin, TX 78736

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Schneider, Robin (Ms.)

Amount of
pledge (\$)In-kind description
(if applicable)

12/15/2011

Pledgor address; City; State; Zip Code
2609 Sherwood Lane
Austin, TX 78704

\$350.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Political OrganizerEmployer (See Instructions)
Texas Campaign for the Environment

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Smith, Tom (Mr.)

Amount of
pledge (\$)In-kind description
(if applicable)

12/15/2011

Pledgor address; City; State; Zip Code
1801 Westlake
Austin, TX 78746

\$190.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 9/9		2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00006000	
4 Date 12/20/2011		5 Payee name Opinion Analysts, Inc.			
6 Amount (\$) \$1,000.00		7 Payee address City: State: Zip Code 906 Rio Grande St Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held: