CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUI	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00006000	2 PAGE# 1 of 9
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MS. Brigid	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Shea	SUFFIX	AUSTIN 2012 JAN 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: 2604 Geraghty Ave. Austin, TX 78757	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Processed
NAME	Ms. Danette		Date Imaged
	NICKNAME LAST Chimenti	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT A 200 The Circle Austin, TX 78704	/SUITE#; CITY; STATE:	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 912-8290	EXTENSION	
8 REPORT TYPE	X January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before e	lection Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	Month Day	Year
3000	12/05/201 1	HROUGH 12/31/20	11
10 ELECTION	ELECTION DATE ELECTION Month Day Year Pri 05/12/2012	N TYPE imany Runoff X	General Special
11 OFFICE	OFFICE HELD (If any)	12 OFFICE SOUGHT (# known)	
	GO T	O PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Shea	Brigid (Ms.)		14 ACCOUNT # (I	Ethics Commission filers)	
15 NOTICË FROM	have been made with	ofice of political expenditures by political committees to support the calculation that are consent, Candida by raceive notice of such expenditures			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00	
,		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,2 00.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00	
	4, TOTAL I	POLITICAL EXPENDITURES	\$	1,000.00	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	3,200.00	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE BY OF THE REPORTING PERIOD	\$	0.00	
17 AFFIDAVIT		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information require		
	ANDREA N F Notary Pu STATE OF T My Comm. Exp.	LORES blic EXAS 09-13-12	Sandidate or Officehold	ler	
AFFIX NOTARY S	TAMP / SEAL ABOV	Ē			
Sworn to and subscribe	t _	ne said M. Brigid Shea tily which, witness my hand and seal of office.	, this the	day	
Signature of officer admir	nistering oath	Print name of officer administering oath	Title of officer admini	stering oath	

, , ,	VIII. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	V		
The Instructi	ON GUIDE explains how to complete this form,		1 PAGE # Schedule: 1/4	4 Report: 3/9
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	/	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/15/2011	B Contributor address; City; State; Zip Code 200 The Circle Austin, TX 78704		\$350.00	
			(If travel outside of	Texes, complets Schedule 1)
9 Principal occup Computer Computer	pation / Job title (See Instructions) onsultant	10 Employer (See In Self	structions)	
Date	Full name of contributor))	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	1
			(if travel outside of	Texas, completa Schedule 1)
Principal occur	pation / Job title (See Instructions)	Employer (See In		,,
Engineer	oddown boo dhe (ose mandedon)		evelopment Board	
Date	Full name of contributor	<i>†</i>)	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	
	Additi, 1X 10104		(If travel outeide of	Texes, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	·	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	
			=	Texas, complete Schedule 1)
Principal occup	oation / Job title (See Instructions)	Employer (See In:	structions)	
Dale	Full name of contributor)	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	
			to eblatuo ievent II)	Taxas, complete Schedule 1) 🔲
Principal occup Food Service	oation / Job title (See Instructions) /Catering	Employer (See Ins Self	structions)	

				
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4	4 Report: 4/9
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	t)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/29/2011	6 Contributor address; City; State; Zip Code 902 Lund St Austin, TX 78704		\$350.00	! ! !
			(If travel outside of	Tsxas, complete Schedule T)
9 Principal occup Artist	pation / Job title (See Instructions)	10 Employer (See In: Self	structions)	
Date	Full name of contributor	!)	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 occur	pation / Job title (See Instructions)	Employer (See In:	<u> </u>	100mm; 400mm; 400mm; 7 mm
Engineer	ation / Job line (See Instructions)	King Engineerin		
Date	Full name of contributor out-of-state PAC (ID# Pitzer, Greg (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/29/2011	Contributor address; City; State; Zip Code 902 Lund St		\$350.00	 -
	Austin, TX 78704			Taxaa, complete Schedule T)
Principal occup Real Estate B	pation / Job title (See Instructions) Broker	Employer (See Ins Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Prisant, Martin (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/29/2011	Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746		\$350.00	}
			(If travel outside of	Texas, complete Schedule T)
Principal occup President	ation / Job title (See Instructions)	Employer (See Ins SCDP, Inc.	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/29/2011	Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746		\$350.00 	
			(if travel outside of	Texaa, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
Manager	AUDITY OUD BILLE (1966 HISH WOLLDINS)	SCDP, Inc.	жископау	

			1	
The Instructi	ON GUIDE explains how to complate this form.		1 PAGE # Schedule: 3/4	1 Report: 5/9
2 FILER NAME	E Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Rather, Robin (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/19 <i>[</i> 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 occup Business Ow	pation / Job title (See Instructions) rner	10 Employer (See In: Collective Stren		
Date	Full name of contributor ut-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	
	AUSIII, 1X 70702			
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	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	Texss, complete Schedule T)
Principal occup Investor	pation / Job title (See Instructions)	Employer (See Ins Self	structions)	
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	Texaa, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	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	Texaa, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	_	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4	4 Report: 6/9
2 FILER NAME	2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IDA Yznaga, Mark (Mr.)))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/13/2011	6 Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704	.,	\$175.00	
			(if travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-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		\$100.00	I
	13110 Bayfield Dr Austin, TX 78727		(if travel outside of	Texas, complete Schedule 1)
Principal occur	pation / Job title (See Instructions)	Employer (See In	·	
i ilicipai occup	valion 7 dob title (Gee instructions)	Employer (See III	on actions)	

Texas Ethics Commission

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/2	2 Report: 7/9
2 FILER NAME	Crioti, Digita (Mc.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 TOTAL	OF UNITEMIZED PLEDGES:	\$ \$ \$	a	\$
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID# Camp, Marla (Ms.)	<u> </u>	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	Texaa, complete Schedule T)
10 Principal occup	oation / Job title (See Instructions)	11 Employer (See In:	structions)	
Date	Full name of pledgor	<u> </u>	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 trave) outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In:	· ·	
Lawyer		Self		
Date	Full name of pledgor	!)	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 occup	nation / Job title (See Instructions)	Employer (See Ins	-	
Date	Full name of pledgor)	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 occup Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	,	, , , , , , , , , , , , , , , , , , , ,
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
12/31/2011	Pledgor address; City; State; Zip Code 2943 Thousand Oaks Dr	,	\$350.00	
	Austin, TX 78746		(14 ************************************	Taura aanulas 6.5
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Retired		N/A	•	

P.O.Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The Instructs	ON GUIDE explains how to complete this form.	_	1 PAGE # Schedule: 2/3	2 Report: 8/9
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 TOTAL	OF UNITEMIZED PLEDGES:	ə ə ə	\$	\$
5 Date	6 Full name of pledgor ut-of-state PAC (IDA 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 occup	pation / Job title (See Instructions)	11 Employer (See In	structions)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
12/29/2011	12/29/2011 Pledgor address; City; State; Zip Code 1206 E Live Oak St Austin, TX 78704		\$350.00	
		(If travel outside of	Texaa, complete Schedule T)	
Principal occur Business Ow	nation / Job title (See Instructions) ner	Employer (See In Go Green Squa		
Date	Full name of pledgor Schagen, Tracy (Ms.)	1)	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	Texes, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor)	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	Texae, complete Schedule T)
Principal occup Political Orga	ation / Job title (See Instructions) nizer	Employer (See In: Texas Campaig	structions) in for the Environn	nent
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
12/15/2011	Pledgor address; City; State; Zip Code 1801 Westlake Austin, TX 78746	•••••	\$190.00	
	radian In Porto		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	_	

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

Inse Salaries/Weges/Contract Labor
Solicitation/Fundraising Expense
Travel In District

Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Directivider/Political Committee
OTHER lender a response cell listed above)

1 PAGE # Schedule: 1/1 Report: 9/9 2 FILER NAME Shea, Brigid (Ms.) 3 ACCOUNT # (TEC filer 00006000 4 Date 12/20/2011 6 Amount (\$) 7 Payes address City; State; Zip Code 906 Rio Grandes Austin, TX 78701 8 PURPOSE OF EXPENDITURE 9 Complete ONLY # Polling Expense Polling Expense Officer deponditure to benefit C/OH Candidate / Officeholder name Office sought: Office sought: Office held:	Fees	Printing	Expense Office Overhe The Instruction Guide explains	ed/Rental Expense OTHER how to complete this form.	R (enter a category not listed above)
Schedule: 1/1 Report: 9/9 Shea, Brigid (Ms.) 4 Date 12/20/2011 5 Payee name Opinion Analysts, Inc. 5 Amount (\$) \$1,000.00 7 Payee address City; State; Zip Code 906 Rio Grande St Austin, TX 78701 6 Category (See Categories tisted at the lop of this schedule) Politing Expense 6 Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:	1 PAGE#				2 ACCOUNT # (TEC filers)
Date 12/20/2011 5 Payee name Opinion Analysts, Inc. Amount (\$) 7 Payee address City; State; Zip Code \$1,000.00 906 Rio Grande St Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories tisted at the lop of this schedule) Politing Expense Politing Expense Candidate / Office held:		eport: 9/9			
12/20/2011 Opinion Analysts, Inc. 8 Amount (\$) 7 Payee address City; State; Zip Code \$1,000.00 906 Rio Grande St Austin, TX 78701 9 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure Office sought: Office held:		~ '			
Amount (\$) 7 Payee address City; State; Zip Code \$1,000.00 906 Rio Grande St Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories tisted at the log of this schedule) Pollting (b) Description (If travel outside of Taxas, complete Schedula T) Pollting Pollting Expense Candidate / Office held:			ilysts, Inc.		
\$1,000.00 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at me lop of this schedule) Polling Expense (b) Description (If travel outside of Taxas, complete Schedula T) Polling (c) Category (See Categories listed at me lop of this schedule) Polling (d) Description (If travel outside of Taxas, complete Schedula T) Polling Candidate / Office held:					
Pulling Expense Polling Polling Polling Polling Polling Polling Office sought: Office held:		906 Rio Gra	nde St		
direct expenditure	PURPOSE OF				outside of Taxas, complete Schedula T)
	direct expenditure	Candidate / O	officeholder name	Office sought:	Office held:

AUSTIN CITY CLERK RECEIVED

2017 APR 11 PM 3 15

DISCLOSURE OF LOANS AND EXPENDITURES FROM PERSONAL FUNDS OF A CANDIDATE OR OFFICEHOLDER

This report is for candidates or officeholders who loan personal funds to his/her campaign or make expenditures from personal funds in support of his or her campaign. The amounts loaned or expended shall be reported as follows.

Beginning on the date an individual becomes a candidate in a city election and continuing until midnight on the tenth day before a city election, a candidate shall report the new loans or expenditures cumulating to \$25,000 or more within seven business days. Additional loans or expenditures must be reported within seven business days each time they cumulate to \$25,000 or more. [2-2-27(A)(1)]

If the expenditures cumulating to \$25,000 or more occur during the period beginning on midnight on the 10^{th} day before an election and ending at midnight on the day before the election, the report shall be filed within twenty-four hours with the City Clerk. [2-2-27(A)(2)]

27(A)(2)]	, [
Name of Candidate/Officeholder: 3	gid Shea
Reporting Period:	_
First day of candidacy – Midnight	on the 10 th day prior to city election
Midnight on the 10 th day before election	city election - Midnight on the day before
Enter the following information concerning	g loans of personal funds to the campaign:
Amount of loan	Date of loan
\$25,000.00	4-2-12
	1

Enter the following information concerning the person or persons to whom expenditures were made from personal funds and the total amount, purpose and date of each expenditure:

Name	Street Address	Amount	Purpose	Date
N/A				

STATE OF TEXAS

VERIFICATION

I swear that the preceding disclosure of loans and expenditures from personal funds of a candidate or officeholder, filed herewith is in all things true and correct, and fully shows all information required to be reported by me pursuant to Section 2-2-32 City Code for the reporting period indicated.

Signature of Candidate/Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form	1 ACCOUNT # (Ethics Commis 00006000	ssion filers)	2 PAGE # 1 of 130
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MS. Brigid	0000000	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST Shea		SUFFIX	AUSTIN RE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: 2604 Geraghty Ave. Austin, TX 78757	CITY: STATE	; ZIP CODE	Date Hand-delivered or Date Rookmarked
Change of Address	radiii, 17776767			LERK S Amount
5 CAMPAIGN	MS/MRS/MR FIRST		MI	Date Processed
TREASURER NAME	Ms. Danette			Date Imaged
	NICKNAME LAST Chimenti		SUFFIX	,
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 200 The Circle Austin, TX 78704	APT / SUITE #; CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 912-8290	EXTEN	SION	
8 REPORT TYPE	January 15 X 30th day be	efore election	ff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day belo	ore election Excee	eded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	N	Month Day	Year
	01/01/2012 ·	THROUGH	04/02/20	12
10 ELECTION	Month Day Year 05/12/2012	CTION TYPE Primary Runof	t X	General Special
11 OFFICE	OFFICE HELD (II any)	12 offic Mayo	E SOUGHT (if known)	
1	GC	O TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Shea	, Brigid (Ms.)		14 ACCOUNT # 00006000	(Ethics Commission filers)	
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to supprout the candidate's or officeholders knowledge or consent, y receive notice of such expenditures, **	ort the candidate / officeholder Candidates and officeholders :	. These expenditures may are required to report this	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL .	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN THEASURER NAME			
additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS					
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		89.00	
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$	70,817.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			0.00	
	4. TOTAL F	POLITICAL EXPENDITURES	\$	47,766.64	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	53,441.43	
OUTSTANDING LOAN TOTALS		PINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O Y OF THE REPORTING PERIOD	OF THE \$	25,000.00	
17 AFFIDAVIT				!	
		is true and correct and in me under Title 15, Electi	penalty of perjury, that the notudes all information requion Code.		
	MARLEY ZUNIGA Notary Public STATE OF TEXAS My Comm. Exp. June 7,	Briggs	January of Candidate or Officeh	older	
AFFIX NOTARY S	STAMP / SEAL ABOV	E Charles Charles		10/	
Sworn to and subscrib	1/1	ne said WBFIGD JTE Interest tify which, witness my hand and seal of office.	, thìs the _	J day	
Kallerd		Utriey Zungt		- uno	
Signature of officer admi	nistering dath	Print name of officer administering oath	Title of officer adn	ninistering oath	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/	98 Report: 3/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#Abbot, Stephen (Mr.)	;)	7 Amount of contribution (\$)	8
02/18/2012	6 Contributor address; City; State; Zip Code 2703 Bonnie Rd Austin, TX 78703		\$350.00	!
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Programmer	pation / Job title (See Instructions)	10 Employer (See In IBM	structions)	
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/09/2012	Contributor address; City; State; Zip Code 807 Baylor Unit C Austin, TX 78703		\$20.00	{
				· · · · · · · · · · · · · · · · · · ·
Principal oceur	pation / Job title (See Instructions)	Employer (See In:	· ·	Texas, complete Schedule T)
Fillicipal occuj	valion / Job title (See Ilistractions)	Employer (See in	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Acuna, Gerard (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code P.O. Box 26499		\$350.00	
	Austin, TX 78755		(If travel outside of	Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See In: TRI Recycling In		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/15/2012	Contributor address; City; State; Zip Code 4000 Pinckney St Austin, TX 78723		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup President	ation / Job title (See Instructions)	Employer (See Ins McCann Adams		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 1307 West 40th St Austin, TX 78756		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Princi p al occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	98 Report: 4/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID-	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/22/2012	6 Contributor address; City; State; Zip Code 302 Park Ln Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2012	Contributor address; City; State; Zip Code 2311 Ridgeview Austin, TX 78704		\$25.00	
			<u> </u>	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 283 Maple St Stowe, VT 05672		\$350.00	
			,	Texas, complete Schedule T)
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Akins, Karen (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 283 Maple St Stowe, VT 05672	.,	\$350.00	}
			(If travel outside of	Texas, complete Schedule T)
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/22/2012	Contributor address; City; State; Zip Code 1814 Ashby Ave Austin, TX 78704	,.,,	\$300.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occup Accountant	ation / Job title (See Instructions)	Employer (See Ins State of Texas	structions)	

4 Date S Full mame of contributor out-of-state PAC (ID# 7 Amount of contribution (if applicate software) 18 In-kind contribution (if applicate software) 18 In-kind contribution (if applicate software) 19 Employer (See Instructions) 10 Employer (See I	***************************************				
4 Date S Full mame of contributor out-of-state PAC (ID# 7 Amount of contribution (if applicate software) 18 In-kind contribution (if applicate software) 18 In-kind contribution (if applicate software) 19 Employer (See Instructions) 10 Employer (See I	The Instruction	on Guide explains how to complete this form.		I ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	98 Report: 5/130
Aleshire, Bill (Mr.) O2/22/2012	2 FILER NAME	Shea, Brigid (Ms.)		1 '	(Ethics Commission filers)
3905 Shady Valley of Austin, TX 78739 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Riggs, Alshire & Ray PC	4 Date		#)		8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Riggs, Alshire & Ray Pound of In-kind contributor Altorney In-kind contributor	02/22 / 2012	3605 Shady Valley Dr		\$350.00	
Attorney Date Full name of contributor out-of-state PAC (ID# Amount of Alexander, Courtney (Ms.) Amount of Contribution (S) description (it applicate PAC (ID# Amount of Alexander, Courtney (Ms.) O3/20/2012 Contributor address; City; State; Zip Code \$100.00				(if travel outside of	Texas, complete Schedule T)
Alexander, Courtney (Ms.) O3/20/2012 Contributor address; City: State: Zip Code 912 Rocky Spring Rd Austin, TX 78753 City: State: Zip Code 912 Rocky Spring Rd Austin, TX 78753 City: State: Zip Code 912 Rocky Spring Rd Austin, TX 78753 City: State: Zip Code 912 Rocky Spring Rd Austin, TX 78753 City: State: Zip Code 913 Replayer (See Instructions) Employer (See Instructions) City: State: Zip Code 914 Replayer (See Instructions) City: State: Zip Code 915 Replayer (See Instructions) City: State: Zip Code 916 Replayer (See Instructions) City: State: Zip Code 917 Replayer (See Instructions) Contribution (S) City: State: Zip Code 918 Replayer (See Instructions) Contribution (S) Contribution (S) Contribution (S) Contribution (S) City: State: Zip Code 918 Replayer (See Instructions) Contribution (S) Contribution (S) City: State: Zip Code 918 Replayer (See Instructions) Contribution (S) City: State: Zip Code 918 Replayer (See Instructions) Contribution (S) City: State: Zip Code 918 Replayer (See Instructions) Contribution (S) Contribution (S) Contribution (S) Contribution (S) City: State: Zip Code 918 Replayer (See Instructions)		pation / Job title (See Instructions)			
Principal occupation / Job filte (See Instructions) Date Full name of contributor Alsup, Marion (Ms.) Contributor address: 2311 Pruett Auslin, TX 78703 Employer (See Instructions) Employer (See Instructions) Contribution (\$) tin-kind contribution description (if applicable service) (if travel outside of Texas, complete Schedule T) Amount of contribution (\$) tin-kind (\$)	Date	· ·	#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#)	03/20/2012	912 Rocky Spring Rd	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	[[]
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#)				(II travel outgide of	Texas complete Schedule T)
Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) In-kind contribution (\$) O2/21/2012 Contributor address: City; State; Zip Code \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution (\$) In-kind contribution (\$) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) In-kind contribution (\$) O3/01/2012 Contributor address; City; State; Zip Code \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) In-kind contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) In-kind contribution (\$) O2/24/2012 Contributor address; City; State; Zip Code \$350.00 In-kind contribution (\$) O2/24/2012 Contributor address; City; State; Zip Code \$350.00 In-kind contribution (\$) In-kind contribu	Principal occur	action / Job title (See Instructions)	Employer (See In	· .	Texas, complete sendable 1)
Alsup, Marion (Ms.) Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703 Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703 Contributor address; City; State; Zip Code 2550.00 Contribution (S) Employer (See Instructions) Employer (See Instructions) N/A Contribution (S) In-kind contribution description (if applicable contribution (S) principal accupation / Job title (See Instructions) Contributor address; City; State: Zip Code 2505-B Oakland Ave Austin, TX 78703 Contributor address; City; State: Zip Code Anderson, James (Mr.) Contributor address; City; State: Zip Code Anderson, James (Mr.) Contributor address; City; State: Zip Code Anderson, James (Mr.) Contributor address; City; State: Zip Code Anderson, James (Mr.) Contributor address; City; State; Zip Code Anderson, James (Mr.) Contributor address; City; State; Zip Code Anderson, James (Mr.) Contributor address; City; State; Zip Code Ansunt of contributor (S) Contributor address; City; State; Zip Code Ansunt of contributor (S) Contributor address; City; State; Zip Code Ansunt of contributor (S) Contributor address; City; State; Zip Code Austin, TX 78703	(III QIPAI GGSAP		Zirpiaje, (ass iii	Sit Dations,	
Alsup, Marion (Ms.) Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703 Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703 Contributor address; City; State; Zip Code 2550.00 Contribution (S) Employer (See Instructions) Employer (See Instructions) N/A Contribution (S) In-kind contribution description (if applicable contribution (S) principal accupation / Job title (See Instructions) Contributor address; City; State: Zip Code 2505-B Oakland Ave Austin, TX 78703 Contributor address; City; State: Zip Code Anderson, James (Mr.) Contributor address; City; State: Zip Code Anderson, James (Mr.) Contributor address; City; State: Zip Code Anderson, James (Mr.) Contributor address; City; State: Zip Code Anderson, James (Mr.) Contributor address; City; State; Zip Code Anderson, James (Mr.) Contributor address; City; State; Zip Code Anderson, James (Mr.) Contributor address; City; State; Zip Code Ansunt of contributor (S) Contributor address; City; State; Zip Code Ansunt of contributor (S) Contributor address; City; State; Zip Code Ansunt of contributor (S) Contributor address; City; State; Zip Code Austin, TX 78703		Prints			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date	· ·	······································		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Date	02/21/2012	2311 Pruett		\$250.00	
Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution (\$) description (if applicable of Texas, complete Schedule T)					Texas, complete Schedule T)
Alvarado, Delores (Ms.) O3/01/2012 Contributor address; City; State: Zip Code \$100.00 S05-B Oakland Ave Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Occupation (S) Description (If applicable of Texas, complete Schedule T) Amount of Contribution (S) Description (If applicable of Texas, complete Schedule T) O2/24/2012 Contributor Out-of-state PAC (ID# Occupation (ID#		ation / Job title (See Instructions)		structions)	
S05-8 Oakland Ave Austin, TX 78703 (If travel outside of Texas, complete Schedule T)	Date		·)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Anderson, James (Mr.) O2/24/2012 Contributor address; City; State; Zip Code 1213 West 12th St Austin, TX 78703 Employer (See Instructions) Amount of In-kind contribution description (if applicable) Contributor address; City; State; Zip Code \$350.00	03/01/2012	605-B Oakland Ave		\$100.00	
Date Full name of contributor Anderson, James (Mr.) O2/24/2012 Contributor address; City; State; Zip Code \$350.00 \$350.00				(if travel outside of	Texas, complete Schedule T)
Anderson, James (Mr.) Contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 1213 West 12th St Austin, TX 78703	Principal occup	ation / Job title (See Instructions)	Employer (See Inc	structions)	
1213 West 12th St Austin, TX 78703	Dale	•)		In-kind contribution description (if applicable)
	02/24/2012	1213 West 12th St	, , , - , , , , , , , , , , , , , , , ,	\$350.00 	
(If travel outside of Texas, complete Schedule T)			Company	fif travel outside of	Texas, complete Schodule To
Principal occupation / Job title (See Instructions) Owner Employer (See Instructions) Anderson's Coffee Co		ation / Job title (See Instructions)		structions)	TONGS, COMPRETE OCHOGRIS I)

The Instructi	on Guide explains how to comp	elete this form.		1 PAGE# Schedule: 4/9	98 Report: 6/130
2 FILER NAME	Shea, Brigid (Ms.)			3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor Anderson, Lee (Mr.)	☐ out-of-state PAC (ID#)	7 Amount of contribution (\$)	8
02/22/2012	6 Contributor address; C 18233 Snapdragon Dr Austin, TX 78735	City; State; Zip Code		\$175.00	
	·			,	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor I Andre, Sarah (Ms.)	□ out-of-state PAC (ID#	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; C 2318 Canterbury St Austin, TX 78702	City; State; Zip Code		\$350.00	!
				(If travel outside of	Texas, complete Schedule T)
Oringinal secur	otica / lab titla /Can Instructions	\	Employer /Con Inc		
Consultant	eation / Job title (See Instructions	,	Employer (See In: Self	structions)	
Date	Full name of contributor Ansel, David (Mr.)	uut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; C 2509 Thornton Rd Austin, TX 78704	City; State; Zip Code	•••••	\$25.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions))	Employer (See In:	structions)	
				,	
Date	Full name of contributor L Appenzeller, Keith (Mr.)	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/23/2012	Contributor address; C 1123 Ranch Road Tarpon Springs, FL 34688	ity; State; Zip Code		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions))	Employer (See Ins	structions)	-
CEO			King Éngineerin	9	
Date	Full name of contributor E Arizpe, Caesar (Mr.)	□ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; C 13009 Scofield Farms Dr Austin, TX 78727	ity; State; Zip Code		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occup Engineer	ation / Job title (See Instructions)		Employer (See Ins Arizpe	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/9	98 Report: 7/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID: Armstrong, Gail (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/01/2012	6 Contributor address; City; State; Zip Code 911 Daniel Dr Austin, TX 78704		\$50.00	 - -
			-	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/15/2012	Contributor address; City; State; Zip Code 3915 Becker Ave Austin, TX 78751		\$100.00	
Defendant	tion / lob (Mo (Coo losts select)	E-valouss (Cools	· ·	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Arnold, Bill (Mr.)))	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code 3404 Southill Circle Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In: N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Arnold, Mary (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; City; State; Zip Code 3404 Southill Circle Austin, TX 78703		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ins N/A	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (il applicable)
03/29/2012	Contributor address; City; State; Zip Code 3404 Southill Circle Austin, TX 78703		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	structions)	

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The Instructe	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9	98 Report: 8/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Atherton, Leeann (Ms.)	<i>t</i>)	7 Amount of contribution (\$)	8
02/01/2012	6 Contributor address; City; State; Zip Code 3600 S. 2nd Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Atherton, Lorraine (Ms.)	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 2009 Arpdale Austin, TX 78704		\$350.00	
	Austili, 17 70704			1
				Texas, complete Schedule T)
Copy Editor	eation / Job title (See Instructions)	Employer (See In: Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Bailey, Donna (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/01/2012	Contributor address; City; State; Zip Code 2003 Forrest Tr Austin, TX 78703		\$350.00	! [
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: N/A	structions)	-
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/03/2012	Contributor address; City; State; Zip Code 1500 Raleigh Ave Austin, TX 78703		\$350.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins Navigant	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2012	Contributor address; City; State; Zip Code 5000 Ridge Oak Dr Austin, TX 78731		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Alternative En	ation / Job title (See Instructions) lergy	Employer (See Ins HBH Operations		

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9	98 Report: 9/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Baker, Mary Lincoln (Ms.)	<u>+</u>	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
03/03/2012	6 Contributor address; City; State; Zip Code 3326 F 5/8th Rd Chitton, CO 81520		\$200.00]
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Business Ov	pation / Job title (See Instructions) /ner	10 Employer (See In Slice O Life Bak		
Date	Full name of contributor ut-of-state PAC (ID# Baker, Roger (Mr.)	<u>!</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 1303 Bentwood Austin, TX 78722		\$200.00	<i>t</i>
			(If travel outside of	Texas, complete Schedule T)
Principal occu Investor	pation / Job title (See Instructions)	Employer (See In Self	<u> </u>	
Date	Full name of contributor ut-of-state PAC (ID# Ballouz, Hala (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 3405 Bee Creek Rd Spicewood, TX 78669	****************	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Engineer	pation / Job title (See Instructions)	Employer (See In: Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705	,	\$200.00	
			· ·	Texas, complete Schedule T)
Principal occuj Business Ow	pation / Job title (See Instructions) Iner	Employer (See Ins Barkley Houses	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705	•••••	\$1 50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Business Ow	Dation / Job title (See Instructions) ner	Employer (See Ins Barkley Houses		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/9	98 Report: 10/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	t)	7 Amount of contribution (\$)	8
03/02/2012	6 Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Business Ow	pation / Job title (See Instructions) rner .	10 Employer (See In Barkley Houses		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705		\$150.00	}
	Austin, 1270703			i —
				Texas, complete Schedule T)
Principal occup Business Ow	pation / Job title (See Instructions) ner	Employer (See In: Barkley Houses		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 1108 W 5th St Austin, TX 78703		\$350.00	
				Texas, complete Schedule T)
Principal occup Architect	pation / Job title (See Instructions)	Employer (See In: Barnes Gromat:	structions) zky Kosarek Archi	itects
Date	Full name of contributor 🔲 out-of-state PAC (ID# Barr, Rita (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 4016 Austin Woods Dr Austin, TX 78759		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/01/2012	Contributor address; City; State; Zip Code 3601 Woodcutter's Way Austin, TX 78746		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Housewife	ation / Job title (See Instructions)	Employer (See Ins N/A		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/9	98 Report: 11/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Bartlett, Tim (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/01/2012	6 Contributor address; City; State; Zip Code 3601 Woodcutter's Way Austin, TX 78746		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Owner	pation / Job title (See Instructions)	10 Employer (See In Bartlett's Resta		
Dale	Full name of contributor ut-of-state PAC (ID: Baxter, Leah (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 2702 McCullough Austin, TX 78703		\$200.00	
	Adding 17 70700			,
		.		Texas, complete Schedule T)
Principal occup Realtor	eation / Job title (See Instructions)	Employer (See In Tate Property	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2012	Contributor address; City; State; Zip Code 2006 Jesse E Segovia St Austin, TX 78702		\$350.00)
			•	Texas, complete Schedule T)
Principal occup Manager	ation / Job tille (See Instructions)	Employer (See In: Austin Canoe &		
Date	Full name of contributor uut-of-state PAC (ID# Bean, Molly (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 2502 Barton Hills Dr Austin, TX 78704		\$50.00)
			(If travel outside of	Texas, complete Schedule T)
Principal occup *	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u>')</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 6503 Santolina Cove Austin, TX 78731		\$350.00	
	Auguit, IA 10101		(If traval cutation = 4.)	Toyon complete Catadala To
Dringing!	ation / Job title (See Instructions)	Employer (See Ins	-	Texas, complete Schedule T)
Owner	ສແທກ ກ່ວວກ ແມ່ນ <i>(ວອນ ກາຣ</i> ແນນເນດເອ)	Roger Beasley N		

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/98 Report: 12/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Beck, Joyce (Ms.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	6 Contributor address; City; State; Zip Code 15911 Booth Circle Leander, TX 78641		\$350.00	1 1 1
			1 -	Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor ut-of-state PAC (IDA Beck, Ken (Mr.)	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 15911 Booth Circle Leander, TX 78641		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	eation / Job title (See Instructions)	Employer (See In: N/A	,	
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 4303 Avenue G Austin, TX 78751		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2012	Contributor address; City; State; Zip Code 1111 Nueces Austin, TX 78701		\$50.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2012	Contributor address; City; State; Zip Code 905 Robert E Lee Rd Austin, TX 78704	,,	\$100.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The INSTRUCTION	on Guide explains how to complete this form,		1 PAGE# Schedule: 11	/98 Report: 13/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	B In-kind contribution description (if applicable)
03/26/2012	6 Contributor address; City; State; Zip Code 802 Harris Ave Austin, TX 78705		\$25.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	′)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/26/2012	Contributor address; City; State; Zip Code 802 Harris Ave		\$25.00]]
	Austin, TX 78705		(if travel outside of	Texas, complate Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	'	_ · · · _
Date	Full name of contributor ut-of-state PAC (ID# Bercu, Steven (Mr.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/08/2012	Contributor address; City; State; Zip Code 4108 Burnet Rd Austin, TX 78756		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/27/2012	Contributor address; City; State; Zip Code 434 West Roscoe #2B Chicago, IL 60657		\$25,00	 Texas, complete Schedule T)
Delaning	otion / Joh title (Con Jestevetiana)	Employer /Con In-		Tomas, complete defledute //
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 1505 Travis Hts Blvd Austin, TX 78704		\$350.00	 - -
				Texas, complete Schedule T)
Principal occup Sheet Metal V	ation / Job title (See Instructions) Vorker	Employer (See Ins Dynamic System		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	2/98 Report: 14/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Binder, Benjamin (Mr.)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/15/2012	6 Contributor address; City; State; Zip Code 720 S 41st St Boulder, CO 80305		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Consulting	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Bird, Sarah (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/08/2012	Contributor address; City; State; Zip Code 6102 Mountainclimb Dr Austin, TX 78731		\$100.00	
	Austin, 1770701		(If travel outside of	Texas, complete Schedule T)
Dringing cour	pation / Job title (See Instructions)	Employer (Coo. In	L `	Texas, complete schedule 1)
Writer	valion 7 Job line (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 6102 Mountainclimb Dr Austin, TX 78731		\$250.00	ı
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Writer	ation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 4414 Three Creek Trail Spicewood, TX 78669		\$100.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; City; State; Zip Code 1808 Forestglade Dr Austin, TX 78745		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Toxas, complete schedule 1)

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	3/98 Report: 15/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Blythe, Sharon (Ms.)	<u> </u>	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
01/31/2012	6 Contributor address; City; State; Zip Code 9206 Brigadoon Cove Austin, TX 78750		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup CPA	pation / Job title (See Instructions)	10 Employer (See In State of Texas	structions)	
Date	Full name of contributor	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 2313 W 8th St Austin, TX 78703		\$25.00	
			(14 4	·
District	and an Clab Airle (October 1985)	F	· .	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Bottoms, Shirley (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731		\$50.00	! [
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:		, ,
			·	
Date	Full name of contributor ut-of-state PAC (ID# Bourgeois, Greg (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 4623 Trail West Austin, TX 78735		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 5900 Thames Dr . Austin, TX 78723		\$50.00	}
			(If travel outside of	Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See Ins		
i imorpai occup	and (Coo managions)	Employer (oce ma		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 14	I/98 Report: 16/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Braddock, Cliff (Mr.)	#) ·	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/27/2012	6 Contributor address; City; State; Zip Code 13305 Lone Rider Trail Austin, TX 78738		\$50.00	
				Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See In	·	
Date	Full name of contributor ut-of-state PAC (ID: Bray, Charles (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 1500 Easy St Austin, TX 78746		\$100.00	!
			(MATERIAL ENABINE EN	******
m :			_ ·	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/08/2012	Contributor address; City; State; Zip Code 1309 Lost Creek Blvd Austin, TX 78746		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	L pation / Job title (See Instructions)	Employer (See In	,	
,pa, 0000				
Date	Full name of contributor ut-of-state PAC (ID) Brodnax, Pat (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 1105 West Annie Austin, TX 78704		\$50.00	,
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Brown, Charles (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2012	Contributor address; City; State; Zip Code 3124 North Hills Dr #B100 Austin, TX 78731		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	,	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	/98 Report: 17/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
02/08/2012	6 Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In SOS Alliance	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/22/2012	Contributor address; City; State; Zip Code 108 West 33rd St Austin, TX 78705		\$30.00	
	, result, reverse			·
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	" ————————————————————————————————————	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 4509 Sinclair Ave Austin, TX 78756		\$50.00	
			(It travel outeide at	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:		Texas, complete schedule 1/
			<u> </u>	
Date	Full name of contributor	<i>f</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2012	Contributor address; City; State; Zip Code 3407 Tom Green St Austin, TX 78705		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Cablao, Elena (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 2005 Oakleaf Circle Austin, TX 78723		\$100.00	
	•		(If trave) outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	·	Todas, a missica deliberate 1)

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	5/98 Report: 18/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Campisi, Tony (Mr.)	;)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/22/2012	6 Contributor address; City; State; Zip Code 1510 West North Loop #115 Austin, TX 78756		\$12.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Canzoneri, Michael (Mr.)	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 7 Palo Pinto Path Wimberley, TX 78676		\$50.00	r 1 1
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Carbone, K.F. (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/07/2012	Contributor address; City; State; Zip Code 2710 West 49th 1/2 St Austin, TX 78731		\$100.00	
			1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 606 West Lynn St Austin, TX 78703		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 4200 Hycrest Dr Austin, TX 78759		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See Ins		-,
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/98 Report: 19/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Century, Jane (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/16/2012	6 Contributor address; City; State; Zip Code 7327 Bryan St Philadelphia, PA 19119		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Administrator	oation / Job title (See Instructions)	10 Empioyer (See In Penn-Century II		
Date	Full name of contributor ut-of-state PAC (ID# Cespedes, Carol (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/17/2012	Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 7300 Calibram Ln Austin, TX 78736		\$50.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Chamberlain, Amy (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 1307 West 40th St Austin, TX 78756		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 125 Sebastians Run Austin, TX 78738		\$150.00	[
	·		(If travel outside of	Texas, complete Schedule T)
Principal occup Director	ation / Job title (See Instructions)	Employer (See Ins Dell	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	3/98 Report: 20/130
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Chavis, Judy (Ms.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2012	6 Contributor address; City; State; Zip Code 125 Sebastians Run Austin, TX 78738		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup *Director ,	vation / Job title (See Instructions)	10 Employer (See In Dell	structions)	
	Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/02/2012	Contributor address; . City; State; Zip Code 125 Sebastians Run Austin, TX 78738		\$150.00	
				(If traval outside of	Toyon complete Schodule Ti
	Principal occur	eation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Director	ation 7 50b title (See Histractions)	OpenText	and clions)	
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2012	Contributor address; City; State; Zip Code 125 Sebastians Run Austin, TX 78738		\$200.00	
					Texas, complete Schedule T)
	Principal occup *Director	ation / Job title (See Instructions)	Employer (See In: OpenText	structions)	
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/02/2012	Contributor address; City; State; Zip Code 3306 Bonnie Rd Austin, TX 78703		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: N/A	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2012	Contributor address; City; State; Zip Code 5009 Placard Pl Austin, TX 78731		\$40.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, , , , , , , , , , , , , , , , , , , ,

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	n/98 Report: 21/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Cofer, Mary Elizabeth (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 3306 Gentry Dr Austin, TX 78746		\$20.00	! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Cohen, Aiden (Mr.)	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2012	Contributor address; City; State; Zip Code 4305 Camacho St		\$100.00	
	Austin, TX 78723		(If travel outside of	Texas, complete Schedulo T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Coldiron, Barbara (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 6509 Marblewood Austin, TX 78731		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/07/2012	Contributor address; City; State; Zip Code 6509 Marblewood Austin, TX 78731		\$50.00	
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 6509 Marblewood Austin, TX 78731		\$25.00 	
	•		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	0/98 Report: 22/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8
03/17/2012	6 Contributor address; City; State; Zip Code 7809 Gault St Austin, TX 78757		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	,
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 913-B Sirocco Dr Austin, TX 78745		\$50.00	
	,			'
			,	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2012	Contributor address; City; State; Zip Code 7200 Comanche Trail Austin, TX 78732		\$5.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	lation / Job title (See Instructions)	Employer (See Ins		
	· · · · · · · · · · · · · · · · · · ·	. , ,	,	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/25/2012	Contributor address; City; State; Zip Code 6301 Bon Terra Dr Austin, TX 78731		\$100.00	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/26/2012	Contributor address; City; State; Zip Code 1606 Rockmore Austin, TX 78703		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
Attorney	anon i dob uno (obe manduniona)	Crews Law Firm		

The Instructi	on Guide explains how to complete this form.		1 PAGE # Schedule: 21	/98 Report: 23/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Cronk, Tom (Mr.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	6 Contributor address; City; State; Zip Code 2406 Westover Rd Austin, TX 78703		\$250.00	{ } !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Marketing Di	pation / Job title (See Instructions) rector	10 Employer (See In Community Ted	structions) chknowledge Inc.	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$50.00	
	Additi, 1770704			
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Crow, Dan (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/29/2012	Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704		\$50.00	1 !
			<u>'</u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 8010 Bon Air Dr Austin, TX 78757		\$50.00	i
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Curry, Michael (Mr.)	†)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2012	Contributor address; City; State; Zip Code 3307 Bryker Dr Austin, TX 78703		\$200.00	

Principal occup Mediator	ation / Job title (See Instructions)	Employer (See Ins Self	•	Texas, complete Schedule T)

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 22	:/98 Report: 24/130
2 FILER NAME	Shea, Brigid (Ms.)	-	3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Curry, Michael (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/31/2012	6 Contributor address; City; State; Zip Code 3307 Bryker Dr Austin, TX 78703		\$50.00	
			(If trevel outside of	Texas, complete Schedule T)
9 Principal occup *Mediator	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
. Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/03/2012	Contributor address; City; State; Zip Code 1707 Spyglass Dr #77 Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$350.00	
	Austin, TX 70740			'
			,	Texas, complete Schedule T)
Principal occup Civil Enginee	eation / Job title (See Instructions) r	Employer (See In City of Austin	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/22/2012	Contributor address; City; State; Zip Code 18233 Snapdragon Dr Austin, TX 78735		\$175.00	<u> </u>
			,	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735		\$350.00	
	•		(If travel outside of	Texas, complete Schedule T)
Principal occup Project Mana	ation / Job title (See Instructions) ger	Employer (See In: RMI	structions)	
Date	Full name of contributor ut-of-state PAC (IDe Davis, Dick (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2012	Contributor address; City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704		\$350.00	
			(If traval aut-ide -4)	Toyan complete Schedule 70
Principal occup Biologist	ation / Job title (See Instructions)	Employer (See Ins UT Austin	·	Texas, complete Schedule T)

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 23/98 Report: 25/130	
2 FILER NAME	ME Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#) Davis, James (Mr.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/26/2012	6 Contributor address; City; State; Zip Code 4005 Rockledge Dr Austin, TX 78731		\$350.00	†
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In		
Health Care	,	Seton	,	
Date	Full name of contributor ut-of-state PAC (ID#Deal, Eric (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750		\$200.00	
	,		(If trave) outside of	Texas, complete Schedule T)
		Employer (See In Cyclic Design	Instructions)	
Engineer Cyclic Design				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750		\$150.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cyclic Design		
Date	Full name of contributor uut-of-state PAC (ID# Deal, Monica (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Inc Cyclic Design	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750		\$150.00 	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Ins Cyclic Design	See Instructions)	

The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 24	l/98 Report: 26/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (II DeHaan, Melissa (Ms.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/22/2012	6 Contributor address; City; State; Zip Code 1134 Eleanor St Austin, TX 78721		\$50.00	†
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code P.O. Box 6428 Austin, TX 78762		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	,	, <u> </u>
Attorney		Self		
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 221 Pedigree Dr Austin, TX 78748		\$25.00	
	Adding TX 70740		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 221 Pedigree Dr Austin, TX 78748		\$25.00	
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/14/2012	Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768		\$200.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In: N/A	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 25	5/98 Report: 27/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# DeYoung, Claire (Ms.)		7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	6 Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Retired	pation / Job litle (See Instructions)	10 Employer (See Ins N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID# DeYoung, Claire (Ms.)	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768	• • • • • • • • • • • • • • • • • • • •	\$125.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	Deation / Job title (See Instructions)	Employer (See Ins N/A		Toxas, complete seriodate 1)
Date	Full name of contributor ut-of-state PAC (ID#	f)	Amount of	In-kind contribution
	Dierks, Dianna (Ms.)		contribution (\$)	description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 2412 Enfield Rd #8 Austin, TX 78703		\$25.00	\
			-	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Writer	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/13/2012	Contributor address; City; State; Zip Code P.O. Box 1724 Blanco, TX 78606		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

\$1.00 m	· .	15.		
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 26	6/98 Report: 28/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Dobson, Lynne (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/01/2012	6 Contributor address; City; State; Zip Code 2208 Far Gallant Austin, TX 78746		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Business Ow	nation / Job title (See Instructions) ner	10 Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 2208 Far Gallant Austin, TX 78746		\$100.00	
				1
				Texas, complete Schedule T)
Principal occup Business Ow	nation / Job title (See Instructions) ner	Employer (See In Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/16/2012	Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751		\$100.00	
			,	I Texas, complete Schedule T)
Principal occup	etion / Job title (See Instructions)	Employer (See In	structions)	
Dat e	Full name of contributor	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 2603 Geraghty Ave Austin, TX 78757		\$30.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	<u> </u>
Date	Full name of contributor	[]	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2012	Contributor address; City; State; Zip Code 517 East Mary St Autin, TX 78704		\$150.00	(
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,
		,	,	_

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 27	7/98 Report: 29/130
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Doyle, Marisa (Ms.))	7 Amount of contribution (\$)	B In-kind contribution description (if applicable)
	03/17/2012	6 Contributor address; City; State; Zip Code 8515 Brodie Ln #1933 Austin, TX 78745	•••••	\$20.00	
					rekae, complete Schedule 1)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2012	Contributor address; City; State; Zip Code 2312 Pruett St Austin, TX 78703		\$1 00.00	
				(if travel outside of	Texas, complete Schedule T)
	Dringing Leave	ation / Job title (See Instructions)	Employee (Dec. to		Texas, complete sensular 17
	*	ation / 300 little (366 instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/01/2012	Contributor address: City; State; Zip Code 350 Nueces St #2701 Austin, TX 78701	***********	\$350,00	
				,	Texas, complete Schedule T)
	City Planner	ation / Job title (See Instructions)	Employer (See In Duncan Associa		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/01/2012	Contributor address; City; State; Zip Code 360 Nueces St #2701 Austin, TX 78701	***************************************	\$350.00	
				(If travel outside of	Texas, complete Schedula T)
	Principal occupa Housewife	ation / Job title (See Instructions)	Employer (See In: None	structions)	
	Date	Full name of contributor	1	Amount of	In-kind contribution
	Jaie	Echois, Catherine (Ms.)		contribution (\$)	description (if applicable)
	02/11/2012	Contributor address; City; State; Zip Code 508 Harris Ave Austin, TX 78705		\$50.00	
		7.400.00			
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job tille (See Instructions)	Employer (See Ins	structions)	

The Instructi	on Guide explains how to complete this form.		1 PAGE# Schedule: 28	3/98 Report: 30/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	i In-kind contribution description (if applicable)
02/06/2012	6 Contributor address; City; State; Zip Code 1025 Ellingson Ln Austin, TX 78751		\$25.00	; ;
			(If travel outside of	Texes, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Dale	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746		\$350.00	
				' -
				Texas, complete Schedule T)
Principal occup Professor	pation / Job title (See Instructions)	Employer (See In UT San Antonic		
Date	Full name of contributor	#)	Amount of	In-kind contribution
	Ellison, Newtrey (Mr.)		contribution (\$)	description (if applicable)
02/04/2012	Contributor address; City; State; Zip Code 2903 A Parker Ln Austin, TX 78741		\$200.00	1
				Texas, complete Schedule T)
Principal occup Consultant	eation / Job title (See Instructions)	Employer (See In: WebTV	structions)	
Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 2406 Westover Rd Austin, TX 78703		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup CEO	ation / Job title (See Instructions)	Employer (See In: Community Tec	structions) hknowledge Inc.	
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 8700 Brodie Ln #1831 Austin, TX 78745		\$350.00]
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Recruiter	ation / Job title (See Instructions)	Employer (See Ins Manpower	structions)	-

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 29	/98 Report: 31/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/09/2012	6 Contributor address; City; State; Zip Code 1607 Poquonock Austin, TX 78703		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occus	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	
3		10		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 823 E 53rd St Austin, TX 78751		\$350.00)
				Texas, complete Schedule T)
Principal occur Attorney	eation / Job title (See Instructions)	Employer (See In Kemp-Smith LL		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/26/2012	Contributor address; City; State; Zip Code 2506 Wordsworth		\$250.00	}
	Houston, TX 77030		(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Rusty Hardin &		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2012	Contributor address; City; State; Zip Code 1812 Vallejo St Austin, TX 78757		\$35.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 1812 Vallejo St Austin, TX 78757		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

	<u> </u>			
The INSTRUCTO	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 30	/98 Report: 32/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Fisher, Cindy (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/28/2012	6 Contributor address; City; State; Zip Code 1812 Vallejo St Austin, TX 78757		\$35.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Fleming, Helen (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; City; State; Zip Code 1712 East Riverside Dr. Austin, TX 78741		\$100.00	
			(If traval autoido es	Tours complete Cabadula T
Dringing Consum	action / Joh title (Con thetwestians)	Employer/Coolin	•	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code 4715 3rd Ave Minneapolis, MN 55419		\$250.00	
			•	Texas, complete Schedule T)
Principal occup Executive Dir	eation / Job title (See Instructions) ector	Employer (See In: HRK Foundation		
Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 5100 Suburban Dr Austin, TX 78745		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Teacher	ation / Job title (See Instructions)	Employer (See Ins AISD	structions)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 31	/98 Report: 33/130
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#Fox, Marilyn (Ms.)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/02/2012	6 Contributor address; City; State; Zip Code 6400 Zadock Woods Dr Austin, TX 78749		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/11/2012	Contributor address; City; State; Zip Code 5601 Montview St Austin, TX 78756		\$300.00	1
					·
					Texas, complete Schedule T)
	Principal occup Research	ation / Job title (See Instructions)	Employer (See In: US Governmen		
	Date	Full name of contributor uut-of-state PAC (ID# Frisch, Elizabeth (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/08/2012	Contributor address; City; State; Zip Code 5732 Gorham Glen Ln		\$50.00	
		Austin, TX 78739		<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Fusco, Sarah (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/11/2012	Contributor address; City; State; Zip Code 1307 Oxford Ave. Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Public Informa	ation / Job title (See Instructions)	Employer (See Ins Austin Energy	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/02/2012	Contributor address; City; State; Zip Code 1307 Oxford Ave. Austin, TX 78704		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Public Informa	ation .	Austin Energy		

The Instru	остюм Guide explains how to complete this form.		1 PAGE # Schedule: 32	2/98 Report: 34/130
2 FILER NAM	ME Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Galbraith, James (Mr.)	<u>*</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/16/201	2 6 Contributor address; City; State; Zip Code 116 Laurel Ln Austin, TX 78705		\$100.00	1
			(If travel outside of	Texas, complete Schedule T)
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (1D# Gallant, Danny (Mr.)	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/201	Contributor address; City; State; Zip Code 2607 Geraghty Ave Austin, TX 78757		\$125.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In		Toxac, complete conducte ()
- Tillcipal oc	cupation / oob title (See Instituctions)	Employer (Gee in	siructions)	
Date	Full name of contributor ut-of-state PAC (ID# Galloway, Jessica (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/201	Contributor address; City; State; Zip Code 908 E 53rd St Austin, TX 78751	• • • • • • • • • • • • • • • • • • • •	\$30.00	
			· ·	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Gammon, Bill (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/201	Contributor address; City; State; Zip Code 8304 Zyle Rd Austin, TX 78737		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal oc Attorney	cupation / Job title (See Instructions)	Employer (See Ins Se lf	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/201	Contributor address; City; State; Zip Code 1801 W 10th Austin, TX 78703		\$150.00	
			/If traval autoids of	Toyan namalata C-h-d-l- T
Dalacions	punction / Joh title (Con Josephus (con)	Emulaire /Car III		Texas, complete Schedule T)
**************************************	cupation / Job title (See Instructions)	Employer (See Ins	suucuuns)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 33	3/98 Report: 35/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 1108 Morrow Austin, TX 78757	• • • • • • • • • • • • • • • • • • • •	\$35.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2012	Contributor address; City; State; Zip Code 4439 North Hall St Dallas, TX 75219		\$300.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Homemaker	l ation / Job title (See Instructions)	Employer (See In N/A		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 2613 Nottingham Ln Austin, TX 78704		\$100.00	
Bissin Law				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 3036 Thrushwood Dr Austin, TX 78757		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703		\$50.00	 - -
			(If travel outside of	Texas, complete Schedule T)
Principal occurs	ation / Job title (See Instructions)	Employer (See Ins		
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The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 34	1/98 Report: 36/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (IDA Gibbons, Heidi (Ms.)	y)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	6 Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703		\$25.00	}
				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		
Date	Full name of contributor ut-of-state PAC (ID# Gibbons, Robert (Mr.)	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703		\$25.00	1
			/If travel outside of	Texas, complete Schedule T)
Dringinal occur		Employer (See In		Textia, complete schedule 1)
Ртпстраі осси	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<i>t</i> }	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 4212 Bellvue Ave Austin, TX 78756		\$250.00	
B' sizel conve				Texas, complete Schedule T)
Principal occup Professor	pation / Job title (See Instructions)	Employer (See Ins UT Austin	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Gilbert, Lizan (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 4212 Bellvue Ave Austin, TX 78756		\$250.00]] [
			(If travel outside of	Texas, complete Schedule T)
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See Ins S J Louis	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 1701 Pheasant Roost Austin, TX 78758		\$35.00 	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 35	5/98 Report: 37/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 1701 Pheasant Roost Austin, TX 78758		\$50.00	
	·		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 2608 Addison Ave Austin, TX 78757		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Loation / Job title (See Instructions)	Employer (See In:	<u>'</u>	- CAUS, COMPICIO CONCUITO 17
	,		,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code		\$350.00	
	Austin, TX 78746		<u> </u>	Texas, complete Schedule T)
Principal occup Retired	vation / Job title (See Instructions)	Employer (See Ins N/A	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/07/2012	Contributor address; City; State; Zip Code 6103 Cary Dr Austin, TX 78757		\$50.00	
			·	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/08/2012	Contributor address; City; State; Zip Code P.O. Box 49015 Austin, TX 78765		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

						<u> </u>
7	The Instruction	אס Guide explains how to com	plete this form.		1 PAGE# Schedule: 36	5/98 Report: 38/130
2 F	FILER NAME	Shea, Brigid (Ms.)			3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor Graham, Ann (Ms.)	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8
O	2/01/2012	6 Contributor address; 3815 Avenue H Austin, TX 78751	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
9 P	rincipal occup	pation / Job title (See Instruction	s)	10 Employer (See In	structions)	
	Date	Full name of contributor Grasso, Tony (Mr.)	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
00	3/21/2012	Contributor address; 1417 Brighton Bend Cedar Park, TX 78613	City; State; Zip Code		\$10.00	;
					(if travel outside of	Texas, complete Schedule T)
	Principal occur	Joation / Job title (See Instruction:	s)	Employer (See In:		
	····o.pa. occop	uner / 000 into (000 into 000 into	5,			
	Date	Full name of contributor Gray, Elizabeth (Ms.)	out-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
00	3/16/2012	Contributor address; 2100 Mountainview Rd Austin, TX 78703	City; State; Zip Code		\$50.00	
_						Texas, complete Schedule T)
P 	rincipal occup	ation / Job title (See Instructions	5)	Employer (See In	structions)	
	Date	Full name of contributor Gray, Natalie (Ms.)	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02	2/11/2012	Contributor address; (1606 Treadwell Austin, TX 78704	City; State; Zip Code		\$25.00]
					(If travel outside of	Texas, complete Schedule T)
P	rincipal occup	ation / Job title (See Instructions	5)	Employer (See Ins	structions)	
	Date	Full name of contributor Green, Kelly (Ms.)	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution descri pti on (if applicable)
03	3/02/2012	Contributor address; (13401 Galleria Cir #117 Austin, TX 78738	City; State; Zip Code		\$350.00 	 -
					(If travel outside of	Texas, complete Schedule T)
	rincipal occupa surgeon	ation / Job title (See Instructions	\$)	Employer (See Ins Kerby Eye Cente		

SCHEDULE A

TDD 1-800-735-2989

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 37	7/98 Report: 39/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID&	')	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
03/22/2012	6 Contributor address; City; State; Zip Code 8415 Briarwood Ln Austin, TX 78757		\$25.00	
			la epietua levent M)	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Dale	Full name of contributor	<i>y</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 2239 Cromwell Circle Austin, TX 78741		\$40.00]
			(il travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	
Dat e	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City, State; Zip Code 2607 Pinewood Terrace Austin, TX 78757	. , . , . , , , ,	\$50.00	l
			(II travel outside of	Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2012	Contributor address; City; State; Zip Code 3204 Feirlax Walk Austin, TX 78705		\$80,00	
			(If trave) outside of	Texas, complete Schedula T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Fuil name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2012	Contributor address: City: State; Zip Code 605 Carismatic Ln Austin, TX 78746		\$50.00	
			(If Irave) outside of	Taxas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	etructions)	

SCHEDULE A

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 38	3/98 Report: 40/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Haggard, Joe (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/22/2012	6 Contributor address; City; State; Zip Code 4012 Ridgelea Dr Austin, TX 78731		\$25.00	 - -
			(If travel outside of	Texaa, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 1300 Windsor Rd Austin, TX 78703	,	\$350.00	1
			/If travel outside of	Towas complete Schedule T)
Dringing agour		Employer/Poolin	L -	Texas, complete Schedule T)
Chemist	pation / Job title (See Instructions)	Employer (See Ins Sachem	Structions)	
Date	Full name of contributor	<i>#</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 1122 S 3rd St Austin, TX 78704		\$35.00	
		I"	'	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2012	Contributor address; City; State; Zip Code 1958 Sharondale Avenue St Paul, MN 55113		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u>, </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 6201 River Place Blvd. #13 Austin, TX 78730		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Marketing Marketing	ation / Job title (See Instructions) anager	Employer (See Ins Dell		
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The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 39	9/98 Report: 41/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Hampel, Janet (Ms.)	#)	7 Amount of contribution (\$)	I 8 In-kind contribution description (if applicable)
03/15/2012	6 Contributor address; City; State; Zip Code 1225 Hillside Ave Apt C Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Da te	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 3409 Esperanza Xing #7108 Austin, TX 78758	· · · · · · · · · · · · · · · · · · ·	\$150.00	
	,		/If traval autaida af	Texas, complete Schedule T)
Deigning Langua	otion / Joh title (Con Instructions)	Employer (See In:	,	Texas, complete scriedule 1)
* *	pation / Job title (See Instructions)	Employer (See in:	structions)	
Date	Full name of contributor	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 6206 Hillston Dr Austin, TX 78745		\$50.00	[]
	Austin, 17,70745		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 6206 Hillston Dr Austin, TX 78745		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 7809 Gault St Austin, TX 78757		\$25.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	-	

The Instruc	CTION GUIDE explains how to complete this form.		1 PAGE# Schedule: 40	0/98 Report: 42/130
2 FILER NAM	E Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	I 8 In-kind contribution description (if applicable)
02/23/2012	6 Contributor address; City; State; Zip Code 2601 Albata Ave Austin, TX 78757		\$50.00	[]
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC (ID: Harris, Lisa (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751		\$150.00	
				'
		1	<u> </u>	Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Harrison, Mitchell (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 2404 Forest Ave Austin, TX 78704		\$100.00	
		J	<u> </u>	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/15/2012	Contributor address: City; State; Zip Code 702 San Antonio St Austin, TX 78701		\$350.00	[[
			(If travel outside of	Texas, complete Schedule T)
Principal occ Architect	upation / Job title (See Instructions)	Employer (See In: hatch + ulland o		
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 3300 Govalle Ave Austin, TX 78702		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (Se e Ins	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 41	/98 Report: 43/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Hawkins, Andrew (Mr.)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/01/2012	6 Contributor address; City; State; Zip Code 1606 Treadwell St Austin, TX 78704		\$50.00	1
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Heidel, Chris (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 2007 Pompton Dr Austin, TX 78757		\$25.00	{
	Adding 174 76767			·
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hernandez, Robert (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2012	Contributor address; City; State; Zip Code 1602 Glencrest Dr Austin, TX 78723	•••••	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Ins Seda France	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 3916 Ave H Austin, TX 78751		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Lecturer	bation / Job title (See Instructions)	Employer (See Ins UT Austin	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 8600 Hwy 71 W #434 Austin, TX 78735		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		
*		ap.5/5/ (555 III		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 42	2/98 Report: 44/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Hirsch, Mike (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/22/2012	6 Contributor address; City; State; Zip Code 1600 Texas Ave Austin, TX 78705	•••••	\$10.00)
			(If travel outside of	Texas, complete Schedule T)
g Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Dale	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code 1112 West 9th Austin, TX 78703		\$200.00	I
			(If traval outside of	Texas, complete Schedule T)
Dringing on un	pation / Joh title (Con Japta ations)	Employer (See Ins	_ ·	Texas, complete schedule 1)
Flooring	ation / Job title (See In s tructions)	Austin Sand and	d Finish	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 1807 Exposition Blvd Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Accounting A	ation / Job title (See Instructions) ssistant	Employer (See Ins Sherry Matthew		-
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 125 Pueblo Luna NW Albuquerque, NM 87107		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Houston, Ora (Ms.)	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 2207 East 22nd St Austin, TX 78722		\$100.00 ¦	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	atructions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 43	3/98 Report: 45/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IDA Howle, Vel Anne (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 604 North Llano Fredericksburg, TX 78624		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2012	Contributor address; City; State; Zip Code 2703 Pegram Ave Austin, TX 78757		\$25.00	! !
	, , , , , , , , , , , , , , , , , , , ,			,
Oringinal pages	pation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
Filicipal occup	adion 7 300 title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor	()	Amount of	In-kind contribution
	Huff, Linda (Ms.)	,	contribution (\$)	description (if applicable)
03/14/2012	Contributor address; City; State; Zip Code 2703 Pegram Ave Austin, TX 78757		\$25.00	
	Austin, 1770/07		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hulting, Jane (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 8130 Cedar Road Elkins Park, PA 19027		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	η Ι	Amount of	In-kind contribution
Build	Hynes, T.J. (Mr.)		contribution (\$)	description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 5206 Guadalupe St Austin, TX 78751		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		. ——

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	
				Schedule: 44	/98 Report: 46/130
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT#	(Ethics Commission filers)
				00006000	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Ingle, Mary (Ms.))	7 Amount of contribution (\$)	8
	02/01/2012	6 Contributor address; City; State; Zip Code 3406 Duval St Austin, TX 78705		\$20.00	
				(If travel outside of	Texas, completo Schedulo T)
9	Principal occup Tailor/Design	etion / Job title (See Instructions) er	10 Employer (See In: Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/01/2012	Contributor address; City; State; Zip Code 3406 Duval St Austin, TX 78705		\$300.00	
				(If traval autoida of	Texas, complete Schedulo T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete scriedule 1)
	Tailor/Design		Self		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/03/2012	Contributor address; City; State; Zip Code 3707 Manchaca Rd #117 Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/01/2012	Contributor address; City; State; Zip Code 506 W 34th St Austin, TX 78705		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	·	
	Date	Full name of contributor ut-of-state PAC (ID#_lverson, Richard (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/01/2012	Contributor address; City; State; Zip Code 506 W 34th St Austin, TX 78705		\$100.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 45	5/98 Report: 47/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ivey, Virginia (Ms.)	‡)	7 Amount of contribution (\$)	8
04/02/2012	6 Contributor address; City; State; Zip Code 504 Pecan Grove Rd Austin, TX 78704		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2012	Contributor address; City; State; Zip Code 2008 B Rabb Glen Rd Austin, TX 78704		\$100.00	i ! !
				'
B	() - () () () () () () ()	- F., I., (O I-		Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Jackson, Charlie (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2012	Contributor address; City; State; Zip Code 11900 Metric Blvd Austin, TX 78758		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Tech Consult	ation / Job title (See Instructions) ant	Employer (See In Acceleros	structions)	
Date	. Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 2107 Bridle Path Austin, TX 78703		\$200.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup Director	ation / Job title (See Instructions)	Employer (See In University Of Te		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 1307 Silverhill Dr. Austin, TX 78746		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:		· · ·

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 46	5/98 Report: 48/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Jarmon, Cody (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/17/2012	6 Contributor address; City; State; Zip Code 8515 Brodie Ln Austin, TX 78745		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
g Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702		\$50.00	
				'
		1	· -	Texas, complete Schedule T)
Principal occup	eation / Job title (Se e Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702		\$50.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Jones, George (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/2012	Contributor address; City; State; Zip Code 6102 Mountainclimb Dr Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Jones, George (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 6102 Mountainclimb Dr Austin, TX 78731		\$100.00 ·	
	•		(M trought associated and	Taura complete October 1 mm
Orinainal	ation (lab title (Coe Instructions)	Employer (Occ. In		Texas, complete Schedule T)
Principal occup *	ation / Job title (See Instructions)	Employer (See In:	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 47	7/98 Report: 49/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID- Kaselak, Lisa (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/08/2012	6 Contributor address; City; State; Zip Code 2019 New York Austin, TX 78702		\$100.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2012	Contributor address; City; State; Zip Code 725 Patterson Ave Austin, TX 78703		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
D / · · ·				rexas, complete Schedule 1)
Attorney	vation / Job title (See Instructions)	Employer (See In Parula LLC	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 7406 Shadow Hill Dr. Austin, TX 78731		\$25.00] []
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	<u></u>
Date	Full name of contributor out-of-state PAC (ID# Kelly Daniel, Patti (Ms.)	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 601 Hearn St #204 Austin, TX 78703		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2012	Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See Ins		
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 48	3/98 Report: 50/130
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Kent, Jenny (Ms.))#)	7 Amount of contribution (\$)	8
	03/03/2012	6 Contributor address; City; State; Zip Code 4305 Red Cloud Dr. Austin, TX 78759		\$25.00	Texas, complete Schedule T)
					Texas, complete schedule 1)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/03/2012	Contributor address; City; State; Zip Code 4305 Red Cloud Dr. Austin, TX 78759		\$20.00	I
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete scriedule 1)
	-tilicipal occup	anon 7 300 title (366 mstroctions)	Employer (See III	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/30/2012	Contributor address; City; State; Zip Code 1408 Travis Hts Blvd		\$50.00	
		Austin, TX 78704		`	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2012	Contributor address; City; State; Zip Code 106 Royal Way Austin, TX 78737		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID: Key, Karrie (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2012	Contributor address; City; State; Zip Code 8404 Briarwood Ln Austin, TX 78757		\$25.00 !	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	•	-,,

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 49	9/98 Report: 51/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/22/2012	6 Contributor address; City; State; Zip Code 200 Matzig Cove Buda, TX 78610		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu President	pation / Job title (See Instructions)	10 Employer (See In Texas Lehigh C		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/01/2012	Contributor address; City; State; Zip Code 7504 Clove Cove Austin, TX 78750		\$50.00	ł 1 1
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	L .	Texas, complete concade 1)
	,		,	
Date	Full name of contributor ut-of-state PAC (ID: Kile, Karima (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2012	Contributor address; City; State; Zip Code 8725 Foggy Mountain Dr		\$100.00	
	Austin, ŤX 78736		<u>'</u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2012	Contributor address; City; State; Zip Code 6910 Hart Ln #609 Austin, TX 78731		\$50.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 3302 Glen Rose Dr Austin, TX 78731		\$250.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ins Kincaid and Hor	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50	0/98 Report: 52/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Fult name of contributor ☐ out-of-state PAC (ID# King, Dana (Mr.)	/)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/31/2012	6 Contributor address; City; State; Zip Code 420 Santa Alicia Solana Beach, CA 92075		\$175.00	1
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu *	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# King, Nancy (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 420 Santa Alicia Solana Beach, CA 92075		\$175.00	! ! }
			(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:		
Date	Full name of contributor ut-of-state PAC (ID# Kitchen, Ann (Ms.)	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2012	Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704		\$100.00	}
			(If travel outside of	Toxas, complete Schedule T)
Principal occur Consultant	pation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2012	Contributor address; City; State; Zip Code 3936 12th Ave S Minneapolis, MN 55407		\$37.50	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 51	/98 Report: 53/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Koitzsch, Adriana (Ms.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/07/2012	6 Contributor address; City; State; Zip Code 3514 Enfield Rd Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Homemaker	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 1711 Spyglass Dr #229 Austin, TX 78746		\$50.00	
	Additi, 1770740			
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
—	valion 7 500 title (See instructions)	Limpioyer (See in	siructions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 1106 Upland Dr		\$50.00	 -
	Austin, TX 78741		(II travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 2004 Woodrich Ave. Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2012	Contributor address; City; State; Zip Code 1405 West 39th 1/2 St Austin, TX 78756		\$200.00	
	•		(If traval outside of	Texas, complete Schedule T)
Principal occup Owner	ation / Job title (See Instructions)	Employer (See Instantion Lauterstein-Con		
O 111101		244.010.0111 0011	may massage ou	

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SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52	2/98 Report: 54/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Lavine, Dick (Mr.)	#)	7 Amount of contribution (\$)	8
02/27/2012	6 Contributor address; City; State; Zip Code 803 Avondale Rd Austin, TX 78704		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Fiscal Analys	pation / Job title (See Instructions) st	10 Employer (See In Center for Publ	istructions) ic Policy Priorities	
Date	Full name of contributor ut-of-state PAC (ID Leach, Dawn (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; City; State; Zip Code 4614 Hank Ave Austin, TX 78745		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 1712 Bouldin Ave Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Advertising	pation / Job title (See Instructions)	Employer (See In Barking Pen	structions)	
Date	Full name of contributor ut-of-state PAC (ID) Leffler, John (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2012	Contributor address; City; State; Zip Code 1410 Ruth Ave. Austin, TX 78757	••••••	\$25.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID/ Lehman, Chris (Mr.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 1914 Larchmont Dr Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Real Estate A	ation / Job title (See Instructions) Appraiser	Employer (See In: Self	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 53	s/98 Report: 55/130
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Leonard, Brian (Mr.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/17/2012	6 Contributor address; City; State; Zip Code 8212 Washita Dr Austin, TX 78749		\$30.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2012	Contributor address; City; State; Zip Code 3936 12th Ave S Minneapolis, MN 55407		\$37.50	1
				(16 tray(a) autaida ad	Tours complete Schodule T\
	51.1.1			1	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2012	Contributor address; City; State; Zip Code 1700 Bouldin Ave. Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	vation / Job title (See Instructions)	Employer (See Ins	•	texas, complete conteads 1,
	T Intelpar occup	dion 7 dos (ine (dee wishachons)	Employer (Gee in	3114610113)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/07/2012	Contributor address; City; State; Zip Code 6413 Cary Dr Austin, TX 78757		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Dale	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/11/2012	Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731		\$175.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		, , , , , , , , , , , , , , , , , , ,

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 54	/98 Report: 56/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Lewis, Fred (Mr.)	#)	7 Amount of contribution (\$)	8
02/11/2012	6 Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731		\$175.00	 - -
				Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 5404 Rain Creek Pkwy Austin, TX 78759		\$350.00	; [[
			(If treval autoido of	Toyon namalata Cabadula T\
5. / 1				Texas, complete Schedule T)
Principal occur President	pation / Job title (See Instructions)	Employer (See In Texas College (
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 5404 Rain Creek Pkwy Austin, TX 78759		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Director	pation / Job title (See Instructions)	Employer (See In: Texas College (
Date	Full name of contributor 🔲 out-of-state PAC (ID#	/)	Amount of	In-kind contribution
	Lincoln, Anna (Ms.)	·	contribution (\$)	description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code P.O. Box 244 Palisade, CO 81526		\$75.00	
			(If travel outside of	Texas, completo Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	_
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code P.O. Box 543 Palisade, CO 81526		\$100.00 \$100.00	l
			(II travel sub-ids -4)	Toyon complete Cake title To T
Databases	ation / Inh title (One Incheset and)	Employee (Oct.)		Texes, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 55	5/98 Report: 57/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID- Lincoln, Kurt (Mr.)	#)	7 Amount of contribution (\$)	8
02/23/2012	6 Contributor address; City; State; Zip Code P.O. Box 543 Palisade, CO 81526		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/27/2012	Contributor address; City; State; Zip Code 1508 Norris Dr Austin, TX 78704		\$100.00	† 1 !
			(If travel outside of	Texas, complete Schedule T)
Principal occur	L pation / Job title (See Instructions)	Employer (See In		
	valori 7 das titla (essa iristrastiona)	Linployer (occ in	3,740,110,110,1	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2012	Contributor address; City; State; Zip Code 725 Patterson Ave Austin, TX 78703		\$250.00	\ {
<u> </u>				Texas, complete Schedule T)
Attorney	ation / Job title (See Instructions)	Employer (See In: Lowerre, Freder	rick, Perales, Allm	non & Rockwell
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 1009 West Lynne Austin, TX 78703		\$100.00	!
	_		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/22/2012	Contributor address; City; State; Zip Code 605 East 38th St Austin, TX 78705		\$25.00	
			(16 tray(a) = = : = - = - =	Toyon complete Cabast to as
Date et e et	stice / lab title /Coo (naturations)	Emplement (O== 1	<u> </u>	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 56	/98 Report: 58/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor 🔲 out-of-state PAC (ID# MacFarlane, Andrew (Mr.)	<u>*)</u>	7 Amount of contribution (\$)	8
03/28/2012	6 Contributor address; City; State; Zip Code 9515 Longvale Austin, TX 78729		\$100.00	}
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Maclaine, Nancy (Ms.)	(*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2012	Contributor address; City; State; Zip Code 2302 Del Curto Rd Austin, TX 78704	•••••	\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Computer Pro	pation / Job title (See Instructions) ogrammer	Employer (See In: Tomium	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 1521 Piedmont Ave Austin, TX 78757		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/07/2012	Contributor address; City; State; Zip Code 6906 Poncha Pass Austin, TX 78749		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/12/2012	Contributor address; City; State; Zip Code 3304 Vintage Dr Round Rock, TX 78664		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) .	Employer (See Ins	structions)	_

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 57	7/98 Report: 59/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Maldonado, Lucille (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/12/2012	6 Contributor address; City; State; Zip Code 3304 Vintage Dr Round Rock, TX 78664		\$50.00	
				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Maples, Lauren (Ms.)	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2012	Contributor address; City; State; Zip Code 1712 Bissel Ln Austin, TX 78745		\$25.00	<i>t</i>
			/w.x1x-1de ed	Taura assessata Cabari Is T
			'	Texas, cemplete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Martinez, Hilda (Ms.)	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 11503 Wignton Dr. Austin, TX 78758		\$200.00	
				Texas, complete Schedulo T)
Principal occuj Development	pation / Job title (See Instructions) Director	Employer (See In NAMI Texas	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	(n-kind contribution description (if applicable)
03/10/2012	Contributor address; City; State; Zip Code 1611 Alameda Dr Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedulo T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/2012	Contributor address; City; State; Zip Code 111 Laurel Ln Austin, TX 78705		\$75.00	[
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON Guide explains how to complete this form.		1 PAGE# Schedule: 58	3/98 Report: 60/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Maxwell, Mary Gay (Ms.)	‡)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2012	6 Contributor address; City; State; Zip Code 111 Laurel Ln Austin, TX 78705		\$75.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 111 Laurel Ln Austin, TX 78705		\$25.00	
			/If travel outside of	Texas, complete Schedule T)
Principal occur	 pation / Job title (See Instructions)	Employer (See In		Texas, complete schedule 1)
*	(,	
Date	Full name of contributor	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 7101 Daugherty St Austin, TX 78757		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *	valion / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 1170 Ridgeway Dr. Austin, TX 78702		\$350.00] []
			(If travel outside of	Texas, complete Schedule T)
Principal occup Special Event	ation / Job title (See Instructions) ts	Employer (See In: Barr Mansion	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 3202 Sunny Ln Austin, TX 78731		\$36.00 (
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 59	9/98 Report: 61/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/06/2012	6 Contributor address; City; State; Zip Code 1510 Bellaire Dr Austin, TX 78741		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/19/2012	Contributor address; City; State; Zip Code 609 West 18th St Austin, TX 78701		\$50.00	;
	<i>,</i>		/// A - A 1 A - - A A	T
				Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# McDonald, Dora (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/27/2012	Contributor address; City; State; Zip Code 3001 Silverleaf Dr Austin, TX 78703		\$100.00	
				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2012	Contributor address; City; State; Zip Code 114 Dunkirk Rd Baltimore, MD 21212		\$100,00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# McGraw, Karen (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2012	Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	
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T'he instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 60	
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID-McGuire, Steve (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/11/2012	6 Contributor address; City; State; Zip Code 1708 Juliet Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/27/2012	Contributor address; City; State; Zip Code 8303 Polar Dr Austin, TX 78757		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	L pation / Job title (See Instructions)	Employer (See In:	<u> </u>	
	talion 7 505 tille (eee instructions)	Employor (ees iii	-	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 4611 St Elmo Rd Austin, TX 78744		\$25.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	_ `	, , , , , _
			, 	
Date	Full name of contributor ut-of-state PAC (ID# McKenzie, Kevin (Mr.)))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 1707 Alguno Austin, TX 78757		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 3502 Bridal Path Austin, TX 78703		\$250.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	

The Instru	стюм Guide explains how to complete this form.		1 PAGE# Schedule: 61	i/98 Report: 63/130
2 FILER NAM	s Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Meador, Marlene (Ms.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/201	2 6 Contributor address; City; State; Zip Code 6905 Shoal Creek Blvd Austin, TX 78757		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principat oc	cupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/201	2 Contributor address; City; State; Zip Code 202 Fox Hollow Buda, TX 78610		\$20.00	{
				·
	·	<u> </u>	'	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/15/201	2 Contributor address; City; State; Zip Code 6305 Amberly Place Austin, TX 78759		\$100.00	
_, _			<u>'</u>	Texas, complete Schedule T)
	cupation / Job title (See Instructions) Copywriter	Employer (See In Self	structions)	
Dat e	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/15/201	Contributor address; City; State; Zip Code 6305 Amberly Place Austin, TX 78759		\$100.00	i ! !
			(If travel outside of	Texas, complete Schedule T)
Principal oc Freelance	cupation / Job title (See Instructions) Copywriter	Employer (See In Self	structions)	
Date	Full name of contributor uut-of-state PAC (IDA Meeker, Jason (Mr.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/201	Contributor address; City; State; Zip Code 6305 Amberly Place Austin, TX 78759		\$50.00	
		·		Texas, complete Schedule T)
Principal occ Freelance	cupation / Job title (See Instructions) Copywriter	Employer (See In: Self	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 62	2/98 Report: 64/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (ID) Melancon, Rebecca (Ms.)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/22/2012	6 Contributor address; City; State; Zip Code 509 East 38th St Austin, TX 78705		\$50.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 805 Battle Bend Blvd Austin, TX 78745		\$50.00	! ! !
			(It trough outside of	Texas, complete Schedule T)
Dain aire I a anns	sation / let title /Con leater sations)		· ·	Texas, complete Screedile 1)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Michael, Andrea (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2012	Contributor address; City; State; Zip Code 2504 Briargrove Dr Austin, TX 78704		\$50.00	
			•	Toxas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Mikheil, Sam (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 305 Lowell Ln Austin, TX 78733		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 5806 Marilyn Dr Austin, TX 78757		\$50.00	
			(14	· · · · · · · · · · · · · · · · · · ·
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The INSTRU	ברוסא Guide explains how to complete this form.		1 PAGE# Schedule: 63	3/98 Report: 65/130
2 FILER NAM	E Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/02/201	2 6 Contributor address; City; State; Zip Code 1002 Lorrain St Austin, TX 78703	,	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal oc Homemak	cupation / Job title (See Instructions) er	10 Employer (See In N/A	structions)	
Date	Full name of contributor	<i>#</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/16/201	2 Contributor address; City; State; Zip Code 1403 Ulit Avenue Austin, TX 78702		\$250.00	
	Addition, TA 70702			
	and a lab Mile (Cas Instruction)	T Francisco (Coo la	'	Texas, complete Schedule T)
Online Stra	cupation / Job title (See Instructions) ategies	Employer (See In Consumer's Un		
Date	Full name of contributor ut-of-state PAC (ID Mitchell, Kalhy (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/201	1403 Ulit Avenue		\$100.00] }
	Auslin, TX 78702			Texas, complete Schedule T)
Principal oc Online Stra	cupation / Job title (See Instructions) stegies	Employer (See In Consumer's Un		
Date	Full name of contributor ut-of-state PAC (ID Mitchell, Scott (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (If applicable)
03/02/2012	Contributor address; City; State; Zip Code 1002 Lorrain St Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$350.00]
			(If travel outside of	Texes, complete Schedule T)
Principal occ Architect/P	supation / Job title (See Instructions) lanner	Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 12345 Lamplight Village Ave #421 Austin, TX 78758		\$75.00	
	Addition (A) (B) (B)		fil travel autoide - 11	Tours complete Pakedul
Principal occ	supation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
*	and more than the man tribute payments.	milking at form III	±	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 64	1/98 Report: 66/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 213 Varco Dr Austin, TX 78738	••••••	\$350.00	
	·		(If travel outside of	Texas, complete Schedule T)
9 Principal occup Finance Direct	pation / Job title (See Instructions) ctor	10 Employer (See In City of Kyle	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 1610 Barclay Dr Austin, TX 78746		\$100.00	
	Austin, 1X 78746			1 _
5		T	1 '	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/21/2012	Contributor address; City; State; Zip Code 9006 Scotland Well Cove		\$200.00	
	Austin, TX 78750			Texas, complete Schedule T)
Principal occup High Tech Sa	eation / Job title (See Instructions) les	Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 4405 Avenue H Austin, TX 78751		\$25.00	
			(If travel outside of	Texes, complete Schedule 7)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 1329 Goldenrod Dr Naperville, IL 60540		\$350.00	}
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Attorney	ation / Job title (See Instructions)	Employer (See In: Self	·	,,

SCHEDULE A

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 65	i/98 Report: 67/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Moriarty, Kerry (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/30/2012	6 Contributor address; City; State; Zip Code 125 Pueblo Luna NW Albuquerque, NM 87107		\$100.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	·
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 1329 Goldenrod Dr Naperville, IL 60540		\$350.00	; [[
	,			'
				Texas, complete Schedule T)
Principal occup *Housewife	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/09/2012	Contributor address; City; State; Zip Code 8010 Bon Air Dr Austin, TX 78757		\$350.00	
		1		l Texas, complete Schedule T)
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 11011 Domain Dr. Austin, TX 78758		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID) Mullin, Roy (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/22/2012	Contributor address; City; State; Zip Code 21935 Ann Showers Dr Elgin, TX 78621		\$200.00	
			//d trougl autoida =41	Toyan nomplete School to Th
Principal occup Investment Ad	ation / Job tille (See Instructions)	Employer (See Ins Self	,	Texas, complete Schedule T)

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 66	6/98 Report: 68/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Murphy, Adam (Mr.)	#)	7 Amount of contribution (\$)	n-kind contribution description (if applicable)
02/18/2012	6 Contributor address; City; State; Zip Code 1200 E 11th St #304 Austin, TX 78702		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2012	Contributor address; City; State; Zip Code 682 Seville Ln Vacaville, CA 95688		\$350.00	
			(II)	
Drive single agour	estion / Joh title (Con Joseph Line)	Employer (Coolin	-	Texas, complete Schedule T)
Retired	eation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2012	Contributor address; City; State; Zip Code 682 Seville Ln Vacaville, CA 95688		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Inspector	ation / Job title (See Instructions)	Employer (See In: Department of D		
Date	Full name of contributor ut-of-state PAC (ID# Murrill, Jen (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2012	Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757		\$200.00	
			(If travel outside ef	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Interior Design	ner	Laura Britt Desi	gn	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 8600 Irvington Ave Bethesda, MD 20817		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ом Guide explains how to complete this form.		1 PAGE# Schedule: 67	7/98 Report: 69/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IDA Nadler-Olenick, Rae (Ms.)	*************************************	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/01/2012	6 Contributor address; City; State; Zip Code 1205 E 52nd St #101 Austin, TX 78723		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 4517 Grand Cypress Dr Austin, TX 78747		\$175.00	[[]
				'
0				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Nazor, Craig (Mr.)	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/17/2012	Contributor address; City; State; Zip Code 11701 Barchetta Dr Austin, TX 78758		\$350.00	
			,	Texas, complete Schedule T)
Principal occup Musician/Prof	ation / Job title (See Instructions) 'essor	Employer (See Ins Austin Commun		
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 3308 Rogers Rd Austin, TX 78758		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2012	Contributor address; City; State; Zip Code 2905 San Gabriel #218 Austin, TX 78705		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 68	/98 Report: 70/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IDa Nichols, Shirley (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/01/2012	6 Contributor address; City; State; Zip Code 4003 Knollwood Dr Austin, TX 78731		\$50.00	! 1
	Ausuri, 17 70731		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 509 W 16th St Austin, TX 78701		\$200.00	
	Auguit, 1270701		(If travel outside of	I Texas, complete Schedule T)
Principal occu _l None	pation / Job title (See Instructions)	Employer (See In N/A	estructions)	
Date	Full name of contributor ut-of-state PAC (ID# Notzon, Robert (Mr.)	<i>!</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 509 W 16th St		\$200.00	
	Austin, TX 78701		(If travel outside of	f Texas, complete Schedule T)
Principal occu _l Attorney	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Nunn, Karalei (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2012	Contributor address; City; State; Zip Code 1506 Elm Street Georgetown, TX 78626		\$50.00	
			L '	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 1507 B Eiton Ln Austin, TX 78703		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
		•		

The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 69	9/98 Report: 71/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# O'Connor, Tom (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/23/2012	6 Contributor address; City; State; Zip Code 2878 Post Rock Rd Tarpon Springs, FL 34688		\$350.00	{ } {
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup President	pation / Job title (See Instructions)	10 Employer (See In King Engineerin		
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 3213 French Place Austin, TX 78722		\$300.00	
	, , , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·
			*	Texas, complete Schedule T)
Principal occup Professor	eation / Job title (See Instructions)	Employer (See In: UT Austin	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Ogle, Lani (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 605 Natali St Austin, TX 78748		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
			· 	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 1502 Alta Vista Ave Austin, TX 78704		\$50.00	I I I
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2012	Contributor address; City; State; Zip Code 115 South Lakehills Dr Austin, TX 78733		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, , , , , , , , , , , , , , , , , , ,
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 70)/98 Report: 72/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Overton, Linda (Ms.)	#)	7 Amount of contribution (\$)	8
02/28/2012	6 Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704		\$50.00	
			(if travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 9004 Kimono Ridge Dr Austin, TX 78748		\$200.00	 -
	Additi, 1X 10140		(If travel outside of	Texas, complete Schedule T)
Principal occur	L pation / Job title (See Instructions)	Employer (See In	,	Texas, complete concease 1)
	velopment Manager	Cobb Fendley	3. deliona/	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2012	Contributor address; City; State; Zip Code 2705 Geraghty Ave Austin, TX 78757		\$300.00	{
			(If travel outside of	Texas, complete Schedule T)
Principal occup Engineer	eation / Job title (See Instructions)	Employer (See In: Polycom, Inc.	structions)	
Dat e	Full name of contributor out-of-state PAC (ID: Paul, Aamir (Mr.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 3409 Esperanza Xing #7108 Austin, TX 78758		\$350.00	
			(If travel outside ef	Texas, complete Schedule T)
Principal occup *Executive Di	ation / Job title (See Instructions) rector NGCS	Employer (See Ins Dell Inc.	structions)	
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/16/2012	Contributor address; City; State; Zip Code 4107 Circletree Loop Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa Programmer	ation / Job title (See Instructions)	Employer (See Ins Crossroads Sys	structions)	· · · · · · · · · · · · · · · · · · ·

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 71	/98 Report: 73/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IDF Pederson, Alan (Mr.)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/14/2012	6 Contributor address; City; State; Zip Code 4710 Roundup Trail Austin, TX 78745		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Perales, Marissa (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 2104 Willow Austin, TX 78702		\$100.00	
	Trading Trayorez			· —
			,	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID# Perkins, Ira (Mr.)	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/21/2012	Contributor address; City; State; Zip Code 10600 Mcfarlie Cove Austin, TX 78750		\$50.00	
			,	l Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2012	Contributor address; City; State; Zip Code 2814 Hannah Kay Ln Cedar Park, TX 78613		\$175.00	{
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	Contributor address; City; State; Zip Code 3012 B South 4th St Austin, TX 78704		\$50.00 	i
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

SCHEDULE A

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 72	2/98 Report: 74/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Pipkin, Stan (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 2100 B Wordsworth Austin, TX 78704		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Architect	pation / Job title (See Instructions)	10 Employer (See In Lighthouse Sola		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/06/2012	Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756		\$100.00	
			(If traval outside of	Texas, complete Schedule T)
Principal occur	 pation / Job title (See Instructions)	Employer (See In	,	Texas, complete scriedule 1)
	,		,	
Date	Full name of contributor ut-of-state PAC (ID: Pospisil, Karen (Ms.)	<u>*)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 200 Shelton Ranch Rd		\$350.00	
	Dripping Springs, TX 78620		,	l Texas, complete Schedule T)
Principal occup Accountant	eation / Job title (See Instructions)	Employer (See In Roger Beasley	structions) Collision Center	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 6114 Janey Dr Austin, TX 78757		\$350.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup Rancher	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 1200 Elm #212 Austin, TX 78703		\$50.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	Toxas, complete schedule 1)
			·	

The Instruction	ON GUIDE EXPlains how to complete this form.		1 PAGE# Schedule: 73	3/98 Report: 75/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Rabago, Pamela (Ms.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 9512 Vera Cruz Austin, TX 78737	······································	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2012	Contributor address; City; State; Zip Code 2504 Briargrove Dr Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 801 Walter Ave Pflugerville, TX 78660		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Mortgage Cor	ation / Job title (See Instructions) nsultant	Employer (See Ins Mortgage One	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2012	Contributor address; City; State; Zip Code 1618 Pennsylvania Austin, TX 78702		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Manager	ation / Job title (See Instructions)	Employer (See Ins Ampersand Arts		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	, Contributor address; City; State; Zip Code 1900 Vallejo Austin, TX 78757		\$100.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	_

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 74	I/98 Report: 76/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Ravel, Debra (Ms.)	`)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/04/2012	6 Contributor address; City; State; Zip Code 11321 Alhambra Dr Austin, TX 78759		\$45.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/22/2012	Contributor address; City; State; Zip Code 600 Texas Ave Austin, TX 78705		\$50.00	
				'
			,	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/22/2012	Contributor address; City; State; Zip Code 507 S 1st St #351 Austin, TX 78704		\$100.00	}
			-	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 3910 Glengarry Dr Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Project Direct	ation / Job title (See Instructions) or	Employer (See Ins Adoption Coaliti		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 11714 Alderhill Terrace San Diego, CA 92131		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	
*		-		

	The Instruction	ON GUIDE EXPlains how to complete this form.		1 PAGE# Schedule: 75	/98 Report: 77/130
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/31/2012	6 Contributor address; City; State; Zip Code 11714 Alderhill Terrace San Diego, CA 92131		\$175.00 	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup *	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/04/2012	Contributor address; City; State; Zip Code 1109 Space Ln Austin, TX 78758		\$50.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	L pation / Job title (See Instructions)	Employer (See In	•	
	- Timolpa, coodp		Zimpleyer (ede iii)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/04/2012	Contributor address; City; State; Zip Code 1109 Space Ln Austin, TX 78758		\$50.00	Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See In:	structions)	· · · · · · · · · · · · · · · · · · ·
		,		, 	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2012	Contributor address; City; State; Zip Code 3012 Thrushwood Dr Austin, TX 78757	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$20.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/30/2012	Contributor address; City; State; Zip Code 1906 Rampart Cir Austin, TX 78727		\$50.00 	
				(If travel outside of T	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,p.:
			= :: p.0) 5. (500 iii.		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 76	/98 Report: 78/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Richter, Dorothy (Ms.)	/)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/29/2012	6 Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751		\$25.00	 - -
			*	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In.	structions)	
Date	Full name of contributor	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 3935 Shoat Creek #108 Austin, TX 78756		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Driverie al accur	ation / Jah title /Con Jackwatians)			Texas, complete semestre 1)
Рппстрат оссир	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 915 Ken St Austin, TX 78758		\$50.00	
			(If travel outside of	Texes, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See Ins	-	
Tillopal occup			•	
Date	Full name of contributor	······	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code P.O. Box 1374 Austin, TX 78767		\$35.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code P.O. Box 1374 Austin, TX 78767	•••••	\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Dringing age:	otion / Joh titla (Son Instructions)	Employer /Coc les		- CALLO, COMPIETE SCHEDURE I)
еппсіраі оссир	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 77	7/98 Report: 79/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (ID# Robertson, Anne (Ms.)	*)	7 Amount of contribution (\$)	8
03/17/2012	6 Contributor address; City; State; Zip Code 2223 Tarlton Cove Austin, TX 78746		\$85.00	; ! }
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code 13500 White Tail Tr Austin, TX 78736		\$50.00	
			/If topological posterior of	Towar as maleta Sahadula Ti
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
' '		. , .	·	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; City; State; Zip Code 903 Philco Austin, TX 78745		\$15.00	
			,	I Техаs, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 1112 West 9th St Austin, TX 78703		\$350.00	
			-	Texas, complete Schedule T)
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In: Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution descri p tion (if applicable)
03/22/2012	Contributor address; City; State; Zip Code 9421 Linkmeadow Dr Austin, TX 78748		\$5.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 78	s/98 Report: 80/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Rooks, Steven (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 9421 Linkmeadow Dr Austin, TX 78748	•••••	\$5.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	,)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/01/2012	Contributor address; City; State; Zip Code 6404 Wilber Dr Austin, TX 78757		\$350.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occup Executive Dir	ector	Employer (See In A Nurtured Wor	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Rosendahl, Stephanie (Ms.)	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 2800 Waymaker Way #27 Austin, TX 78746		\$50.00	
3333331	7.46.11, 17.16.10		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/22/2012	Contributor address; City; State; Zip Code 8313 Franwood Ln Austin, TX 78757		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#Rowan, James (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2012	Contributor address; City; State; Zip Code 4212 Far West Blvd Austin, TX 78731		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

The Instructi	on Guide explains how to complete this form.		1 PAGE# Schedule: 79)/98 Report: 81/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Ruiz, Crispin (Ms.)	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/31/2012	6 Contributor address; City; State; Zip Code 408 Whitetail Dr. Manchaca, TX 78652		\$100.00	
			(If trave) outside of	Texas, complete Schedule T)
9 Principal occup *	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 8212 Washita Dr Austin, TX 78749		\$30.00	{
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Fulf name of contributor □ out-of-state PAC (ID# Sakota, Gigio (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 1253 6th St Santa Monica, CA 90601		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Salazar, Elaine (Ms.)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2012	Contributor address; City; State; Zip Code 1618 Pennsylvania Austin, TX 78702		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup President/CE	ation / Job title (See Instructions) O	Employer (See Ins Ampersand Art		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 2504 Keating Ln Austin, TX 78703		\$150.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal coord	ation / Job title (See Instructions)	Employer (See Ins		
гиныра осси р		Employer (See IIIs		

The Instructe	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 80)/98 Report: 82/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Sanders, Jennifer (Ms.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	6 Contributor address; City; State; Zip Code 1205 Rolling Ridge Dr Round Rock, TX 78665		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746		\$350.00	I] I
<u> </u>			<u> </u>	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In: N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Sauve, Linda (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/19/2012	Contributor address; City; State; Zip Code 11209 Cherisse Austin, TX 78739		\$350.00	} }
				Texas, complete Schedule T)
Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See In: N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Sauve, Paul (Mr.)	<u>')</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/19/2012	Contributor address; City; State; Zip Code 11209 Cherisse Austin, TX 78739		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Surveyor	ation / Job title (See Instructions)	Employer (See Ins Austin Spatial	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 3506 Far View Dr Austin, TX 78730		\$100.00 	
			(If traval autoida et	Toyas complete Sahadula T
Principal caeus	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
- ппыраг оссира	anon / von tille (oce manucilons)	Employer (See IIIs	sii actions)	

The Instructi	ON Guide explains how to complete this form.		1 PAGE # Schedule: 81	/98 Report: 83/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Scanlan, Nancy (Ms.)	<u>*</u>)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	6 Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin, TX 78731		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor ut-of-state PAC (IDA Scanlan, Nancy (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin, TX 78731		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A		
Date	Full name of contributor uut-of-state PAC (ID# Schenker, Melissa (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/26/2012	Contributor address; City; State; Zip Code 1802 Brackenridge Dr Austin, TX 78704		\$150.00	
			,	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2012	Contributor address; City; State; Zip Code 1107 West 9th St Austin, TX 78703		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Landscape D	pation / Job title (See Instructions) design	Employer (See In: Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/04/2012	Contributor address; City; State; Zip Code 2607 Geraghty Ave Austin, TX 78757		\$125.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	•	, para sonound i,

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 82	2/98 Report: 84/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/18/2012	6 Contributor address; City; State; Zip Code P.O. Box 302526 Austin, TX 78703		\$25.00	
			(If travel outside of	Texes, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; City; State; Zip Code 1801 Rio Grande #101 Austin, TX 78701		\$75.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (IDa Shea, Tim (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 772 Ashley Ln NE Thompson, ND 58278		\$200.00	
			'	Texas, complete Schedule T)
Principal occup Simulation Co	eation / Job title (See Instructions) pordinator	Employer (See In: University of No		
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 4105 Great Plains Dr Austin, TX 78735		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID# Shurman, Chris (Mr.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 3106 Lafayette Ave Austin, TX 78722		\$50.00	
			(If traval outside of	Texas, complete Schedule T)
Dringing! pages	otion / Joh titla /Soa Instructions)	Employer (See Ins	•	Texas, complete schedule 1)
т ппстрат оссир	ation / Job title (See Instructions)	Employer (See IIIs	su dedocis)	

The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 83	3/98 Report: 85/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Sikes, David (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/26/2012	6 Contributor address; City; State; Zip Code 1419 Dwyce Dr Austin, TX 78757		\$25.00]
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 4600 Monterey Oaks Austin, TX 78749		\$100.00	
	Austin, 1770749		(If travel autoids of	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	_ `	Texaa, complete Schedule T)
r IIIIcipai occop	allott / oob little (oee mail dollotts)	Employer (Geo in		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2012	Contributor address; City; State; Zip Code 1403 Kenwood Ave. Austin, TX 78704		\$50.00	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Slater, Mark (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 10545 Rome Ave NYA, MN 55397		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/21/2012	Contributor address; City; State; Zip Code 4306 Ramsey Ave Austin, TX 78756		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Attorney		VERA		

SCHEDULE A

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 84	./98 Report: 86/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Smith, Bill (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/09/2012	6 Contributor address; City; State; Zip Code 2106 Brooklyn St Austin, TX 78704		\$100.00	Texas, complete Schedule T)
		1	<u></u>	rexas, complete schedule 1)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID) Smith, Dan (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/22/2012	Contributor address; City; State; Zip Code 6807 Hardy Dr #4 Austin, TX 78757		\$20.00	,
			/If traval outside of	Texas, complete Schedule T)
2				Texas, complete scriedale 1)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Smith, David (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code P.O. Box 537 Austin, TX 78767		\$25.00	
	,		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Smith, Ted (Mr.)	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/27/2012	Contributor address; - City; State; Zip Code 465 South 15th St San Jose, CA 95112		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 465 South 15th St San Jose, CA 95112		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Dringing! occur	ation / Job title (See Instructions)	Employer (See Ins	-	- Independent of the control of the
т пастралоссир	anon rovo nne (dec manuchona)	Emblosei (See IIIs	an denote)	

The Instructi	on Guide explains how to complete this form.		1 PAGE# Schedule: 85	5/98 Report: 87/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Smolen, Paul (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 3812 Cherrywood Rd Austin, TX 78722		\$50.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Smoot, Monica (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 3033 Thrushwood Dr Austin, TX 78757		\$75.00	[[
				Texas, complete Schedule T)
Principal occup *	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Smoot, Robert (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 3033 Thrushwood Dr Austin, TX 78757	. ,	\$75.00	<u> </u>
		·		Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 4707 Oakmont Blvd Austin, TX 78731		\$75.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Speir, Stephen (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723		\$100.00	
	,		### To the second of the secon	
				Texas, complete Schedulo T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The INSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 86	5/98 Report: 88/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Sprute, Dana (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/11/2012	6 Contributor address; City; State; Zip Code 5109 Turnabout Ln Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Physician	pation / Job title (See Instructions)	10 Employer (See In: Seton Family of		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/03/2012	Contributor address; City; State; Zip Code 2711 Greenlawn Pkwy Austin, TX 78757		\$100.00	
	The state of the s		(If traval autoida of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	,	Texas, complete Scriedule 1)
	,		•	
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/03/2012	Contributor address; City; State; Zip Code 2711 Greenlawn Pkwy Austin, TX 78757		\$100.00	
	,		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u>t)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 4906 Tortuga Place Austin, TX 78731		\$350.00	
			-	Texas, complete Schedule T)
Principal occup President/CE	oation / Job title (See Instructions) O	Employer (See Ins Southwest Hum	structions) an Development	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 4906 Tortuga Place Austin, TX 78731		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Vice-Presiden	ation / Job title (See Instructions) It	Employer (See Ins Culligan Water	structions)	

The Instauct	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 87	7/98 Report: 89/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Stein, Eric (Mr.)	#)	7 Amount of contribution (\$)	8
03/31/2012	6 Contributor address; City; State; Zip Code 6112 Highland Hills Dr Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup *Tax Consult	pation / Job title (See Instructions) ant	10 Employer (See In Ryan	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID: Stein, Shari (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 6112 Highland Hills Dr Austin, TX 78731		\$350.00	
				' — — — — — — — — — — — — — — — — — — —
				Texas, complete Schedule T)
Principal occup *Housewife	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 4518 Apache Pass Austin, TX 78745	• • • • • • • • • • • • • • • • • • • •	\$100.00	
			,	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u>"</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code P.O. Box 1723 Austin, TX 78767		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Strecker, Barbara (Ms.)	<u></u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2012	Contributor address; City; State; Zip Code 6611 Jamaica Ct		\$25.00	
	Austin, TX 78757		1	<u></u>
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 88	3/98 Report: 90/130
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Strickland, Linda (Ms.))	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2012	6 Contributor address; City; State; Zip Code 9607 Vista View Dr. Austin, TX 78750		\$100.00	[
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2012	Contributor address; City; State; Zip Code 2401 Woodmont Austin, TX 78703		\$350.00	
		Austin, 17,76703			_
					Texas, complete Schedule T)
	Principal occup *Pilates	ation / Job title (See Instructions)	Employer (See In: Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2012	Contributor address; City; State; Zip Code 2401 Woodmont Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup *Attorney	ation / Job title (See Instructions)	Employer (See In: Hohman Taube		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2012	Contributor address; City; State; Zip Code 2003 South Lamar #8 . Austin, TX 78704		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/24/2012	Contributor address; City; State; Zip Code 1900 Forestglade Austin, TX 78745		\$50.00 (
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	•	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 89	9/98 Report: 91/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 2905 Pearl St Austin, TX 78705		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Architect	pation / Job title (See Instructions)	10 Employer (See In Taniguchi Archi		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/21/2012	Contributor address; City; State; Zip Code 9009 Marybank Dr Austin, TX 78750	• • • • • • • • • • • • • • • • • • • •	\$100.00	! } !
			(If travel outside of	Texas, complete Schedule T)
Principal occur	L pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete concedere 1)
T Tittolpar odoup	and the (ess mentioners)	Linployer (ede in	on donoris,	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 11609 Big Trail Austin, TX 78759		\$50.00	} } [
			(If travel outside of	Texas, complete Schedule T)
Principal occup *	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 2407 West 10th St Austin, TX 78703		\$100.00	I I I
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2012	Contributor address; City; State; Zip Code 3403 Brangus Rd Georgetown, TX 78628		\$200.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In: Schneider Elect	structions)	reads, complete schedule ()

Texas Ethics Commission

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 90	/98 Report: 92/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Tebcherany, Dina (Ms.)	#)	7 Amount of contribution (\$)	8
03/02/2012	6 Contributor address; City; State; Zip Code 4517 Grand Cypress Dr Austin, TX 78747		\$175.00	
			,	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2012	Contributor address; City; State; Zip Code 11614 Fast Horse Dr Austin, TX 78759		\$50.00	r
				,
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Up out-of-state PAC (ID/ Thomas, Meredith (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 6818 Daugherty St Austin, TX 78757	• • • • • • • • • • • • • • • • • • • •	\$50.00	
5			`	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Thomas, Randall (Mr.)	; }	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/09/2012	Contributor address; City; State; Zip Code 908 E 45th St Austin, TX 78751		\$350.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occu Engineer	pation / Job title (See Instructions)	Employer (See In: NOV	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Tiemann, Donna (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2012	Contributor address; City; State; Zip Code 3203 Cupid Dr Austin, TX 78735		\$350.00 	
			*	Texas, complete Schedule T)
Principal occup Project Mana	pation / Job title (See Instructions) ager	Employer (See Ins Barley & Pfeiffer		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 91	/98 Report: 93/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Tolleson, Mike (Mr.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/14/2012	6 Contributor address; City; State; Zip Code 2106 E MLK Austin, TX 78702		\$50.00	
			(ii travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 2609 Geraghty Ave Austin, TX 78757		\$100.00	l
			(If travel outside of	Texas, complete Schedule T)
Dringing Loopus	esting / Joh title (Con Instructions)	Employee (Con In	•	Texas, complete seriedate 1)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/03/2012	Contributor address; City; State; Zip Code 1704 Kerr Austin, TX 78704		\$25.00	!
			(If traval outside of	Texas, complete Schedule T)
Principal equa	eation / Job title (See Instructions)	Employer (See Ins	,	Texas, complete schedule 1)
жинстрал осси <u>р</u>	alion 7 300 title (See Histraciions)	Employer (See In	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2012	Contributor address; City; State; Zip Code 80 Red River St Apt 215 Austin, TX 78701		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
			,	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2012	Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757		\$350.00 <mark> </mark> }	
			(If travel outside of)	Fexas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See Ins		The state of the s
	g and Sustainability	Austin Energy	aractions;	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 92	2/98 Report: 94/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Umphress, Robert (Mr.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2012	6 Contributor address; City; State; Zip Code 10194 Vistadale Dr Dallas, TX 75238		\$50.00	
		 		Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In.		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2012	Contributor address; City; State; Zip Code 12712 Twisted Briar Ln Austin, TX 78729	• • • • • • • • • • • • • • • • • • • •	\$150.00	
		I	"" · · · · · · · · · · · · · · · · · ·	
Deinsing occup	" C. In this /Con Instructions)	T - rlavar (Qaa In		Texas, complete Schedule T)
*	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	7)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757		\$25.00	
		- · · · · ·	,	Texas, complete Schedulo T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757	, , , , , , , , , , , , , , , , , , , ,	\$25.00	
<u></u>	<u> </u>			Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	r)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2012	Contributor address; City; State; Zip Code 2102 Cypress Pt E Austin, TX 78746		\$25.00 	ł
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	, , , , , , , , , , , , , , , , , , ,	i		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 93	3/98 Report: 95/130
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Waelbroeck, Francois (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2012	6 Contributor address; City; State; Zip Code 1306 E 2nd St Austin, TX 78702		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2012	Contributor address; City; State; Zip Code 2006 Jesse E Segovia St Austin, TX 78702		\$350.00	
			(14 4	'
Diani al accom	Series A lab title (Con land at land)	<u> </u>	,	Texas, complete Schedule T)
Teacher	pation / Job title (See Instructions)	Employer (See In AISD	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 1306 Lorrain St Austin, TX 78703		\$350.00	}
				Texas, complete Schedule T)
Principal occup Musician	pation / Job title (See Instructions)	Employer (See In Self/Tried & Tru	•	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2012	Contributor address; City; State; Zip Code P.O. Box 4279 Austin, TX 78765		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Professor	ation / Job titie (See Instructions)	Employer (See In: UT Austin	structions)	_
Date	Full name of contributor ut-of-state PAC (ID# Walker, Susan (Ms.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/02/2012	Contributor address; City; State; Zip Code 1306 Lorrain St Austin, TX 78703		\$350.00	
			fil tenun outside of	Tayon gomplete Saladula TV
Principal occur	eation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Manager	iguen , dou inte (oce instructions)	Tried & True Mu	,	

The Instructi	on Guide explains how to complete this form.		1 PAGE# Schedule: 94	/98 Report: 96/130		
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID Walker, Suzanna (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
03/28/2012	6 Contributor address; City; State; Zip Code 1512 Eva Street Austin, TX 78704		\$350.00	I [*] I I		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup CPA	pation / Job title (See Instructions)	10 Employer (See In Self	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/01/2012	Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
, , , , , , , , , , , , , , , , , , ,	pation / Job title (See Instructions)	Employer (See In	structions)			
Marketing Co	mmunications	Emerson				
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/24/2012	Contributor address; City; State; Zip Code		\$250.00	 		
	Austin, TX 78704		(If travel outside of	Texas, complete Schedule T)		
	pation / Job title (See Instructions) Immunications	Employer (See In Emerson	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/16/2012	Contributor address; City; State; Zip Code 1004 Red Bud Trail Austin, TX 78746		\$100.00	{ 		
	· ·		(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/01/2012	Contributor address; City; State; Zip Code 2218 Alta Vista Avenue Austin, TX 78704		\$350.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Researcher	ation / Job title (See Instructions)	Employer (See Ins Texas Education				

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 95	i/98 Report: 97/130
2	FILER NAME	Shea, Brigid (Ms.)	3 ACCOUNT # 00006000	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID: Weeks, Allen (Mr.)	y)	7 Amount of contribution (\$)	8
,	03/21/2012	6 Contributor address; City; State; Zip Code 7302 Meador Ave Austin, TX 78752		\$100.00	t f l
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	nation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<i>†</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(03/18/2012	Contributor address; City; State; Zip Code 9808 Grand Oak Dr Austin, TX 78750		\$30.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(03/02/2012	Contributor address; City; State; Zip Code 4301 Mountainclimb Dr Austin, TX 78731		\$25.00	ł [
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Wicce, Kunda (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
()4/01/2012	Contributor address; City; State; Zip Code 6607 Willamette Dr Austin, TX 78723		\$100.00	
	Deigning) and	etion / Joh title (Con Instructions)	Employer (See Ins		Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Emplo				structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
C	03/31/2012	Contributor address; City; State; Zip Code 2605 Pembrook Tr Austin, TX 78731		\$100.00 	
					Texas, complete Schedule T)
:	Principal occupa * 	ation / Job title (See Instructions)	Employer (See Ins	structions)	_

2 FILER NAME Shea, Brigid (Ms.) 3 ACCOUNT 000060	00
2 FILER NAME Shea, Brigid (Ms.) 3 ACCOUNT 000060	T # (Ethics Commission filers)
	t 10 to blood as ability of
4 Date 5 Full name of contributor □ out-of-state PAC (ID#) 7 Amount of contribution williams, Chad (Mr.)	
03/31/2012 6 Contributor address; City; State; Zip Code \$100 7500 Greenhaven Dr Austin, TX 78757	i _
(If travel outs	de 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#) Amount of contribution Contribution	
03/17/2012 Contributor address; City; State; Zip Code \$250 802 E 47th St Austin, TX 78751	.00
	de ed Taura escribita Sabadula To
	de of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Property Management Self Self	
Date Full name of contributor	
02/01/2012 Contributor address; City; State; Zip Code \$100 1904 W 39th Austin, TX 78731	.00.
(If travel outsi	de of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution contribution	
01/21/2012 Contributor address; City; State; Zip Code \$350 4306 Ramsey Ave Austin, TX 78756	00
. (If travel outsi	de of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Director Employer (See Instructions) Solar Austin	-
Date Full name of contributor ut-of-state PAC (ID#) Amount of contribution willis, Mary (Ms.)	
03/28/2012 Contributor address; City; State; Zip Code \$350 98 San Jacinto Blvd Austin, TX 78701	00
	(
Principal occupation / Job title (See Instructions) Author Clif travel outsile (See Instructions) Employer (See Instructions) Self	de of Texas, complete Schedule T)

The INSTRUCTE	ON GUIDE explains how to complete this form.	1 PAGE# Schedule: 97	7/98 Report: 99/130			
2 FILER NAME	Shea, Brigid (Ms.)	3 ACCOUNT# 00006000	(Ethics Commission filers)			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wogan, David (Mr.)	Full name of contributor				
02/01/2012	6 Contributor address; City; State; Zip Code 4609 Caswell Ave. Austin, TX 78751		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Engineer	pation / Job title (See Instructions)	10 Employer (See In Austin Energy	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Wood, Joel (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/31/2012	Contributor address; City; State; Zip Code 5215 Bloomsbury Way Bryan, TX 77802		\$175.00	(
			(If travel outside of	Texas, complete Schedule T)		
Principal occup *	ation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/31/2012	Contributor address; City; State; Zip Code 5215 Bloomsbury Way Bryan, TX 77802		\$175.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup *	ation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/01/2012	03/01/2012 Contributor address; City; State; Zip Code 2208 Far Galfant Austin, TX 78746		\$250.00	 		
			(If travel outside of	Texas, complete Schodule T)		
Principal occup Business Owi	ation / Job title (See Instructions) ner	Employer (See In: Self	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Woolridge, Greg (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/30/2012	Contributor address; City; State; Zip Code 2208 Far Gallant Austin, TX 78746		\$100.00 			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Business Owr	ation / Job title (See Instructions) ner	Employer (See Ins Self				

The Instruction	אס Guide explains how to complete this form.	1 PAGE # Schedule: 98	i/98 Report: 100/130	
2 FILER NAME	Shea, Brigid (Ms.)	3 ACCOUNT # 00006000	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID: Worley, John (Mr.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/18/2012	6 Contributor address; City; State; Zip Code 4106 Avenue A Austin, TX 78751		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 3908 Glengarry Dr Austin, TX 78731		\$75.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2012	Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704		\$175.00	†
			(If travel outside of	Texas, complete Schedule T)
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	
Date	Full name of contributor	<u>;)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/16/2012	Contributor address; City; State; Zip Code 98 San Jacinto Blvd Austin, TX 78701		\$350.00	
			(If travel outside of	Texas, complete Schedule T) 🔲
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	

Austin, Texas 78711-2070

00 TDD 1-800-735-2989

LOANS				SCHEDULE E
The Instruction Guid	e explains how to complete this form.		1 PAGE# Schedule: 1/1	Report: 101/130
2 FILER NAME Sho	ea, Brigid (Ms.)		3 ACCOUNT#(00006000	Ethics Commission filers)
TOTAL OF UNIT	TEMIZED LOANS:	0 00000		\$
5 Date of loan 04/02/2012	7 Name of lender	of-state PAC (ID#)	9 Loan Amount (\$) \$25,000.00
financial Institution?	8 Lender address; City; State; 2604 Geraghty Ave Austin, TX 78757	Zip Code		10 Interest rate N/A
No				11 Maturity date 05/12/2012
12 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instruct	ions)	
14 Description of Collate	eral	15 Check if personal funds were deposited into political account ☑		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address; City; State;	Zip Code		
20 Principal Occupation		21 Employer		
				-

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Confract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Renlal Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)			
Schedule: 1/27 F		00006000			
4 Date	5 Payee name				
02/08/2012	1&1 Internet Inc.				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$51.87	701 Lee Road Suite 300				
	Chesterbrook, PA 19087				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
PURPOSE	Office Overhead/Rental Expense	Campaign Email Hosting			
OF EXPENDITURE	·				
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:			
direct expenditure to benefit C/OH					
Date	Payee name				
03/14/2012	Arriba News				
Amount (\$)	Payee address City; State; Zip Code				
\$200.00	P.O. Box 12865				
4 22333	Austin, TX 78711				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF	Advertising Expense	Political Advertising			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:			
direct expenditure to benefit C/OH		5.100 to 19.11			
Date	Payee name Austin Tejano Democrats				
03/05/2012	Payee address City; State; Zip Code				
Amount (\$)	2544 Stoutwood Cir				
\$20.00	Austin, TX 78745				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Fees	Membership Dues			
EXPENOITURE					
	0 (11 - 10(1 + 1)				
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:			
to benefit C/OH					
Date	Payee name				
03/14/2012	Beers, Stephen (Mr.)				
Amount (\$)	Payee address City; State; Zip Code				
\$1,180.00	3201 Darnell Dr				
	Austin, TX 78745				
	Cotogony /Con Catogonian listed and a second list of	Description (Manual and Matter)			
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor for Research			
OF	Cala loor ragoor Collina of East of	Contract Education Hospitalia			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:			
direct expenditure to benefit C/OH		-			
is selicin ordi.					

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out OI District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 PAGE#	2 FILER NAME Seport: 103/130 Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00006000
Schedule: 2/27 F	1000100	0000000
4 Date	5 Payee name	
01/05/2012	Blue Utopia	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$100.00	P.O. Box 4486	
	Seattle, WA 98194	
	() -	
8 PURPOSE	(a) Category (See Categoriès listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Campaign Online Donation and Email Service
EXPENDITURE		
• O	Candidate / Officeholder name	Office sought: Office held:
9 Complete ONLY if direct expenditure	Candidate / Officendidec frame	Onice sought. Onice held.
to benefit C/OH		
Date	Payee name	
02/13/2012	Blue Utopia	
Amount (\$)	Payee address City; State; Zip Code	
	P.O. Box 4486	
\$637.50	Seattle, WA 98194	
	· · · · · · · · · · · · · · · ·	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Campaign Online Donation and Email Service
OF	Chice Cychicach lethal Expense	Sampaign Chine Bondion and Email Convice
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Candidate / Cincertolder Harrie	Office sought.
to benefit C/OH		
Date	Payee name	
03/01/2012	Blue Utopia	
Amount (\$)	Payee address City; State; Zip Code	
\$475.00	P.O. Box 4486	
Ψ47 3.00	Seattle, WA 98194	
	Category (See Categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule 7)
PURPOSE	Office Overhead/Rental Expense	Campaign Online Donation and Email Service
OF EXPENDITURE	·	
CAPENDITORIC		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•
Date	Payee name	
04/01/2012	Blue Utopia	
Amount (\$)	Payee address City; State; Zip Code	
\$475.00	P.O. Box 4486	
	Seattle, WA 98194	
		<u></u>
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Campaign Online Donation and Email Service
OF EXPENDITURE	·	
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
to bottom O/O/I		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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 he	ow to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/27 F	Report: 104/130	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
04/02/2012	Blue Utopia			
6 Amount (\$)	7 Payee address	· · · · · · · · · · · · · · · · · · ·		
\$618.66	P.O. Box 448 Seattle, WAS			
	Jedille, WA	98194		
8	(a) Category (Sec.	Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Accounting/Ba	-	Cumulative donation proc	• -
OF EXPENDITURE			period	, , , , , , , , , , , , , , , , , , ,
9 Complete ONLY if direct expenditure	Candidate / Off	iceholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
03/06/2012	City of Austin			
Amount (\$)	Payee address	City; State; Zip Code		
\$4.50	301 West 2nd			
	Austin, TX 78	3701		
	0:4:===== (0:=	- · · · · · · · · · · · · · · · · · · ·	The second secon	
PURPOSE		Categories listed at the top of this schedule) n Equipment & Related Expense	Description (If travel outside City Hall Parking Fee	of Texas, complete Schedule T)
OF	Hansportanoi	TEQUIPMENT & Helated Expense	Oity Hall arking 1 60	
EXPENDITURE				
Complete ONLY if	Candidate / Offi	iceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
03/08/2012	City of Austin	Utilities		
Amount (\$)	Payee address	City; State; Zip Code		
\$634.87	P.O. Box 2267	· · · · · · · · · · · · · · · · · · ·		
423	Austin, TX 78			
PURPOSE	- •	Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Office Overne	ead/Rental Expense	Campaign Office Utilities	
EXPENDITURE	ı			
Complete ONLY if	Candidate / Offi	ceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	ı		Ü	
	Di sa nama			
Date	Payee name Crook, Vanes	co (Mc)		
02/01/2012 Amount (\$)	Payee address	City; State; Zip Code		
	2109 Haskell S	• • • • • • • • • • • • • • • • • • • •		
\$1,200.00	Austin, TX 78			
	ı			
	Category (See (Calegories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wage	es/Contract Labor	Salary	_
EXPENDITURE				
- · · · • • • · · ·	0.0000000000000000000000000000000000000		0#	
Complete ONLY if direct expenditure	Candidate / Offi	ceholder name	Office sought:	Office held:
to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifls/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overnead/Rental Expense Loan 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	w to complete this form.				
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)			
Schedule: 4/27 F			00006000			
4 Date	5 Payee name					
02/15/2012 6 Amount (\$)	Crook, Vanessa (Ms.) 7 Payee address City; State; Zip Code					
` ` `						
\$1,200.00	Austin, TX 78702					
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)			
PURPOSE OF	Salaries/Wages/Contract Labor	Salary				
EXPENDITURE						
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:			
direct expenditure	Candidato / Chiconolaci manie	ombo bobgii.	Since field.			
to benefit C/OH						
Date	Payee name					
03/01/2012	Crook, Vanessa (Ms.)					
Amount (\$)	Payee address City; State; Zip Code 2109 Haskell St.					
\$1,200.00	Austin, TX 7 8702					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)			
PURPOSE OF	Office Overhead/Rental Expense	Salary	_			
EXPENDITURE						
6 1 6 0 7 7	Condidate / Office bolder agency	Office acceptable	Office helds			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:			
to benefit C/OH						
Date	Payee name					
03/15/2012	Crook, Vanessa (Ms.)					
Amount (\$)	Payee address City; State; Zip Code 2109 Haskell St.					
\$1,200.00	Austin, TX 7 8702					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)			
PURPOSE OF	Salaries/Wages/Contract Labor	Salary				
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:			
direct expenditure	- and pare y compensation manual	omoo bougitti	Onios noia.			
to benefit C/OH						
Date	Payee name					
04/01/2012 Amount (\$)	Crook, Vanessa (Ms.) Payee address City; State; Zip Code					
` '	2109 Haskell St.					
\$1,200.00	Austin, TX 78702					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)			
PURPOSE OF	Salaries/Wages/Contract Labor	Salary	-			
EXPENDITURE						
Complete ONLY 7	Candidate / Officeholder name	Office sevents	Office hold:			
Complete ONLY if direct expenditure	Candidate / Officeriolder name	Office sought:	Office held:			
lo benefit C/OH						

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Cilts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/27 F	Report: 106/130	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
03/04/2012		as Photography		
6 Amount (\$)	7 Payee address			
\$150.00	2004-B E 9th			
	Austin, TX 7	6/02		
	(a) Catacasii (0)	O-A 1 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(h) Depointing (Marcal et al.)	
8 PURPOSE	Advertising E	Categories listed at the top of this schedule)	(b) Description (If travel outside Photo Shoot	of Texas, complete Schedule T)
OF	Advertising L	Apolise	Thoto shoot	
EXPENDITURE				
9 Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
	Davis			
Date	Payee name DeJesus, Fre	ederico (Mr.)		
02/03/2012	Payee address			
Amount (\$)	7409 Arctic C	- 7		
\$275.00	Austin, TX 7			
	, i			
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wag	ges/Contract Labor	Contract Labor - Furniture Moving	
EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / Of	ficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
01/28/2012	Elsi's Restau	rant		
Amount (\$)	Payee address	City; State; Zip Code		
\$39.33	6601 Burnet			
	Austin, TX 7	8748		
	2	<u> </u>		-
PURPOSE		Categories listed at the top of this schedule)	·	of Texas, complete Schedule T)
OF	Food/Beverag	ge Expense	Campaign staff breakfast	
EXPENDITURE			1	
Complete ONLY if	Candidate / Off	Sceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			J	
·				
Date	Payee name Elsi's Restau	rant		
02/03/2012				
Amount (\$)	Payee address 6601 Burnet I			
\$36.66	Austin, TX 7			
	, , , , , ,			
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Food/Beverag	- · · · · · · · · · · · · · · · · · · ·	Campaign staff lunch	
OF EXPENDITURE		•		
Complete ONLY if direct expenditure	Candidate / Off	iceholder name	Office sought:	Office held:
to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorta: Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Latter Solicitation/Pundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Rolated Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (anter a category not listed above)

1 PAGE#	2 FILER NAME Seport: 107/130 Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers)			
Schedule: 6/27 F	teport. Torrico		00006000			
4 Date	5 Payee name					
02/07/2012	Elsi's Restaurant					
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$22.07	6601 Burnet Road					
	Austin, TX 78748					
		Tax no set				
B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	1 " "	e of Texas, complete Schedule T)			
OF	Food/Beverage Expense	Campaign staff lunch				
EXPENDITURE						
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held;			
direct expenditure	Oandidate / Officerrolde, franc	willoo sought.	Ones read			
to benefit C/OH						
Date	Payee name					
02/09/2012	Elsi's Restaurant					
Amount (\$)	Payee address City; State; Zip Code					
\$38.88	6601 Burnet Road					
700.00	Austin, TX 78748					
20222	Category (See Categories listed at the top of this schedule)	, ,	e of Texas, complete Schedule T)			
PURPOSE OF	Food/Beverage Expense	Lunch for workers				
EXPENDITURE						
		, , , , , , , , , , , , , , , , , , ,	Off of the late.			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:			
to benefit C/OH						
Date	Payee name					
02/11/2012	Elsi's Restaurant					
Amount (\$)	Payee address City; State; Zip Code					
\$90.78	6601 Burnet Road					
******	Austin, TX 78748					
	Category (See Categories fisted at the top of this schedule)		e of Texas, complete Schedule T) 🔲			
PURPOSE OF	Food/Beverage Expense	Campaign staff lunch				
EXPENDITURE						
	O dida (OE b) de cara	0#:	OHis - halds			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:			
to benefit C/OH						
Date	Payee name					
02/29/2012	Elsi's Restaurant					
Amount (\$)	Payee address City; State; Zip Code		- 1 - 1			
\$25,81	6601 Burnet Road					
\$20,01	Austin, TX 78748					
	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T) 🔲			
PURPOSE OF	Food/Beverage Expense	Campaign staff dinner				
EXPENDITURE						
Complete ONLY I direct expenditure	Candidate / Officeholder name	Office sought;	Office held:			
in benefit C/OH						
	-	•	Electronic Edina Version 3.4.3			

SCHEDULE F

EXPENDITURE CATEGORIES

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

1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers)						
Schedule: 7/27 Report: 108/130 Shea, Brigid (Ms.) 00006000						
4 Date	5 Payee name					
03/02/2012	Elsi's Restaurant					
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$119.02	\$119.02 6601 Burnet Road Austin, TX 78748					
	Adding TX 707 to					
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)				
PURPOSE	Food/Beverage Expense	Lunch for campaign volunteers				
OF EXPENDITURE						
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:				
to benefit C/OH						
Date	Payee name					
03/09/2012	Elsi's Restaurant					
Amount (\$)	Payee address City; State; Zip Code					
\$44.81	6601 Burnet Road					
	Austin, TX 7 8748					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
PURPOSE	Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch for campaign workers				
OF EXPENDITURE	1 5500/25 Voluge Expense	Euron for dampaign workers				
SAFENDITORE						
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:				
direct expenditure to benefit C/OH						
Date	Payee name					
02/25/2012	FedEx Office					
Amount (\$)	Payee address City; State; Zip Code					
\$11.14	6406 IH35					
	Austin, TX 78752					
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Office Supplies - paper				
Of	Office Overhead/Herital Expense	Office Supplies - paper				
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:				
direct expenditure to benefit C/OH						
Date	Payee name					
03/20/2012	FedEx Office					
Amount (\$)	Payee address City, State, Zip Code					
\$79.57	327 Congress Ave					
Ψισισι	Austin, ŤX 78701					
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
PURPOSE OF	Printing Expense	Flyer Printing				
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:				
direct expenditure	Candidate Concondide Hamo	Onice neid.				
to benefit C/OH						

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	•	•	
1 PAGE#	2 FILER NAME Seport: 109/130 Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers)
Schedule: 8/27 F	100/100		00006000
4 Date	5 Payee name		
02/01/2012	Gage Furniture		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$2,500.00	P.O. Box 5816 Austin, TX 78763		
	Austin, 1X 76765		
	(a) Catagory (See Catagories listed at the lan of this school (a)	(h) Description (If travel outside	of Toyan complete Schodule T)
8 PURPOSE	(a) Category (See Categories listed at the lop of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside Campaign Office Rent	of Texas, complete Schedule T)
OF	Omec Overridad/Herial Expense	Campaign Onice Hon	
EXPENDITURE	'		
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
			
Date	Payee name		
03/01/2012	Gage Furniture		
Amount (\$)	Payee address City; State; Zip Code		
\$2,500.00	P.O. Box 5816 Austin, TX 78763		
	7,000,7,7,70,700		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Campaign Office Rent	or results, complete condeale ry
OF EXPENDITURE	'		
LAPENDITONE			
Complote ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
	Payer name		
Date 04/01/2012	Payee name Gage Furniture		
Amount (\$)	Payee address City; State; Zip Code		
	P.O. Box 5816		
\$2,500.00	Austin, TX 78763		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complote Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office Rent	•
OF EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH	'		
Date	Payee name		
02/09/2012	Garcia, Cosme (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$30.00	821 Gunter St		
Φοσ.σσ	Austin, TX 78702		
	Category (See Categories listed at the top of this schedule)	1	of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Conract labor for furniture	moving/assembly
EXPENDITURE			
		1	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
lo benefit C/OH			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverlage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Polilical Committee OTHER (enter a category not listed above)

		The Instruction Guide explains he	ow to complete this form.	,
1 PAGE# 2 FILER NAME			3 ACCOUNT # (TEC filers)	
Schedule: 9/27 F	Report: 110/130	Shea, Brigid (Ms.)		00006000
4 Date 02/23/2012	5 Payee name Grande Comr	nunications		
6 Amount (\$)	7 Payee address · City; State; Zip Code			-
\$300.48	1923 E. 7th S STE 100 Austin, TX 78	i ,		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description (If travel outside of Texas, complete Schedule T) Campaign Internet and Phone Services			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Off	ceholder name	Office sought:	Office held:
Date	Payee name Grande Comr	Punications		
03/11/2012	Payee address			
Amount (\$) \$180.03	1923 E. 7th S STE 100 Austin, TX 78			
DUDDOOF		Categories listed at the top of this schedule)	· · · · · · · · · · · · · · · · · · ·	e of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Office Overhe	ad/Rental Expense	Capaign Phone and Inter	net Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name	Office sought:	Office held:
Date	Payee name	,		
02/09/2012	Hatton, James			
Amount (\$) \$30.00	Payee address 8400 Garcree Apt C Austin, TX 78			
PURPOSE OF EXPENDITURE	• • •	Categories listed at the top of this schedule) ss/Contract Labor	Description (# travel outside Contract labor for furnitur	e of Texas, complete Schedule T) e moving/assembly
-AN ENDITORE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	eholder name	Office sought:	Office held:
Date 02/11/2012	Payee name HEB			
Amount (\$)	Payee address	City; State; Zip Code		
\$11 .18	5808 Burnet F Austin, TX 78			
PURPOSE	• •	ategories listed at the top of this schedule)	Description (If travel outside Office Supplies	e of Texas, complete Schedule T)
OF EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	eholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a calegory not listed above)

		· · · · · · · · · · · · · · · · · · ·	
1 PAGE# Schedule: 10/27	2 FILER NAME Benort: 111/130 Shea, Brigid (Ms.).		3 ACCOUNT # (TEC filers) 00006000
	Tiepott: TTi Toq		
4 Date 02/11/2012	5 Payee name HEB		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$8.63	5808 Burnet Rd		
φ0.03	Austin, TX 78756		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If Iravel outside	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office Supplies	or range complete company .,
OF EXPENDITURE	3 mas 5 to 1 to		
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure			
to benefil C/OH			
Date	Payee name		
03/08/2012	Heilbron, Brently (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$600.00	8304 Kearsarge		
Ψ000.00	Austin, TX 78745		
<u> </u>	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Campaign Video Shoot	
OF EXPENDITURE	,	, 3	
EXPENDITORS			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
to beliefit C/OH			
Date	Payee name		
02/27/2012	Herrera, Fred (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$50.00	7815 Mullen Drive		
	Austin, TX 78757		
PURPOSE	Category (See Categories listed at the top of this schedule)	- I	of Texas, complete Schedute T)
OF	Fees	Notary Public Services	
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH	•		
Date	Payee name		
02/06/2012	Hill-bert's Burgers		
Amount (\$)	Payee address City; State; Zip Code		
	7211 Burnet Rd		
\$12.87	Austin, TX 78757		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	ol Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	Campaign lunch	or rexas, complete schedule 1)
OF	1 000, Develage Expense	- Campaign to lot	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Sandidato / Sindenoladi inamo	emoo oougnt,	Office field.
to benefit C/OH			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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.

5.55 "	- 50 SD MANE		T- ACCOMPT # (TEC.5)
1 PAGE # Schedule: 11/27	Report: 112/130 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00006000
4 Date	5 Payee name		
02/01/2012	Hughes, Matt (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1,750.00			
Ψ1,750.00	Austin, TX 78751		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Salary	_
OF EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
02/15/2012	Hughes, Matt (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$1,750.00	600 E. 53rd St Apt 243		
	Austin, TX 78751		
	0.1		
PURPOSE	Category (See Categories listed at the top of this schedule)	· ·	e of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	Salary	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought;	Office held:
Complete ONLY if direct expenditure	Candidate / Officerolde/ flame	Office sought.	Office field.
to benefit C/OH			
Date	Payee name		
03/01/2012	Hughes, Matt (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$1,750.00	600 E. 53rd St Apt 243		
φ.,,σο.σο	Austin, TX 78751		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Salary	_
OF EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
	Hughes, Matt (Mr.)		
03/15/2012	Payee address City; State; Zip Code		
Amount (\$)			
\$1,750.00	600 E. 53rd St Apt 243 Austin, TX 78751		
 -	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Salary	or rexas, complete schedule 1)
OF	Salanes/Magos/Contract Labor	Galary	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		2 200g.n.	5
to benefit C/OH			

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverago Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	•	•	
1 PAGE# Schedule: 12/27	Report: 113/130	3 ACCO	· · · · · · · · · · · · · · · · · · ·
4 Date	5 Payee name		
04/01/2012	Hughes, Matt (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1 ,750.00	600 E. 53rd St Apt 243 Austin, TX 78751		
8 DURBOGE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, con	mplete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Salary	
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Offic	ce held:
Date	Payee name		
03/02/2012	IT Copy - IT Printing		
Amount (\$)	Payee address City, State; Zip Code		
\$324.75	512 W M.L.K. Blvd. Austin, TX 78701		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, cor	mplete Schedule T)
PURPOSE	Printing Expense	Flyer Printing	_
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office	ce held:
Date	Payee name		
03/23/2012	IT Copy - IT Printing		
Amount (\$)	Payee address City; State; Zip Code		
\$541.25	512 W M.L.K. Blvd. Austin, TX 78701		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, cor	mplete Schedule T)
PURPOSE	Printing Expense	Flyer Printing	
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office	be held;
Date	Payee name ·		
03/21/2012	Kitchen, Ann (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	2401 Briargrove		
Ψ100.00	Austin, TX 78704		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, cor	nplete Schedule T)
PURPOSE OF	Accounting/Banking	Donation Refund	_
EXPENDITURE			
Complete ONLY it direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office	e held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundratising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a catagory not listed above)

1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC tilars)
Schedule: 13/27	Report: 114/130 Shea, Brigid (Ms.)	0006000
4 Date	5 Payee name	
03/30/2012	Lembas	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$12.00	6701 Burnet Rd	
	Austin, TX 78757	
		Two and the same of the same o
B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (It traval outside of Texas, complete Schedule T)
OF	Food/Beverage Expense	Snacks for volunteers
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
03/19/2012	Longhorn Trophies City State: 7's Code	
Amount (\$)	Payee address City; State; Zip Code	
\$13.53	4912 Burnet Rd Austin, TX 78756	
	Category (Sea Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office Supplies - plate
OF EXPENDITURE	·	
231 211511 0112		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
02/04/2012	Lowe's	
Amount (\$)	Payee address City; State; Zip Code	
\$19.27	8000 Shoal Creek Blvd.	
Ψ13.21	Austin, TX 78757	
	Calegory (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Office keys
EXPENDITURE		
0	Condidate (Official and a proper	Office county.
Complete ONLY (I	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
02/09/2012	Lowe's	
Amount (\$)	Payee address City; State; Zip Code	
\$35.13	8000 Shoal Creek Blvd.	
•	Austin, T X 78757	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (II travel outside of Taxas, complete Schedule T)
OF	Office Overhead/Rental Expense	Office Cleaning Supplies
EXPENDITURE		
Complete DNLY if	Candidate / Officeholder name	Office sought: Office held:
direct expanditure	Canada / Charmoton hand	onivo sought. Onivo neix.
to banefii CIOH		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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.

	The Mornov Golde explains not	a to complete time form	
1 PAGE#	Penort: 115/130 Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00006000
Schedule: 14/27	Tioport. Trorrog		1 00006000
4 Date	5 Payee name		
02/12/2012	Lowe's		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$8.76	8000 Shoal Creek Blvd. Austin, TX 78757		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside Office keys	e of Texas, complete Schedule T) 🔲
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/24/2012	Lowe's		
Amount (\$)	Payee address City; State; Zip Code		
\$62.36	8000 Shoal Creek Blvd. Austin, TX 78757		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Office Supplies - cords, s	urge protectors
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/01/2012	McNally, John (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$1,600.00	3002 Breeze Terrace Austin, TX 78722		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside Salary	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/15/2012	McNally, John (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$1,600.00	3002 Breeze Terrace Austin, TX 78722		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside Salary	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

EXPENDITURE

Complete **DNLY** if direct expenditure to benefit C/DH

Candidate / Officeholder name

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES Gilts/Awards/Memonal Expensa Legal Services Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Accounting/Barking Food/Beverage Expanse Travel In District Contributions/Donations Made By Consulting Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Event Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME Shea, Brigid (Ms.) 00006000 Schedule: 15/27 Report: 116/130 4 Date 5 Payee name McNally, John (Mr.) 03/01/2012 6 Amount (\$) Payee address City; State; Zip Code \$1,600.00 3002 Breeze Terrace Austin, TX 78722 (a) Category (See Categories sisted at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 PURPOSE Office Overhead/Rental Expense Salary OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expanditure to benefit C/OH Date Pavee name McNally, John (Mr.) 03/15/2012 Payee address City; State; Amount (\$) Zip Code 3002 Breeze Terrace \$1,600.00 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure To benefit C/CH Date Payee name McNaffy, John (Mr.) 04/01/2012 Amount (\$) Payee address City: State; Zip Code 3002 Breeze Terrace \$1,600.00 Austin, TX 78722 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name McNally, Owen (Mr.) 02/11/2012 Payee address City: State; Zip Code Amount (\$) 3002 Breeze Ter \$50,00 #B Austin, TX 78722 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) PURPOSE Sound Engineering Services for Campaign Office Event Expense **OF** Open House

Office held:

Office sought:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gills/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	THE INSTRUCTION GUIDE EXPLAITS HOS	A to complete this form.	1
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 16/27	Report: 117/130 Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name		
03/17/2012	North X Northwest		
6 Amount (\$)	7 Payee address City; State; Zip Code	_	
	l' '		
\$49.99	10010 Capt of Tex Hwy Austin, TX 78759		
	Austin, 17 /0/23		
8	(a) Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Beverages for Office Party	y
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		· ·	
to benefit C/OH			
Date	Payee name		
02/10/2012	Office Depot		
Amount (\$)	Payee address City; State; Zip Code		
	816 Tirado Street		
\$29.44	Austin, TX 78752		
	Addin, 17 10132		
BUDBOOF	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Office Supplies - badges,	clipboards
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		-	
to benefit C/OH			
Date	Payee name		
02/01/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
` '	4615 North Lamar Blvd		
\$98.30	Austin, TX 78756		
	, ,		
1	Onto 100 100 100 100 100 100 100 100 100 10	Description of the state	
PURPOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Color Copies, Office Supp	illes - tolders
EXPENDITURE			
	·-		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
	0.		
Date	Payee name		
02/01/2012	Office Max .		
Amount (\$)	Payee address City; State; Zip Code		
\$61.28	4615 North Lamar Blvd		
*-	Austin, TX 78756	•	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office Supplies - badges, t	
OF	Sings Overhough fortal Expense	Sindo Sappilos - bauges, t	omacie, onpodatas
EXPENDITURE			
Complete CHLV."	Candidate / Officeholder name	Office pought:	Office hald:
Complete ONLY if direct expenditure	Candidate / Chicenolder name	Office sought:	Office held:
to benefit C/OH			

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filer	rs)
Schedule: 17/27		00006000	
4 Date	5 Payee name		
02/12/2012	Office Max		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$18.94	4615 North Lamar Blvd		
	Austin, TX 78756 .		
_	I (a) Oata and (Oa o Oata and Estate Author and Authority	(h) Description (through prints of Tours and the Orbert Law III	_
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) (Copies	Ш
OF	Office Overhead/Herital Expense	Copies	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure			
to benefit C/OH			
Date	Payee name		
02/18/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
\$27.90	4615 North Lamar Blvd		
	Austin, TX 78756		
			_
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) [
OF	Office Overhead/Rental Expense	Office Supplies - badges	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure	Oandidate / Officerolder name	Office Sought.	
to benefit C/OH			
Date	Payee name		
02/21/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
\$13.31	4615 North Lamar Blvd		
	Austin, TX 78756		
			_
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	Office Overhead/Rental Expense	Office Supplies - mailing labels	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	_
Complete ONLY if direct expenditure	Canadate / Cincendider nathe	Office sought: Office held:	
to benefit C/OH			
Date	Payee name		
02/21/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
\$29.22	4615 North Lamar Blvd		
, ,	Austin, TX 78756		
BUBBBB C=	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Office Overhead/Rental Expense	Office Supplies - mailing labels	
EXPENDITURE			
	0 51 1 10% of old or on		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:	
to benefit C/OH	<u> </u>		

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Membrial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District
Office Overhead/Rental Expense Loan 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	v to complete this form.	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 18/27			00006000
4 Date	5 Payee name		
02/22/2012	Office Max	_	
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$24.24	4615 North Lamar Blvd Austin, TX 78756		
	Austiii, 1 × 76730		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Copies	e or Texas, complete Scriedula 1)
OF EXPENDITURE	omog o tomadamental Expenses	Обрас	
EXPENDITORE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
	Payee name		
Date 02/25/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
, ,	4615 North Lamar Blvd		
\$7.37	Austin, TX 78756		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Copies	
OF EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
02/26/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
\$13,84	4615 North Lamar Blvd		
	Austin, TX 7 8756		
PURPOSE	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Office Supplies - tape, de	sk pad
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		, and the second	
Date	Payee name Office Max		
02/28/2012 Amount (\$)	Payee address City; State; Zip Code		
	4615 North Lamar Blvd		
\$8.63	Austin, TX 78 7 56		
	, ·		
-	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Copies	
OF EXPENDITURE	·		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enler a category not lisled above)

		· · · · · · · · · · · · · · · · · · ·	
1 PAGE # Schedule: 19/27	PREPORT: 120/130 FILER NAME Shea, Brigid (Ms.)	•	3 ACCOUNT # (TEC filers) 00006000
4 Date	5 Payee name		
03/05/2012	Office Max		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$75.75	4615 North Lamar Blvd Austin, TX 78756		
8 PURPOSE	(a) Category (See Calegories listed at the top of this schedule)	1 ' '	of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Office Equipment	
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/06/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
\$80.93	4615 North Lamar Blvd		
Ψ00.90	Austin, TX 78756		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office Supplies - printer int	
OF	Sillot Overridge Herrida Experies	Cines cappines printer in	, paper
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit CIOH			
Date	Payee name		
03/08/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
\$8.12	4615 North Lamar Blvd Austin, TX 78756		
	Addin, TA 70750		
 1	Category (See Categories listed at the top of this schedule)	Description (If travel outside of	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Copies, fax service	or rexas, complete schedule 1)
OF	Office Overhough tental Expense	Copies, lax service	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
_			
Date	Payee name		
03/08/2012	Office Max		
Amount (\$)	Payee address City; State; Zip Code		
\$186.69	4615 North Lamar Blvd Austin, TX 78756		
	Austin, 17 /0/00		
PURPOSE	Category (See Categories listed at the top of this schedule)		If Texas, complete Schedule T)
ÖF	Office Overhead/Rental Expense	Office Supplies - printer Ink	, hahei
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Canadato i Cingonolasi namo	Omoo oodgaa.	Omico froid,
to benefit C/OH			

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advartising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memoria Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Office Overhead/Renial Expense Loan Repayment/Reimbursement Transponation Equipment & Related Expense Contributions/Donations Made 8y Candidate/Officeholder/Potitical Committee OTHER (enter a category not listed above)

	The Instruction Guide explains ho	w to complete this form.	,
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 20/27	Report: 121/130 Shea, Brigid (Ms.)		00008000
4 Date	5 Payes name		
03/13/2012	Office Max		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$26,52	907 West Fifth Street Austin, TX 78703		
	Augin, TX 70700		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Copies	., 🗀
OF EXPENDITURE		'	
EX ENDITORE			
g Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
03/19/2012	Office Max		•
Amount (\$)	Payee address City: State; Zip Code		
\$148.78	4615 North Lamar Blvd		
4:10:70	Austin, TX 78756		
PURPOSE	Category (See Categories tisted at the top of this schedule)	•	e of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Office Supplies - printer in	nk, paper
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
	Change as the		
Date 03/20/2012	Payee name Office Max		
Amount (\$)	Payee address City; State; Zip Code		
\$19.49	4615 North Lamar Blvd		
Ψ10.40	Austin, TX 78756		
PURPOSE	Category (See Categories listed at the top of this schedule)	*	o of Texas, complete Schedule T) 🔲
OF	Printing Expense	Flyer Printing	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expanditure to benefit C/OH		2	-
Date 03/23/2012	Payee name Office Max		
V3/23/2012 Amount (\$)	Payee address City; State; Zip Code		
	4615 North Lamar Blvd		
\$108.44	Austin, TX 78756		
	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Copies	
EXPENDITURE			
A	Constitute / Office believe	Otton	Checker to mit of a
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Commiftee OTHER (enter a category not listed above)

1 PAGE#	Peport: 122/130 Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filer	s)
Schedule: 21/27	Tioport. 122/100	00006000	
4 Date	5 Payee name		
02/11/2012	Oliver, Bill (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$50.00	2728 S Congress		
	#12 Austin, TX 78704		
	745till, 77 70704		
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Event Expense	Musician Services for Campaign Office Open House)
EXPENDITURE			
	On the contract of the contrac	Office and the Office Label	
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:	
to benefit C/OH			
Date	Payee name		=
03/17/2012	Oliver, Bill (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
` '	11 _ `		
\$200.00	#12		
	Austin, TX 78704		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	亓
PURPOSE	Event Expense	Musician Services for Office Party	_
OF	Z votik Zaponoo	industrial controls for Chief Fally	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	_
direct expenditure		ŭ	
to benefit C/OH			_
Date	Payee name		
03/27/2012	Papa Johns		
Amount (\$)	Payee address City; State; Zip Code		
\$26.81	5343 Burnet Rd		
	Austin, TX 78756		
01100005	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Food/Beverage Expense	Dinner for campaign workers	
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:	
to benefit C/OH			
Date	Payee name		=
02/06/2012	Postal, etc.		
Amount (\$)	Payee address City; State; Zip Code		_
,			
\$8.88	5350 Burnet Rd Ste 8		
	Austin, TX 78756		
		Description //Firevel enteride of Tours asserted Onto 1 to 75	-
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) [Copies	٢
OF	Onice Overnead/nerital Expense	Oobies	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	_
direct expenditure	Sandidate / Smoothdadi Hamo	Office field.	
to benefit C/OH			

SCHEDULE F

EXPENDITURE CATEGORIES

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

	The memberior dobe explains not	T to complete time forms	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 22/27		<u> </u>	00006000
4 Date	5 Payee name		
02/10/2012	Postal, etc.		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$30.04	5350 Burnet Rd		
	Ste 8 Austin, TX 78756		
_		the Description of the second	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	, ,	e of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Copies	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	
_			
Date	Payee name		
02/09/2012	Saucedo, Jorge (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$30.00	2905 Cherry Ln Austin, TX 78617		
	Austin, 17 70017		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor for furnitu	
OF	Sularios viagos Somias East	Contract Education for further	ino movingrassombry
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name Shoehorn Design		
02/27/2012	Payee address City; State; Zip Code		
Amount (\$)	1010 E. 11th St		
\$541.25	Austin, TX 78702		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Logo Design	
OF EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
03/05/2012	South Austin Democrats		
Amount (\$)	Payee address City; State; Zip Code		
\$11.00	P.O. Box 152592		
φ17.00	Austin, TX 78715		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Fees	Membership Dues	
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan 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. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Shea, Brigid (Ms.) Schedule: 23/27 Report: 124/130 00006000 4 Date Payee name South Austin Democrats 03/12/2012 Amount (\$) Pavee address City; State; Zip Code P.O. Box 152592 \$50.00 Austin, TX 78715 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising Expense Membership List OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Payee name Date 04/02/2012 Square Amount (\$) Payee address City; State; Zip Code 110 5th Street \$164.71 San Francisco, CA 94103 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking Cumulative credit card processing fees for reporting OF period - reader #2 **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Square 04/02/2012 Amount (\$) Payee address City; State; Zip Code 110 5th Street \$381.85 San Francisco, CA 94103 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Cumulative credit card processing fees for reporting Accounting/Banking OF period - reader#1 **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Texas Democratic Party 03/22/2012 Amount (\$) Payee address City; State; Zip Code 505 West 12th Street \$100.00 Suite 200 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Political Donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan 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.

Schedule: 24/27 Report: 125/13 Shea, Bright (MS) G0006000	1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Complete DNATA Comp	Schedule: 24/27	Report: 125/130 Shea, Brigid (Ms.)		00006000
Samount (S)	4 Date	S Payee name		
S300.00 3.01 West Riverside Dr. Austin, TX 78704 B PURPOSE EXPENDITURE (a) Category Geo Categories Island at the top of this schedule) Event Expense (b) Description (proved cutside of Texas, complete Schedule T) Campaign Launch Party - Deposit Campaign Launch Party Campaign Staff dinner Campaign Staff	01/30/2012	Threadgill's World Headquarters		
Austin, TX 78704 Puppose	6 Amount (\$)	7 Payee address City; State; Zip Code		
B PURPOSE EVENTURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Category (See Categories listed at the top of this schedule) Event Expense (c) Category (See Categories listed at the top of this schedule) Event Expense (d) Category (See Categories listed at the top of this schedule) (d) Category (See Categories Issed at the top of this schedule) (e) Category (See Categories Issed at the top of this schedule) (f) Inscription (f) Investigation (f) Inve	\$300.00	301 West Riverside Dr.		
PURPOSE CONTINUE Page name PURPOSE EXPENDITURE Comparing NULL Amount (5) \$136.72 Page name Purpose EXPENDITURE Comparing ONLY of the Comparing Number of the Continue Comparing Number of the Continue Comparing Number of the Continue C	·	Austin, TX 78704		
PURPOSE EXPENDITURE Campleign CNLY if office cougniture Complete CNLY if office CNLY if offic				
Complete ONLY Candidate / Office holder name Office sought. Office held:			l l	
g Complete ONLY I Candidate / Officeholder name		Event Expense	Campaign Launch Party -	Deposit
Date Payee name Office sought: Office held:				
Date Payee name Office sought: Office held:				emanes.) = 6 =
Date C2/O1/2012 Amount (\$)		Candidate / Officeholder name	Office sought.	Office held:
Amount (S) \$136.72 Amount (S) \$136.72 Are page address City: State: Zip Code 30 West Riverside Dr. Austin, TX 78704 Category (See Categories listed at the top of this schedule) Food/Eeverage Expense Campaign staff dinner Cam				
Amount (S) \$136.72 Amount (S) \$136.72 Are page address City: State: Zip Code 30	Date	Pavee name		
Amount (\$) \$136.72 Payee address Oity: State: Zip Code 301 West Riverside Dr. Austin, TX 78704 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit of the state of the	. =			
PURPOSE OF EXPENDITURE Cangle ONLY if direct expenditure of the Expense Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Campaign staff dinner Office sought: Office held: Office held: Campaign staff dinner Campaign staff dinner Campaign staff dinner Office sought: Office held: Category (See Categories listed at the top of this schedule) Event Expense Category (See Categories listed at the top of this schedule) Campaign Launch Party Campaign Launch Party Campaign Launch Party Campaign staff dinner Office sought: Office held: Office held: Campaign staff dinner Category (See Categories listed at the top of this schedule) Campaign staff dinner Campaign staff dinner Category (See Categories listed at the top of this schedule) Campaign staff dinner Campaign staff dinner Description (if ravel outside of Texas, complete Schedule T) Campaign staff dinner Campaign staff dinner Category (See Categories listed at the top of this schedule) Office sought: Office held: Category (See Categories listed at the top of this schedule) Office Overthead/Rental Expenso Office Sought: Office held:	* *	T and		
Austin, TX 78704 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure of the expe	• '			
PURPOSE OF EXPENDITURE Complete ONLY if direct dependiture to benefit C/OH Date 02/03/2012 Payee name Tracadgill's World Headquarters Amount (\$) Payee address City; State; Zip Code 301 West Riverside Dr. Austin, TX 78704 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2012 T-Mobile Payee address City; State; Zip Code 301 West Riverside Dr. Austin, TX 78704 PURPOSE OF EXPENDITURE Candidate / Officeholder name Description (if travel outside of Texas, complete Schedule T) Campaign Launch Party Campaign Launch Party Date 02/17/2012 T-Mobile Amount (\$) Payee address City; State; Zip Code 4700 W Guadalupe STE 1 Austin, TX 78751 - PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Date 02/17/2012 T-Mobile Payee name 7-Mobile Category (See Categories listed at the top of this schedule) Office sought: Office held: Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if trave	⊅ 130./∠			
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit color of the complete only in the color of the colo				
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Amount (\$) \$170.60 S170.60 S17				
S170.60 301 West Riverside Dr. Austin, TX 78704 Category (See Categories listed at the top of this schedule) Event Expense Campaign Launch Party Office held: Campaign Launch Party Campaign Launch Party Campaign Launch Party Office held: Campaign Launch Party Campa		Tr 1		
Austin, TX 78704 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2012 Amount (\$) Payee address City; State; Zip Code 4700 W Guadalupe STE 1 Austin, TX 78751 PURPOSE OF EXPENDITURE Purpose OF EXPENDITURE Candidate / Office Politic Response City; State (City) State; Description (If travel outside of Texas, complete Schedule T)				
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Complete ONLY if direct expenditure to benefit C/OH Date O2/17/2012 Payee name T-Mobile Amount (\$) Payee address City: State; Zip Code 4700 W Guadalupe STE 1 Austin, TX 78751 PURPOSE OF EXPENDITURE Complete ONLY it direct expenditure Complete ONLY it direct expenditure Complete ONLY it direct expenditure Candidate / Office holder name Office sought: Office held:	PURPOSE		· ·	or rexas, complete schedule ()
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direct expenditure to benefit C/OH Date	EXPENDITURE			
direct expenditure to benefit C/OH Date	Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
Date 02/17/2012 T-Mobile Amount (\$) Payee address City; State; Zip Code \$87.59 4700 W Guadalupe STE 1 Austin, TX 78751 - Category (See Calegories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY it direct expenditure Office and office held:	direct expenditure			
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STE 1 Austin, TX 78751 - Category (See Calegories listed at the top of this schedule) OF EXPENDITURE Complete ONLY it direct expenditure Complete ONLY it direct expenditure	Amount (\$)	Payee address City; State; Zip Code		
PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Office held: STET Austin, TX 78751 - Category (See Calegories listed at the top of this schedule) Office Overhead/Rental Expense Description (If travel outside of Texas, complete Schedule T) Phones Phones Office Sought: Office held:	\$87.59			
PURPOSE OF Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY it direct expenditure Candidate / Officeholder name Office sought: Office held:	ψο			
PURPOSE OF EXPENDITURE Office Overhead/Rental Expense Phones Complete ONLY it office held: Office sought: Office held:		AUSTIN, TX 7875T *		
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Complete ONLY it office holder name Office sought: Office held:		Office Overhead/Rental Expense	Phones	
dîreci expenditura				
dîreci expenditura				
		Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

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

	THE INCIDENCE CAPILITIES HER	
1 PAGE # Schedule: 25/27	2 FILER NAME Report: 126/130 Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00006000
4 Date	5 Payee name T-Mobile	
03/18/2012 6 Amount (\$) \$55.13	7 Payee address City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Phone service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 02/06/2012	Payee name Tops - South	
Amount (\$) \$50.00	Payee address City; State; Zip Code 1300 E 5th St Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Campaign office furniture
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought; Office held:
Date 02/08/2012	Payee name Tops - South	
Amount (\$) \$12.99	Payee address City; State; Zip Code 1300 E 5th St Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Office Supplies - cables
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 03/28/2012	Payee name Unicom Wireless	
Amount (\$) \$135.27	Payee address City; State; Zip Code 5905 Burnet Rd Austin, TX 78754	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Phones
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	THE INSTRUCTION GUIDE EXPIRITISTION	T to complete time form.	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
	Ile: 26/27 Report: 127/130 Shea, Brigid (Ms.) 00006000		
4 Date	5 Payee name		
02/21/2012	United States Postal Service Northcross Station		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$90.00			
Ψ00.00	Austin, TX 78757		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE	Solicitation/Fundraising Expense	Postage	
OF EXPENDITURE			
EXPERION ONE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Curious Formation Control		S.1136
to benefil C/OH			
Date	Payee name		
03/07/2012	United States Postal Service Northcross Station		
Amount (\$)	Payee address City; State; Zip Code		
\$39.68			
ψυσ.υυ	Austin, TX 78757		
 -	Category (See Categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE	Solicitation/Fundraising Expense	Postage	10 Or) GARG, GOTTPIOTO SOTTETION
OF EXPENDITURE	Continuent and areing in particular	1 55.03-	1
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Odilated St. St. St. St.	5	5
to benefit C/OH	<u> </u>		
Date	Payee name		
03/07/2012	United States Postal Service Northcross Station		
Amount (\$)	Payee address City; State; Zip Code		
\$90.00	7700 Northcross Dr		
, , , , , ,	Austin, T X 78757		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE	Solicitation/Fundraising Expense	Postage	· · · · · · · · · · · · · · · · · · ·
OF EXPENDITURE	1		
EXPERIENCE	1		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
to benefit C/OH			
Date	Payee name		
02/01/2012	Worley Printing Co., Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$101.76	3217 North IH 35		
•	Austin, TX 78722		
	<u></u>		
	Category (See Categories listed at the top of this schedule)	Description (If trave) outsid	de of Texas, complete Schedule T)
PURPOSE	Printing Expense	Printing - posters, sticker	
OF EXPENDITURE	1		
EXPERIOR	I		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	1	· ·	
to benefit C/OH			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gills/Awards/Memorial Expense Legal Services Food/Beverage Excense Polling Expense Printing Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense Coan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 PAGE#	2 FILEH NAME	3 ACCOUNT # (TEC filers)
Schedule: 27/27		00006000
4 Date	5 Payee name	
02/20/2012	Worley Printing Co., Inc.	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$606.20	3217 North IH 35	
	Austin, TX 78722	
	11.61	47.5
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (Il fravel outside of Texas, complete Schedule T) Printing - posters, stickers, banner
OF	Filling Expense	Printing - posters, stickers, pannar
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	· Office sought: Office held:
direct expenditure to benefit C/OH	•	
	I Barra sama	
Date	Payee name	
03/02/2012	Worley Printing Co., Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$94.18	3217 North IH 35 Austin, TX 78722	
	, , , , , , , , , , , , , , , , , , ,	
	Category (See Categories listed at the top of this schedule)	Description (II travel outside of Texas, complete Schedule 1)
PURPOSE	Printing Expense	Printing - stickers
OF EXPENDITURE		
ERI ZNON GILE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
03/24/2012	Worley Printing Co., Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$5,043.37	3217 North IH 35	
νο,υ ν ο,υν	Austin, TX 78722	
_	Category (See Categories listed at the top of this schedule)	Description (If travel putside of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Yard signs, remit envelopes, doorhangers, business
EXPENDITURE	•	cards, letterhead/envelopes, lapel stickers
	* *** *** *** *** *** *** *** *** ***	
Complete ONLY if it direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
03/07/2012	yousendit	
Amount (\$)	Payee address City; State; Zip Code	-
\$9.99	1919 S Bascom Ave	
7 - 12 2	3rd Floor Campbell, CA 95008	
	Сапірвен, СА эроб	
DUBBOOK	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	File Sharing Subscription Service
EXPENDITURE		
Committee Children	Candidate / Officeholder name	Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Onicenoider name	Office sought: Office held:
to cenefit C/OH		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicilation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan 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 ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re	eport: 129/130	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name	•		
01/22/2012	Elsi's Restau	ırant		
6 Amount (\$)	7 Payee addres		•	
\$38.01	6601 Burnet	Road		
Reimbursement from political contributions intended	Austin, TX 7	0740		
8		e Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Food/Bevera	age Expense	Campaign staff breakfast	
EXPENDITURE				
Date	Payee name	wont		
01/24/2012	Elsi's Restau			
Amount (\$)	Payee address			
\$16.39	6601 Burnet Austin, TX 7			
Reimbursement from political contributions intended	,			
CONTRIBUTIONS INCOMES	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Food/Bevera		Campaign staff breakfast	
OF EXPENDITURE				
		*		
Date	Payee name			-
01/02/2012	-	ncy and Staple		
Amount (\$)	Payee address	s City; State; Zip Code		
\$86.33	609 W. 6th S			
Reimbursement from political contributions intended	Austin, TX 7	8/01		
contributions intended	0.000	O has fire light to define the of this cohesida.	Description (Management	-477
PURPOSE	Food/Bevera	Categories listed at the top of this schedule)	Description (If travel outside Lunch for volunteers	of Texas, complete Schedule T)
OF	1 OOG/Devela	ge Expense	Editor 101 Volunteers	
EXPENDITURE				
		•		

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # Schedule: 1/1		Report: 130/130			
2 FILER NAME	Shea, Brigid (Ms.)		ACCOUNT # 00006000	(Ethics Commission file	its)
4 Date	5 Name of person from whom amount is received JPMorgan Chase Bank, N.A.			8 Amount (\$)	
02/06/2012	6 Address of person from whom amount is received; City; State; Zip Code 7600 Burnet Road Austin, TX 78757				\$0.03
	7 Purpose for which amount is received Interest on Checking Account				
Date	Name of person from whom amount is received JPMorgan Chase Bank, N.A.			Amount (\$)	
03/06/2012	Address of person from whom amount is received; City; State; Zip Code 7600 Burnet Road				\$0.04
	Austin, TX 78757				
	Purpose for which amount is received Interest on Checking Account				
Date	Name of person from whom amount is received Paypal	<u> </u>		Amount (\$)	
02/27/2012	Address of person from whom amount is received; City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125				\$0.27
	Purpose for which amount is received Credit to verify bank account				
	·				

individual's residence.)

Name of Candidate/Officeholder: Brigid Shea

PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

•
Enter the name and address of any person who has solicited and obtained contributions
on your behalf during the reporting period of \$200 per person from five or more
individuals. (This requirement does not apply to an individual who raises funds in total
amount of \$5,000 or less for a candidate through a fundraising event held at the

Name of person soliciting contributions	Address
Diane Hyatt *	400 N Lowell Ln, Austin, TX 78733
	(fundraising event at this residence)

Reminder: This form is to identify bundlers, i.e. individuals who solicit and obtain contributions on your behalf. Remember there is a separate form to identify the *actual* donors (C/OH).

All Contributions shown on C/OH from "bundlers" are marked with asterisks as shown above in their respective employer/occupation information.

AUSTIN CITY CLERK RECEIVED

2012 MAY 4 PM 4 48

DISCLOSURE OF LOANS AND EXPENDITURES FROM PERSONAL FUNDS OF A CANDIDATE OR OFFICEHOLDER

This report is for candidates or officeholders who loan personal funds to his/her campaign or make expenditures from personal funds in support of his or her campaign. The amounts loaned or expended shall be reported as follows.

Beginning on the date an individual becomes a candidate in a city election and continuing until midnight on the tenth day before a city election, a candidate shall report the new loans or expenditures cumulating to \$25,000 or more within seven business days. Additional loans or expenditures must be reported within seven business days each time they cumulate to \$25,000 or more. [2-2-27(A)(1)]

If the expenditures cumulating to \$25,000 or more occur during the period beginning on midnight on the 10^{th} day before an election and ending at midnight on the day before the election, the report shall be filed within twenty-four hours with the City Clerk. [2-2-27(A)(2)]

Name of Candidate/Officeholder: Brigid Shea			
Repo	rting Period:		
X	First day of candidacy – Midnight on the 10 th day prior to city election		
Midnight on the 10 th day before city election – Midnight on the day before election			
Enter tl	he following information concerning loans of personal funds to the campaign:		

Amount of loan	Date of loan
40,000.00	5-2-2012

Enter the following information concerning the person or persons to whom expenditures were made from personal funds and the total amount, purpose and date of each expenditure:

Name	Street Address	Amount	Purpose	Date

STATE OF TEXAS

VERIFICATION

I swear that the preceding disclosure of loans and expenditures from personal funds of a candidate or officeholder, filed herewith is in all things true and correct, and fully shows all information required to be reported by me pursuant to Section 2-2-32 City Code for the reporting period indicated.

Signature of Candidate/Officeholder

VERIFICATION FOR ELECTRONIC FILING

AFFIDAVIT

I, Brigid Shea report filed on electronic disk is true and co be reported by me under Title 15, Election C	swear or affirm, that the accompanying rect and includes all information required to code.
5-2-2012 Date	Signature - Candidate or Officeholder
Sworn to and subscribed before me, by the substribed this the 4th day of May my hand and seal.	aid Brigid Shea, , 2001a, to certify which, witness
SEAL STATE OF TEXAL May Corners, Exp. May 8	s WM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	IDE EXPLAINS how to complete this for	m. 1 ACCOUNT (Ethics Comm	nission filers)	2 PAGE # 1 of 72
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR FIRST Ms. Brigid		Mř	OFFICE USE ONLY
NAME	NICKNAME LAST Shea		SUFFIX	Dale Received AUSTI R
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 2604 Geraghty Ave. Austin, TX 78757	CITY; STA	te; zip code	AUSTIN RECEipt # Amounts
5 CAMPAIGN	MS/MRS/MR FIRST		MI	Date Processed
TREASURER NAME	Ms. · Danette			Date Imaged
	NICKNAME LAST Chimenti		SUFFIX	***************************************
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 200 The Circle Austin, TX 78704	APT / SUITE #: CITY	; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 912-8290	ЕХТІ	ENSION	
8 REPORT TYPE			noff ceedod \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Altach C/OH - FR)
		_		
9 PERIOD COVERED	Month Day Year 04/03/2012	THROUGH	Month Day 05/02/201	Year
10 ELECTION	ELECTION DATE ELE Month Day Year 05/12/2012	ECTION TYPE Primary Run	off X	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFF May	ICE SOUGHT (if known)	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

Brigid (Ms.)		14 ACCOUNT 00006000	
have been made with	out the candidate's or officeholder's knowledge or consent. Candidat		
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL	COMMITTEE ADDRESS		
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
		\$	178.00
		\$	30,853.90
3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00
4. TOTAL F	OLITICAL EXPENDITURES	\$	39,744.90
		\$	84,550.76
		\$	65,000.00
	is true and correct and includes	all information re	
Notary Public	May Signature of Ca	Reg andidate or Offic	eholder
nm. Exp. May 8, 2012 TAMP / SEAL ABOV			.
1	9	, this the	4th_day
Multiple of the state of the st	Print name of officer administering oath	Title of officera	dministering oath
	This box is for no have been made with information only if the COMMITTEE TYPE GENERAL GENERAL SPECIFIC 1. TOTAL P PLEDGE 2. TOTAL P (OTHER 3. TOTAL P LAST DA 6. TOTAL P LAST DA 6	This box is for notice of political expenditures by political committees to support the can have been made without the candidate's or officeholder's knowledge or consent. Candidatinformation only if they receive notice of buch expenditures COMMITTEE TYPE COMMITTEE NAME COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN THEASURER NAME COMMITTEE CAMPAIGN THEASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUAHANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAHANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Code and Company Public Code and Cod	This box is for notice of political expenditures by political committees to support the candidate / office-holds have been made without the candidate's or office-holder's knowledge or consent. Candidates and office-holder information only if they receive notice of such expenditures COMMITTEE TAME COMMITTEE TAME COMMITTEE CAMPAIGN TREASURER NAME 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 4. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$ 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1. SWEAR, OR affirm, under penalty of perjury, that it is true and correct and includes all information reme under Title 15, Election Code. INV. JORDAN Signature of Candidate or Office

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/9	56 Report: 3/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IDe Allbright, Erika (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 3309 Merrie Lynn Austin, TX 78722		\$20.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal оссыр	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (IDA Alsup, Marion (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2012	Contributor address; City; State; Zip Code 2311 Pruett		\$50.00	
	Additi, 177700			
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions) ,	
Date	Full name of contributor ut-of-state PAC (ID# Alsup, Marion (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Alsup, Mitch (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703		\$100.00	
	•		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Anderson, Barbara (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2012	Contributor address; City; State; Zip Code 8451 Antero Dr Austin, TX 78759		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	56 Report: 4/72
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Anderson, Leslie (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/02/2012	6 Contributor address; City; State; Zip Code 10233 Snapdragon Dr Austin, TX 78739		\$175.00	
					Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Arbuckle, Michael (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2012	Contributor address; City; State; Zip Code 1811 Burbank St. Austin, TX 78757		\$250.00	
				(If travel outside of	Texas, complete Schedulo T)
	Principal occup Director	pation / Job title (See Instructions)	Employer (See Ins Pilates Center o		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2012	Contributor address; City; State; Zip Code 3005 McEtroy Dr Austin, TX 78757		\$50.00	f
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2012	Contributor address; City; State; Zip Code 3600 S. 2nd Austin, TX 78704		\$100.00	!
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	etructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2012	Contributor address; City; State; Zip Code 1221 Algarita Ave #159 Austin, TX 78704		\$10.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	56 Report: 5/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
<u> </u>				1.2
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Bailey, Brooke (Ms.)	;)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 1801 West 10th St Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 2301 Windsor Rd Austin, TX 78703		\$100.00	
	7,00,00			I
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 2730 Tether Tr Austin, TX 78704		\$40.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	-
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2012	Contributor address; City; State; Zip Code 9011 Blue Quail Austin, TX 78758		\$100.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Toxas, complete contoale ()
,p.,			,	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 5104 Beverly Skyline Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa Professor	ation / Job title (See Instructions)	Employer (See Ins UT Austin		, , , , ,

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/	56 Report: 6/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID-Beck, Marita (Ms.)	4)	7 Amount of contribution (\$)	8
04/04/2012	6 Contributor address; City; State; Zip Code 2700 Pegram Ave Austin, TX 78757		\$40.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of co ntributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 3201 Darnell Austin, TX 78745		\$100.00	} {
			//d duming) d - ? . d d	Tauran and an alam Cabadala Ti
Daine la et a cons		Englaver (Contra		Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
D a te	Full name of contributor])	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12/2012	Contributor address; City; State; Zip Code 2013 Emma Long St Austin, TX 78723		\$30.00	
			(If travel outeide of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	-	
· .			,	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/11/2012	Contributor address; City; State; Zip Code 3203 Cupid Dr Austin, TX 78735		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	_
Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 4414 Three Creek Trail Spicewood, TX 78669		\$50.00	
			All demonstrates and the second	
Delania al ansura	ation / Job title /Con Instructions	Employer /Coc las		Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/	56 Report: 7/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/18/2012	6 Contributor address; City; State; Zip Code 1504 Canterbury St Austin, TX 78702		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 1007 West Mary St Austin, TX 78704		\$25.00	
				'
	<u>'</u>		,	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 24815 Hamilton Pool Rd Round Mountain, TX 78663		\$40.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/23/2012	Contributor address; City; State; Zip Code 909 Post Oak Austin, TX 78704		\$250.00	
			(If travel outside of	Texas, complete Schodule T)
Principal occup Physician	ation / Job title (See Instructions) .	Employer (See Ins Texas Medical I		
Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 212 West 33rd St Austin, TX 78705		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Energy Devel	ation / Job title (See Instructions) opment	Employer (See Ins Pioneer Green E		

The lestaucte	on Guide explains how to complete this form.		1 PAGE# Schedule: 6/	56 Report: 8/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	/)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 212 West 33rd St Austin, TX 78705	,	\$250.00	
	,		(If travel outside of	Texas, complete Schedule T)
9 Principal occur Energy Deve	pation / Job title (See Instructions) Iopment	10 Employer (See In Ploneer Green I		
Date	Full name of contributor]	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1105 West Annie Austin, TX 78704	,	\$50,00	
			(if iraval autaida af	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	-	Texas, complete settender 17
Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2012	Contributor address; City; State; Zip Code 6300 Wallace Cove		\$50.00]
	Auslin, TX 78750		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID# Brooks, Suzee (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 4900 Avenue H Austin, TX 78751		\$50.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2012	Contributor address; City; State: Zip Code 2620 Berkett Dr Austin, TX 78745	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Business Ana	ation / Job title (See Instructions) lyst	Employer (See Ins Texas Health an	structions) id Human Service	s Commission

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/5	56 Report: 9/72
2 FILER NAM	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Burr, Lisa (Ms.)	#)	7 Amount of contribution (\$)	8
05/01/2012	6 Contributor address; City; State; Zip Code 609 Westbrook Dr. Austin, TX 78746	•••••	\$125.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Burr, Mark (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 609 Westbrook Dr. Austin, TX 78746		\$125.00	1
			(If travel outside of	Texas, complete Schedule T)
Dringing on	upotion / Joh title (Con Instructions)	Employer (Coo.lo	· ·	Tokas, somplets consult ()
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 4509 Sinclair Ave Auslin, TX 78756		\$25.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In:	-	texas, compare sements (,
	apation 7 coo title (coo their detaile)	Employer (edd m	on delicine)	
Dale	Full name of contributor ut-of-state PAC (ID: Butler, Chris (Mr.)	†)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 4105 Ramsey Ave Austin, TX 78756		\$5.00)
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 609 A West Annie St Austin, TX 78704		\$20.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See Ins		, : : : : : : : : : : : : : : : : : : :
i illicipal occ	Spation (ooo into (ooo instructions)	Employer (Oce Ins	Aldelions)	

Texas Ethics Commission

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	56 Report: 10/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID)	<i>#</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 2710 West 49th 1/2 St Austin, TX 78731		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2012	Contributor address; City; State; Zip Code 7327 Bryan St Philadelphia, PA 19119		\$250.00	
	,		(If travel outside of	Texas, complete Schedule T)
Principal occup Inventor	ation / Job title (See Instructions)	Employer (See Ins Penn-Century Ir		
Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Chiarello, Stephanie (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 4600 Mueller Blvd #3126 Austin, TX 78723		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1807 Treadwell Austin, TX 78704		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/	56 Report: 11/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IDa Clark, Ann (Ms.)	/)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/21/2012	6 Contributor address; City; State; Zip Code 906 Red Bud Trail Austin, TX 78746		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Kitchen Design	pation / Job title (See Instructions) gn Consultant	10 Employer (See In Self	structions)	
Date	Full name of contributor	<u>')</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 4100 Bluffridge Dr Austin, TX 78759		\$25.00	
	Ausun, 17/0/39			ı
Delegies	ction / John title /Con John visions)	Employed (October		Texas, complete Scheduls T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Clarke, Margot (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2012	Contributor address; City; State; Zip Code 5106 Evergreen Ct.		\$100.00	
	Austin, TX 78731		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Coldiron, Ron (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 6509 Marblewood Austin, TX 78731		\$50.00	! !
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 2311 Riverside Farms Austin, TX 78741		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The INSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/56 Report: 12/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Annount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2012	6 Contributor address; City; State; Zip Code 5008 Eilers Ave. Austin, TX 78751		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2012	Contributor address; City; State; Zip Code 5008 Eilers Ave. Austin, TX 78751		\$50.00	
				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 1604 Leigh St Austin, TX 78703		\$175.00	 -
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 1604 Leigh St Austin, TX 78703		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/2012	Contributor address; City; State; Zip Code 913-B Sirocco Dr Austin, TX 78745		\$50.00	
	7.00dii, 17.70740			·
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The INSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	/56 Report: 13/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/01/2012	6 Contributor address; City; State; Zip Code 913-B Sirocco Dr Austin, TX 78745		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/2012	Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 10233 Snapdragon Dr Austin, TX 78739		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2012	Contributor address; City; State; Zip Code P.O. Box 3048 Austin, TX 78764		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 3001 Cherrywood Austin, TX 78722		\$3.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	1/56 Report: 14/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: DiLeo, Tracy (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703		\$350.00] } }
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Executive	pation / Job title (See Instructions)	10 Employer (See In Killam Co	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Dittmar, Christina (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2012	Contributor address; City; State; Zip Code 904 Ebony St Austin, TX 78704		\$50.00	
	Austill, 1770704			
			·	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Divine, Deda (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code P.O. Box 1724 Blanco, TX 78606		\$100.00	
			,	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Dixon, Christine (Ms.)	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1411 Brentwood St Austin, TX 78757		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Dolis, George (Mr.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 704 W Gibson St. Austin, TX 78704		\$250.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	·	

The less	яистюм Guide explains how to complete this form.		1 PAGE# Schedule: 13	3/56 Report: 15/72
2 FILER	AME Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (II Donovan, Brian (Mr.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2	6 Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751	3	\$100.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principa	occupation / Job title (See Instructions)	10 Employer (See In	structions)	
		<u> </u>	,	
Date	Full name of contributor out-of-state PAC (II Doze, Danny (Mr.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2	Contributor address; City; State; Zip Code 2210 Enfield Rd #10 Austin, TX 78703	······	\$25.00	{ }
			(If travel outside of	Texas, complete Schedule T)
Principa	occupation / Job title (See Instructions)	Employer (See In:	structions)	-
Date ,	Full name of contributor ut-of-state PAC (II Drapen, Gigi (Ms.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2	Contributor address; City; State; Zip Code 2414 Elmglen Dr Austin, TX 78704)	\$10.00	{
			(If travel outside of	Texas, complete Schedule T)
Principa	occupation / Job title (See Instructions)	Employer (See Ins		Tokas, complete conductor,
			,	
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2	Contributor address; City; State; Zip Code 10301 Ranch Road 2222 #2122 Austin, TX 78730	:	\$50.00	
			(If travel outside of	Texas, complete Schedulo T)
Principal	occupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID Dubay, Debrah (Ms.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2	Contributor address; City; State; Zip Code 10301 Ranch Road 2222 #2122 Austin, TX 78730		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See Ins		

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	1/56 Report: 16/72
2 FILER NAM	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Dubose, Louis (Mr.)	#)	7 Amount of contribution (\$)	8
05/02/2012	6 Contributor address; City; State; Zip Code 2312 Pruett St Austin, TX 78703		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	ý)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 902 B Ramble Ln Austin, TX 78745		\$350.00	
			(If trough outside of	Tayon samplete Sahadula Ti
Dringing 1 age	upation / Job title (See Instructions)	Employer (See In:	•	Texas, complete Schedule T)
	ervices Manager	Roche	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Dunlap, Bridget Marie (Ms.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 1503 Betty Jo Dr Austin, TX 78704		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Echols, Catharine (Ms.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 508 Harris Ave Austin, TX 78705		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Eichberg, Adam (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1122 Gaylord St Denver, CO 80206		\$175.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occi	pation / Job title (See Instructions)	Employer (See Ins		Siller, complete delloadie ()
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/56 Report: 17/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8
05/02/2012	6 Contributor address; City; State; Zip Code 1122 Gaylord St Denver, CO 80206		\$175.00	1 1 1
			(If travel outside of	Texas, complete Schedule T)
g Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2012	Contributor address; City; State; Zip Code 10300 Jollyville Rd #720 Austin, TX 78759	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00	
				'
Deinain of cases		Considerate (October		Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2012	Contributor address; City; State; Zip Code 508 Treys Way Austin, TX 78745		\$350.00] -
			`	Texas, complete Schedule T)
Principal occup Carpenter	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	/)	Атоunt of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1700 Madison Ave Austin, TX 78757		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Falls, Beth (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2012	Contributor address; City; State; Zip Code 5831 Secrest Dr		\$50.00	
	Austin, TX 78759			-
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ON Guide explains how to complete this form.		1 PAGE# Schedule: 16	6/56 Report: 18/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Fantl, Nina (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/18/2012	6 Contributor address; City; State; Zip Code 601 S. 3rd St Austin, TX 78704		\$80.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Faust, Eric (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 823 E 53rd St Austin, TX 78751		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
	Dation / Job title (See Instructions)	Employer (See In	,	
Executive Di	rector	J/24 Class Asso	ociation	
Date	Full name of contributor ut-of-state PAC (ID-	/	Amount of	In-kind contribution
	Feinberg, Paula (Ms.)	,	contribution (\$)	description (if applicable)
04/05/2012	Contributor address; City; State; Zip Code 6005 Balcones El Paso, TX 79912		\$150.00	
	27 430, 77 7372		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
		, , ,		
Date	Full name of contributor ut-of-state PAC (ID# Fisher, Cindy (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2012	Contributor address; City; State; Zip Code 1812 Vallejo St Austin, TX 78757		\$150.00	;
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Software Eng	ineer	Emerson		
Date	Full name of contributor ut-of-state PAC (ID# Fisher, Cindy (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code		\$60.00	
00.02.20 12	1812 Vallejo St Austin, TX 78757		\$30.00 j	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		
Software Eng		Emerson		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/56 Report: 19/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Ford, Charlie (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 625 Bentwood St Austin, TX 78752		\$100.00	! ! !
			L *	Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/24/2012	Contributor address; City; State; Zip Code 2602 Cavileer Ave Austin, TX 78757		\$7 5.00	
			(14.4	T
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Timolpai occup	valion / bob line (566 manbellons)	Employer (Gee in	Sit decitoris)	
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 3301 Govalle Ave. Austin, TX 78702		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 1510 Newton Austin, TX 78704		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2012	Contributor address; City; State; Zip Code 5732 Gorham Glen Ln Austin, TX 78739		\$50.00	
			/il traval autolda of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		reads, complete schedule ()
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The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 18/56 Report: 20/72
2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (Ethics Commission filers) 00006000
4 Date 5 Full name of contributor 0 out-of-state PAC (ID#) Gage, Leslie (Mr.)	7 Amount of 8 In-kind contribution contribution (\$) 1 description (if applicable)
05/02/2012 6 Contributor address; City; State; Zip Code P.O. Box 5816 Austin, TX 78763	\$350.00 1
	(Il travel cutside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Retired 10 Employer (See Instructions) N/A	structions)
Date Full name of contributor Dout-of-state PAC (ID#) Gammon, Regan (Ms.)	Amount of I In-kind contribution contribution (\$) description (if applicable)
O4/24/2012 Contributor address; City; State; Zip Code 3125 Hemphill Pk Austin, TX 78705	\$100.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Ins	structions)
Date Full name of contributor Out-of-state PAC (ID#) Gammon, William (Mr.)	Amount of In-kind contribution contribution (\$) description (if applicable)
04/24/2012 Contributor address; City; State; Zip Code 3125 Hemphill Pk Austin, TX 78706	\$100.00
	(If travel outside of Texas, complete Schedute T)
Principal accupation / Job title (See Instructions) Employer (See Instructions)	etructions)
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
05/01/2012 Contributor address; City; State; Zip Code 2513 Nottingham Ln Austin, TX 78704	\$100.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Inst	tructions)
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
05/01/2012 Contributor address; City; State; Zip Code 2308 Canterbury St Austin, TX 78702	\$25.00
	(If trayel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	9/56 Report: 21/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/21/2012	6 Contributor address; City; State; Zip Code 4314 Ave G Austin, TX 78751		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 3803 Willowbrook Dr. Austin, TX 78722		\$25.00	
			(II travel outside of	Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See In	•	Texas, complete schedule 1)
7 mapar ooos	and the test mentalies	Employer (eee ar	on donorio,	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2012	Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedulo T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID# Gibbons, Heidi (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703		\$50.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 1425 Cloverleaf Dr. Austin, TX 78723		\$25.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	. c c c c c c c c
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The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 20	0/56 Report: 22/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IDA Glass, Pam (Ms.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/15/2012	6 Contributor address; City; State; Zip Code 1701 Pheasant Roost Austin, TX 78758		\$50.00	
			1 '	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2012	Contributor address; City; State; Zip Code 6103 Cary Dr Austin, TX 78757		\$40.00	[
	Austin, 17/0/3/			l —
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 2405 Forest Avenue Austin, TX 78704		\$30.00	
	,			Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 700 Zennia St Austin, TX 78751		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 2607 Pinewood Terrace Austin, TX 78757		\$50.00	
	I		(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 21	/56 Report: 23/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID-Guerrero, Linda (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/04/2012	6 Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705		\$65.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Guerrero, Linda (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2012	Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Oringinal ageur	 pation / Job title (See Instructions)	Employer (See In		rexas, complete schedule ()
Principal occup	nation 7 300 title (See Instructions)	Employer (See iii	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705		\$35.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hall, Whitney (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1603 Taylor Gaines Austin, TX 78741		\$10.00	
			(If travel outside of	Toxas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2012	Contributor address; City; State; Zip Code 1510 Garner Ave Austin, TX 78704		\$50.00	
	•		//f trough autolide of	Tours nomplete Cabadda To
Deinelast assir	ation / Joh titla (Saa Instructions)	Employer/Con In	*	Texas, complete Schedule T)
enn c ipal occup	ation / Job title (See Instructions)	Employer (See In:	suddions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	2/56 Report: 24/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor uot-of-state PAC (ID: Hanson Correa, Kathy (Ms.)	<u> </u>	7 Amount of contribution (\$)	8
04/05/2012	6 Contributor address; City; State; Zip Code 7809 Gault St Austin, TX 78757		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2012	Contributor address; City; State; Zip Code 9501 Rolling Oaks Tr Austin, TX 78750		\$50.00	!
			///	· *
B ::		F	7	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 2601 Albata Ave Austin, TX 78757		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/24/2012	Contributor address; City; State; Zip Code 411 B West Johanna St Austin, TX 78704		\$75.00	1 }
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/18/2012	Contributor address; City; State; Zip Code 2401 Bahama Austin, TX 78733		\$50.00	
			/If trough must the - **	Young complete Only and W.
Dringing occur	ation / Job title (See Instructions)	Employer (Coo Inc	_	Texas, complete Schedule T)
г инсіраї оссир	ation / Job title (See instructions)	Employer (See Ins	aructions)	

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	The Instructor	อง Guine explains how to complete this form.		1 PAGE# Schedule: 23	1/56 Report: 25/72
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Dale	5 Full name of contributor ut-of-state PAC (ID# Hendrikz, Earl (Mr.)	<u>/)</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/02/2012	6 Contributor address; City; State; Zip Code 5904 Mountain Austin, TX 78731		\$10.00	[-
				(il travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2012	Contributor address; City; State; Zip Code 1403 Ulit Ave Austin. TX 78702		\$100.00	
				(II travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2012	Contributor address; City; State; Zip Code 4406 B Bennett Ave Austin, TX 78751		\$25.00	
				(ii travel outside of	Toxes, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	'	
	· · · · · · · · · · · · · · · · · · ·			······································	
	Dale	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2012	Contributor address; City; State; Zip Code 4406 B Bennett Ave Austin, TX 78751	·	\$30.00	
					Texae, complete Schedule T)
	Principal occup	ation / Job fitle (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2012	Contributor address; City; State; Zip Code 902 Gamer Ave Austin, TX 78704	, , , , , , , , , , , , , , , , , , , ,	\$25.00]	
		4		(it trave) outside of	Toxas, complete Schedule T)
	Principal occupi	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 24	1/56 Report: 26/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Hinze, Kathy (Ms.)	t)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 11406 Boulder Ln Austin, TX 78726		\$150.00	
				Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Holland, Jim (Mr.)	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 110 West Elizabeth St Austin, TX 78704		\$40.00	
			(If traval autaida at	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	,	rexas, complete Schedule 1)
r meipar occur	valion / Job title (Jee mandolions)	Employer (See Inc	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code		\$350.00	
	Austin, TX 78733		(If travel outside of	Texas, complete Schedule T)
Principal occup Real Estate Ir	pation / Job title (See Instructions) nvestor	Employer (See Ins Self	atructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 9101 La Cresada Dr #2036 Austin, TX 78749		\$10.00	
	•		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code P.O. Box 684954 Austin, TX 78768		\$15.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

TDD 1-800-735-2989

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 25	5/56 Report: 27/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 4521 Heritage Well Ln Round Rock, TX 78665	•••••	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Paralegal	ation / Job title (See Instructions)	10 Employer (See In: Nassour Law Fi		
Date	Full name of contributor ut-of-state PAC (ID# Hunt, Amy (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2012	Contributor address; City; State; Zip Code 2408 Bluffview Dr. Austin, TX 78704		\$25.00	
	Adding TX 7070-1			
			,	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2012	Contributor address; City; State; Zip Code 2602 Cavileer Ave Austin, TX 78757		\$75.00	
			·	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Issa, Michel (Mr.)	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 4017 Greystone Dr Austin, TX 78731		\$350.00 _[! [!
			(If travel outside of	Texas, complete Schedule T)
Principal occupa Owner/Manag	ation / Job title (See Instructions) jer	Employer (See Ins University Realty		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/24/2012	Contributor address; City; State; Zip Code 1000 West 39th St Austin, TX 78756		\$250.00 	 -
			/if travel outside of	Texas, complete Schedule T)
Principal occupa Optometrist	ation / Job title (See Instructions)	Employer (See Ins Self		Texas, complete schedule 1)

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 26	6/56 Report: 28/72
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Jenkins, Sharon (Ms.))	7 Amount of contribution (\$)	6 In-kind contribution description (if applicable)
(05/02/2012	6 Contributor address; City; State; Zip Code 3211 Larry Ln Austin, TX 78722		\$10.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(05/01/2012	Contributor address; City; State; Zip Code 555 E 5th St Austin, TX 78701		\$100.00	! } !
		·		(14 4	·
	Daine i e al e e e e	Land Carlos (Carlos Assets as Assets	F l (O 1	l -	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(05/02/2012	Contributor address; City; State; Zip Code 6102 Mountainclimb Dr Austin, TX 78731		\$50.00	{ }
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	,
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
C)4/29/2012	Contributor address; City; State; Zip Code 4209 Dauphine Dr Austin, TX 78727		\$350.00	
				(If trevel outside of	Texas, complete Schedule T)
	Principal occupi HR Manager	ation / Job title (See Instructions)	Employer (See Ins Baxter Health C		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0)4/18/2012	Contributor address; City; State; Zip Code 2510 Cedarview Dr Austin, TX 78704	•••••	\$50.00	
				(If travel outside of	Texas, complete Schedule T)
1	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 27	/56 Report: 29/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 2510 Cedarview Dr Austin, TX 78704		\$50.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 10044 Circleview Dr Austin, TX 78733		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	L pation / Job title (See Instructions)	Employer (See In	·	
Housewife		N/A	Sit dollons)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2012	Contributor address; City; State; Zip Code 4303 Wildridge Cir Austin, TX 78759		\$50.00	
			· ·	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 3905 Ridgelea Dr Austin, TX 78731		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 910 Post Oak Austin, TX 78704		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Geologist	ation / Job title (See Instructions) .	Employer (See Ins TCEQ	structions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	:/56 Report: 30/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Kemp, Shannon (Ms.)	")	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/28/2012	6 Contributor address; City; State; Zip Code 2113 A Montclaire St Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job litle (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1503 Wildcat Hollow Austin, TX 78746		\$200.00	1
			(If travel outside of	Texas, complete Schedule T)
Oringinal coour	pation / Joh title /Coe Instructions)	Employer (Coo In		rexus, complete schedule 17
	pation / Job title (See Instructions) al Engineering and Consulting	Employer (See In: RPS	structions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID# Khan, Sophia (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 6905 Crosby Circle #31 Austin, TX 78746		\$350.00	
			,	Texas, complete Schedule T)
Principal occup Housewife	ation / Job title (See Instructions)	Employer (See In: N/A	structions)	
Date	Full name of contributor Dout-of-state PAC (ID# Khan, Tahseen (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 6905 Crosby Circle #31 Austin, TX 78746		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Owner	ation / Job title (See Instructions)	Employer (See Ins Soccer City	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 718 Patterson Ave Austin, TX 78703		\$200.00 { I	
			(if travel outside of 1	Texas, complete Schedule T)
Principal occup Professor	ation / Job title (See Instructions)	Employer (See Ins UT Austin		- sales, complete controller 1/

The Instruction Guide explains how to complete this form.		1 PAGE#	
		Schedule: 29	9/56 Report: 31/72
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID Koetz, Maureen (Ms.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/01/2012 6 Contributor address; City; State; Zip Code 355 S. End Ave New York, NY 10280		\$20.00	† 1
		(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date Full name of contributor out-of-state PAC (IE Kralj, Elliot (Mr.))#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012 Contributor address; City; State; Zip Code 3809 Gaines Ct Austin, TX 78735		\$100.00	
			Toward and an analysis Coloredula To
Principal occupation / Job title (See Instructions)	Employer (Con In		Texas, complete Schedule T)
Principal occupation 7 Job title (See Illistructions)	Employer (See In	structions)	
Date Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012 Contributor address; City; State; Zip Code 4204 Sinclair Ave Austin, TX 78756		\$250.00	
			Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Director	Employer (See In Sierra Club	structions)	
Date Full name of contributor ut-of-state PAC (ID Kyle, Barbara (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012 Contributor address; City; State; Zip Code 50 Santa Marina St San Francisco, CA 94110		\$100.00	
	•	(If trsvel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In:	structions)	
Date Full name of contributor uut-of-state PAC (ID Ladd, Lurleen (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012 Contributor address; City; State; Zip Code 4606 Ridge Oak Dr. Austin, TX 78731		\$200.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Executive Director	Employer (See Ins The Shade Proj	structions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	The INSTRUCTION	on Guide explains how to complete this form.		1 PAGE# Schedule: 30	0/56 Report: 32/72
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID: Larson, Lafe (Mr.)	,	7 Amount of contribution (\$)	8
	05/02/2012	6 Contributor address; City; State; Zip Code 3505 Vara Dr Austin, TX 78754		\$20.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/03/2012	Contributor address; City; State; Zip Code 806 West 28 1/2 Austin, TX 78705		\$100.00	}
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# LeBlanc-Arbuckle, Wendy (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2012	Contributor address; City; State; Zip Code 1811 Burbank St. Austin, TX 78757		\$250.00] [
				(If travel outside of	Texas, complete Schedule T)
ı	Principal occup Movement Ed	eation / Job title (See Instructions) ducator	Employer (See In: Self	structions)	
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2012	Contributor address; City; State; Zip Code 809 Edgecliff Terrace Austin, TX 78704		\$100.00 ;] { }
				•	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2012	Contributor address; City; State; Zip Code 809 Edgecliff Terrace Austin, TX 78704		\$100.00 	
				<u>-</u>	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions) .	Employer (See Ins	structions)	

The INSTRUCTION	The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 31/56 Report: 33/72		
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID: Lomas, Rachel (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
04/19/2012	6 Contributor address; City; State; Zip Code 212 West 33rd St Austin, TX 78705		\$100.00	 	
	•		(If travel outside of	Texas, complete Schedule T)	
9 Principal occup Entrepreneur	pation / Job title (See Instructions)	10 Employer (See In Self	structions)		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/02/2012	Contributor address; City; State; Zip Code 212 West 33rd St Austin, TX 78705		\$250.00	 	
			(If travel autoide of	Towar complete Schodule T	
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)	
Entrepreneur		Self Self	siructions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/27/2012	Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Maness, Bruce (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/02/2012	Contributor address; City; State; Zip Code 4912 Rollingwood Dr Austin, TX 78746		\$50.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Martin, Elaine (Ms.)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/16/2012	Contributor address; City; State; Zip Code 3306 Hemlock Ave. Austin, TX 78722		\$50.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 32	2/56 Report: 34/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Martin, Nora (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/18/2012	6 Contributor address; City; State; Zip Code 3302 Lafayette Ave Austin, TX 78722		\$20.00	(
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In.	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/10/2012	Contributor address; City; State; Zip Code 111 Laurel Ln Austin, TX 78705		\$75.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Deation / Job title (See Instructions)	Employer (See Ins	,	
i ilitarpu. 221-F	and the contract of the contra	<u> </u>	on donor.e,	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1170 Ridgeway Dr. Austin, TX 78702		\$30.00	} [
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID# McCandless, Helen (Ms.)	<u>f</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2012	Contributor address; City; State; Zip Code 2101 Wilson St Austin, TX 78704		\$25.00	
				Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions) .	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 2290 Gatlin Creek Rd. Dripping Springs, TX 78620		\$300.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins McCollough/Her	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 33	3/56 Report: 35/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 6905 Shoal Creek Blvd Austin, TX 78757		\$50.00	()
	•		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 5004 Smokey Mountain Dr. Austin, TX 78727		\$60.00	1 [
			(If travel outside of	Texas, complete Schedule T)
Dringing Loopur	eation / Job title (See Instructions)	Employer /See In	,	Texas, complete schedule 1)
Principal occup	auton 7 300 title (See mistroctions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 509 East 38th St Austin, TX 78705		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2012	Contributor address; City; State; Zip Code 805 Battle Bend Blvd Austin, TX 78745		\$75.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 2606 Pegram Ave. Austin, TX 78757		\$50.00	
			ا حدث عدد المرابع المرابع المرابع	Toyon complete Cabad da et .
Del el el	stics / lob title (Con lesterations)	Empleyes (Oct.)		Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	siruciioris)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 34	1/56 Report: 36/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/30/2012	6 Contributor address; City; State; Zip Code 2606 Pegram Ave. Austin, TX 78757	• • • • • • • • • • • • • • • • • • • •	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Emptoyer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 2308 Spring Creek Dr. Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Administrator	ation / Job title (See Instructions)	Employer (See In: UT Austin		Totals, complete contestine ()
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 2101 Wilson St Austin, TX 78704		\$20.00	
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 904 East Monroe St Austin, TX 78704		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Michael, Andrea (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 2504 Briargrove Dr Austin, TX 78704		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE EXPlains how to complete this form.		1 PAGE # Schedule: 35	5/56 Report: 37/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Milam, Mary (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/20/2012	6 Contributor address; City; State; Zip Code 1211 Quail Park Dr. Austin, TX 78758		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	nation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Miller, Amber (Ms.)	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 4404 Travis Country Cir Austin, TX 78735		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		, _
	·			
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2012	Contributor address; City; State; Zip Code P.O. Box 49130 Austin, TX 78765		\$350.00	,
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 201 West Houston St Marshall, TX 75670		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Se lf	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/17/2012	Contributor address; City; State; Zip Code 720 Park Blvd Austin, TX 78751		\$50.00	I I
			(If travel outside of	Texas, complete Schedule T)
Principal occurs	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	rexas, complete schedule 1)
т ппограг оссир	anon i sob uno (coc manbonona)	Limpoyer (Dec IIIs	and the last	

The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 36	i/56 Report: 38/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Moffat, Susan (Ms.))	7 Amount of contribution (\$)	B In-kind contribution description (if applicable)
04/27/2012	6 Contributor address; City: State: Zip Code 4112 Speedway Austin, TX 78751		\$350.00	[] [
And the state of t			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Researcher/A	oation / Job title (See Instructions) Vriter	10 Employer (See In Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Moorman, Ted (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 9006 Scottand Well Cove Austin, TX 78750		\$25.00]] 1
	Adding Trees, So.			J
Drivated search	eation / Job title (See Instructions)	Employer (See In:	•	Texas, complete Schedule T)
rincipal occu	saloit i son iida (saas iilaliidciidiis)	Employer (See in:	structions)	
Dale	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address: City; State; Zip Code 4405 Avenue H Austin, TX 78751	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00]] 1
				J Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	^y)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 4405 Avenue H Austin, TX 78751	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$20.00	
			(il travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/23/2012	Contributor address; City; State; Zip Code 8700 Brodie Ln Austin, TX 78745	•••••	\$350.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occup Recruiter	ation / Job title (See Instructions)	Employer (See Ins Manpower	structions)	

_	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 37	7/56 Report: 39/72
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Murphy, Michael Adam (Mr.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/19/2012	6 Contributor address; City; State; Zip Code 1200 East 11th St Austin, TX 78702	, , , , , , , , , , , , , , , , , , , ,	\$50.00	
				(If travel outside of	Texas, complete Schedule 7)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2012	Contributor address; City; State; Zip Code 9321 Edwardson Ln Austin, TX 78749		\$50.00	
	ļ			(ii trave) outside of	Texas, complete Schadula T)
	Frincipal occup	oation / Job title (See Instructions)	Employer (See In:	structions)	
		·	· -		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/19/2012	Contributor address; City; State; Zip Code 910 Post Oak Austin, TX 78704		\$350.00] [[
				(If travel outside of	Texas, complete Schedule T)
			l l	1 1	. catalo, complete deficable 1)
	Principal occup Musician	eation / Job title (See Instructions)	Employer (See Ins Self	•	
		Full name of contributor Out-of-state PAC (ID#) Oakey, William (Mr.)	Selt	•	In-kind contribution description (if applicable)
1	Musician	Full name of contributor	Selt	Amount of	In-kind contribution
	Musician Date	Full name of contributor	Selt	Amount of contribution (\$)	In-kind contribution
	Date 04/14/2012	Full name of contributor	Selt	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Date 04/14/2012	Full name of contributor Out-of-state PAC (ID# Oakey, William (Mr.) Contributor address; City State; Zip Code 1507 B Elton Ln Austin, TX 78703	Selt) Employer (See Ins	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Date 04/14/2012 Principal occupa	Full name of contributor out-of-state PAC (ID# Oakey, William (Mr.) Contributor address; City State; Zip Code 1507 B Elton Ln Austin, TX 78703 ation / Job title (See Instructions)	Selt) Employer (See Ins	Amount of contribution (\$) \$50.00 (If travel outside of structions)	In-kind contribution description (if applicable) Texes, complete Schedule T)
	Date 04/14/2012 Principal occupation	Full name of contributor Oakey, William (Mr.) Contributor address; City State; Zip Code 1507 B Elton Ln Austin, TX 78703 ation / Job title (See Instructions) Full name of contributor O'Brien, Elizabeth (Ms.) Contributor address; City; State; Zip Code 2101 Oxford Ave.	Selt) Employer (See Ins	Amount of contribution (\$) Amount of structions) Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) Texes, complete Schedule T)
	Date 04/14/2012 Principal occupation Date 05/02/2012	Full name of contributor Oakey, William (Mr.) Contributor address; City State; Zip Code 1507 B Elton Ln Austin, TX 78703 ation / Job title (See Instructions) Full name of contributor O'Brien, Elizabeth (Ms.) Contributor address; City; State; Zip Code 2101 Oxford Ave.	Selt) Employer (See Ins	Amount of contribution (\$) Amount of \$50.00 (If travel outside of structions) Amount of contribution (\$) \$200.00 (If travel outside of the contribution (\$)	In-kind contribution description (if applicable) Texes, complete Schedule T) In-kind contribution description (if applicable)

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 38	3/56 Report: 40/72
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# O'Brien, Elizabeth (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/02/2012	6 Contributor address; City; State; Zip Code 2101 Oxford Ave. Austin, TX 78704		\$150.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Public Affairs	ation / Job title (See Instructions)	10 Employer (See In Pattern Energy	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/14/2012	Contributor address; City; State; Zip Code 4610 Ave B Austin, TX 78751		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/07/2012	Contributor address; City; State; Zip Code 5312 Avenue H Austin, TX 78751		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete senedate 1/
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/07/2012	Contributor address; City; State; Zip Code 5312 Avenue H Austin, TX 78751		\$25.00	!
				(If travol outside of	Texas, complete Schedulo T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2012	Contributor address; City; State; Zip Code 508 Bellevue Place Austin, TX 78705		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	

	The INSTRUCTE	ON GUIDE EXPlains how to complete this form.		1 PAGE# Schedule: 39	9/56 Report: 41/72
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Page, Susan (Ms.)	;)	7 Amount of contribution (\$)	8
	04/18/2012	6 Contributor address; City; State; Zip Code 5704 Jim Hogg Ave. Austin, TX 78756		\$50.00	
	!			(If travel outside of	Texas, complete Schedule T)
9	Principał occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/05/2012	Contributor address; City; State; Zip Code 5505 Hero Dr. Austin, TX 78735		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete ochleddie 1)
		<u> </u>	p.oya. (000		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/19/2012	Contributor address; City; State; Zip Code 1503 Betty Jo Dr Austin, TX 78704		\$175.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2012	Contributor address; City; State; Zip Code 2701 Cavileer Ave Austin, TX 78757		\$50.00	}
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions) ·	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2012	Contributor address; City; State; Zip Code 2701 Cavileer Ave Austin, TX 78757		\$50.00 \$50.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	NON GUIDE explains how to complete this form.		1 PAGE# Schedule: 40	/ <u>/56</u> Report: 42/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Pearsall, Madeleine (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/28/2012	6 Contributor address; City; State; Zip Code 4606 Richmond Ave Austin, TX 78745		\$70.90	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2012	Contributor address; City; State; Zip Code P.O. Box 248 Austin, TX 78767		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		Tambo, tampina bandada (,)
Advocate	,	Self	ŕ	'
Date	Full name of contributor	,	Amount of	In-kind contribution
. Date	Peel, Larry (Mr.)	/	contribution (\$)	description (if applicable)
04/28/2012	Contributor address; City; State; Zip Code P.O. Box 248 Austin, TX 78767		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ins	structions)	,
Builder/Devel	oper	Self		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2012	Contributor address; City; State; Zip Code 909 Theresa Ave Austin, TX 78703		\$100.00	
			(If travel outside of	Texas, complete Schodule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
34.0	Perkins, Jerry (Mr.)	,	contribution (\$)	description (if applicable)
04/05/2012	Contributor address; City; State; Zip Code 4128 Lawless Dr. Austin, TX 78723		\$100.00 (
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 41	1/56 Report: 43/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Peters, Kendra (Ms.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 2203 East 20th St Austin, TX 78722		\$20.00	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Pierce, Paula (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 6105 Gena Ct Austin, TX 78757		\$50.00	
	Austin, 17 70/37			·
			,	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Pingree, Dianne (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1501 Crested Butte Dr. Austin, TX 78746		\$100.00	
	÷		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1501 Crested Butte Dr. Austin, TX 78746		\$100.00	
			(If travel outside of	Texss, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 2100 B Wordsworth Austin, TX 78704		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa Architect	ation / Job title (See Instructions)	Employer (See Ins Lighthouse Sola	structions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 42	2/56 Report: 44/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Prisant, Caroline (Ms.))	7 Amount of contribution (\$)	8
04/27/2012	6 Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746		\$20.00	 -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Student	pation / Job title (See Instructions)	10 Employer (See In None	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746		\$330.00] } !
	,			·
Principal occup	eation / Job title (See Instructions)	Employer (See In	,	Texas, complete Schedule T)
Student		None	sti detions/	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 633 Twelve Oaks Ln Austin, TX 78704		\$100.00	
	Addin, (A 70704		(If travel outside of	I Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1603 B Morgan Ln Austin, TX 78704	•••••	\$10.00	
		_	(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Roberts, Nita (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2012	Contributor address; City; State; Zip Code 301 E Broadway Ave Bismarck, ND 58501		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 43	3/56 Report: 45/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/13/2012	6 Contributor address; City; State; Zip Code 11823 Eubank Dr. Austin, TX 78758		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1910 Edgeware Austin, TX 78704		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	<u></u> _
Attorney	and the feet management,		rick, Perales, Allm	on & Rockwell
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 1104 E 10th St Austin, TX 78702		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
	etion / Job title (See Instructions) pusing Developer	Employer (See Ins GNDC	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Romero, Ron (Mr.)	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 6211 Woodhue Dr Austin, TX 78745		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Ross, Lauren (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2012	Contributor address; City; State; Zip Code 1405 Hillmont Austin, TX 78704		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
Engineer		Glenrose Engine		

The Instruct	ion Guide explains how to complete this form.		1 PAGE# Schedule: 44	1/56 Report: 46/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID. Ross, Shirley (Ms.)	/)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/01/2012	6 Contributor address; City; State; Zip Code 6603 Mesa Hollow Dr Austin, TX 78750	/·····	\$100.00	
			(il travel outside of	Taxas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Sak, Catherine (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2012	Contributor address; City; State; Zip Code 1416 Berkshire Dr. Austin, TX 78723		\$50.00	1
			ilt traval outside of	Texas, complete Schedule T)
Principal occur	L pation / Job title (See Instructions)	Employer (See In		Toxas, complete outleaste 1)
T (Holper Ocea)	odustri oco inc (oco insulations)	Employer (000 m		
Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2012	Contributor address; City; State, Zip Code 704 Carolyn Ave Austin, TX 78705		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Research	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Dale	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2012	Contributor address; City; State; Zip Code 1906 Frazier Austin, TX 78704		\$20,00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Sawyer, Peter (Mr.)	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (il applicable)
04/14/2012	Contributor address; City; State; Zip Code 3506 Far View Dr Austin, TX 78730	.,.,,,,,,,,,	\$100.00	
		VA CASTERIOR AND	(if travel putside of	Texas, complete Schedulo T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 45	5/56 Report: 47/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Schagen, Tracy (Ms.)	#)	7 Amount of contribution (\$)	8
05/02/2012	6 Contributor address; City; State; Zip Code 8319 Haskel Dr Austin, TX 78736		\$10.00	! !
			,	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2012	Contributor address; City; State; Zip Code 821 Harris Ave. Austin, TX 78705		\$50.00	
				·
Deineinel aggr	action / Joh titla (Coa Jacksystians)	Employer (Coolin		Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/2012	Contributor address; City; State; Zip Code 821 Harris Ave. Austin, TX 78705		\$50.00	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 350 King Arthur Court Austin, TX 78746		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Theatre Own	eation / Job title (See Instructions) er	Employer (See Ins Esther's Follies	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Selby, Tom (Mr.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/24/2012	Contributor address; City; State; Zip Code 2013 North Roosevelt St Arlington, VA 22205		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Williams and Co		

TDD 1-800-735-2989

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 46	6/56 Report: 48/72
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Dale	5 Full name of contributor	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/06/2012	6 Contributor address; City; State; Zip Code 2607 Geraghty Ave Austin, TX 78757		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2012	Contributor address; City; State; Zip Code 1302 Karen Ave. Austin, TX 78757		\$25.00	
					'
	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	r intoipai oodu	salions does the fosci manachons	Employer çoce iii	30000013)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2012	Contributor address; City; State; Zip Code 4105 Great Plains Dr Austin, TX 78735		\$20.00	1 1 1
				-	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2012	Contributor address; City; State; Zip Code 700 Windsong Tr Austin, TX 78746		\$250.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Marketing Str	ation / Job title (See Instructions) ategist	Employer (See In: Sherry Smith M	structions) arketing Partner	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/13/2012	Contributor address; City; State: Zip Code 3812 Cherrywood Rd Austin, TX 78722		\$50.00 	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 47	7/56 Report: 49/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Solmon, Marty (Mr.)	')	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/24/2012	6 Contributor address; City; State; Zip Code 12044 County Hwy 17 Detroit Lakes, MN 56501		\$150.00	
	!		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/24/2012	Contributor address; City; State; Zip Code 12044 County Hwy 17 Detroit Lakes, MN 56501		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/11/2012	Contributor address; City; State; Zip Code P.O. Box 40205 Austin, TX 78704		\$50.00	{
	:		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2012	Contributor address; City; State; Zip Code 802 Norwalk Ln Austin, TX 78703		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/28/2012	Contributor address; City; State; Zip Code 2701 West 49 1/2 St Auslin, TX 78731		\$75.00 	
	,		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 48	/56 Report: 50/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Speir, Stephen (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723		\$100.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 2213 Willow St		\$50.00	
	Austin, TX 78702		1	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/15/2012	Contributor address; City; State; Zip Code 3215 Breeze Terrace Austin, TX 78722		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
				_
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/2012	Contributor address; City; State; Zip Code 1407 W 51st St Austin, TX 78756	•••••	\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 1619 West 14th St Austin, TX 78703		\$25.00 	
			(If travel outside of I	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	, , , , , , , , , , , , , , , , , , ,

				
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 49	0/56 Report: 51/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (ID: Stevens, Steve (Mr.)	*)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	6 Contributor address; City; State; Zip Code 1619 West 14th St Austin, TX 78703		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Strover, Sharon (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code 5104 Beverly Skyline Austin, TX 78731		\$350.00	; []
			(If travel outside of	Texas, complete Schedule T)
Principal occup Professor	Loation / Job title (See Instructions)	Employer (See In UT Austin	,	Toxas, complete scriedure 1)
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2012	Contributor address; City; State; Zip Code 7903 Cheno Cortina Tr Austin, TX 78749		\$27.00	
			<u>'</u>	Texas, complete Schedule T)
Principal occul	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2012	Contributor address; City; State; Zip Code 6117 Mountain Villa Cove Austin, TX 78731		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 4106 Ave F Austin, TX 78751		\$150.00	!
			(If travol outoido of	Tevas complete Schodule T
	And the state of t	FI 70 :		Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	Structions)	

	on unua			
The Instruct	non Guide explains how to complete this form.		1 PAGE # Schedule: 50	0/56 Report: 52/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Thomas, Margot (Ms.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2012	6 Contributor address: City; State; Zip Code 4106 Ave F Austin, TX 78751		\$150.00	
			(If travel outside of	Texes, complete Schedule T)
g Principal occu	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 1002 Olive Street Austin, TX 78702		\$25.00] -
	77.5.32			ı
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Emptoyer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID) Trusty, Robbin (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 2630 Barton Hills Dr. Austin, TX 78704		\$350.00	
M. V			· ·	Texas, complete Schedula T)
Principal occu Project Mana	pation / Job title (See Instructions) ager	Employer (See Ins Austin Energy	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2012	Contributor address; City; State; Zip Code 7105 Running Rope Austin, TX 78731		\$100.00 1	
			(il travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 4204 Speedway #204 Austin, TX 78751		\$10.00 	
	·		(If travel nutside of "	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		reads, complete ochequie //
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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 51	/56 Report: 53/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor umphress, Dorothy (Ms.)	<u>'</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/23/2012	6 Contributor address; City; State; Zip Code 2057 Rosebud Dr. Irving, TX 75060		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code P.O. Box 201394 Austin, TX 78720		\$5.00	1 } }
			/If traval outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
T Tilloipai occup	autori 7 000 title (000 mail delions)	Linployer (dee in	an denoral	
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Walton, Marsha (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704		\$20.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 520 Palo Duro Joshua, TX 76058		ا † 10.00 ا	
			/If travel outside of	Toyan nomplete Cahadula Ti
Principal cocus	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
i illicipal occup	anon i ood ane (oee mandenons)	Employer (See IIIs	an action a _j	

The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 52	/56 Report: 54/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID-Warren, Kate (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/26/2012	6 Contributor address; · City; State; Zip Code 1508 Elton Ln Austin, TX 78703		\$87.50	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2012	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$87.50	
	Austin, TX 78703			_
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 9808 Grand Oak Dr Austin, TX 78750		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/19/2012	Contributor address; City; State; Zip Code 5713 Steven Creek Way Austin, TX 78721		\$30.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Whitfield, John (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2012	Contributor address; City; State; Zip Code 5900 Rain Creek Pkwy Austin, TX 78759		\$350.00 	
			(If travel outside of I	Texas, complete Schedule T)
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins GSRJW	<u> </u>	,

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 53	3/56 Report: 55/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Whitley, Tracey (Ms.)	<u>'</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/08/2012	6 Contributor address; City; State; Zip Code 908 Payne Ave Austin, TX 78757		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Dale	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 8303 Polar Dr Austin, TX 78757		\$30.00	
				·
			-	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (Se e Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2012	Contributor address; City; State; Zip Code 525 Barton Blvd Austin, TX 78704		\$100.00	
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2012	Contributor address; City; State; Zip Code 4803 Ave H Austin, TX 78751		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 54	I/56 Report: 56/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Worley, John (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/06/2012	6 Contributor address; City; State; Zip Code 4106 Avenue A Austin, TX 78751		\$50.00	! ! !
			,	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/06/2012	Contributor address; City; State; Zip Code 4106 Avenue A Austin, TX 78751		\$25.00	 -
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Wuertz, Ellen (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/2012	Contributor address; City; State; Zip Code 7409 Barcelona Dr Austin, TX 78752		\$50.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	•			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2012	Contributor address; City; State; Zip Code 3571 Far West Blvd #82 Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Housewife	ation / Job title (See Instructions)	Employer (See Ins N/A	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2012	Contributor address; City; State; Zip Code 5711 State Hwy 45 Austin, TX 78739		\$350.00 	
			(if travel outside of	Texas, complete Schedule T)
Principal occup Rancher	ation / Job title (See Instructions)	Employer (See Ins Self	tructions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 55	5/56 Report: 57/72
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2012	6 Contributor address; City; State; Zip Code 5711 State Hwy 45 Austin, TX 78739		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2012	Contributor address; City; State; Zip Code 2105 B Ann Arbor Ave. Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	struction s)	
Management		State Departme	ent of Housing	
Date	Full name of contributor ut-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012	Contributor address; City; State; Zip Code 2105 B Ann Arbor Ave. Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$100.00	
			(If travel outside of	Texss, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In:		
Management		State Departme	nt of Housing	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2012	Contributor address; City; State; Zip Code 4804 Philco Austin, TX 78745		\$5.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	_	7		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2012	Contributor address; City; State; Zip Code P.O. Box 684331 Austin, TX 78768		\$100.00	
Oringinal aggreg	ation / Job title (See Instructions)	Employer /See Jac	<u> </u>	Texas, complete Schedule T)
Internet Mark		Employer (See Ins Young & Associ		

-			
The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 56	6/56 Report; 58/72
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Etnics Commission tilers)
4 Date 5 Full name of contributor out-of-state PAC Young, Don (Mr.)	C (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/01/2012 6 Contributor address; City; State; Zip C P.O. Box 684331 Austin, TX 78768	Code	\$150.0 0	! ! !
		(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Internet Marketing	10 Employer (See In Young & Assoc	structions) iales	
Date Full name of contributor Out-of-state PAC Zamrazil, Kristie (Ms.)	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/06/2012 Contributor address; Cily; State; Zip C 1819 Piedmont Ave. Austin, TX 78757	ode	\$75.00	
		/II travel cuteide of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In:		Texas, complete schedule 1)
, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	
Date Full name of contributor	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/01/2012 Contributor address; City; State; Zip Co 13110 Bayfield Dr Austin, TX 78727	ode	\$50,00	[
Austin, TA 75727		(If travel outside of	Texae, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
<u>.</u>			

LOANS				SCHEDULE E
The Instruction Guide explains how to complete this form.				i Report: 59/72
,			3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UN	ITEMIZED LOANS:	+++++++++++++++++++++++++++++++++++++	·	\$
5 Date of loan 05/02/2012	7 Name of lender Out-	of-state PAC (ID# .)	9 Loan Amount (\$) \$40,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 2604 Geraghty Ave Austin, TX 78757	Zip Code		10 Interest rate n/a 11 Maturity date
	n / Job title (See Instructions)	12 Smale var (October 19	:>	05/12/2012
12 Principal occupation	7 Job title (See Instructions)	13 Employer (See Instructi	ions)	
14 Description of Cottat	ieral	15 Check if personal funds ☑	were deposited into	political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
▼ not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal Occupation	· ·	21 Employer		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing	Expense Office Overheat The Instruction Guide explains h		ter a category not listed above)
4 DAGE#		2 FILER NAME	low to complete this form.	a ACCOUNT # /TEC Store)
1 PAGE#	2000tt 60/70	Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00006000
Schedule: 1/12 F	5 Payee name			00000000
04/04/2012	Arriba News			
6 Amount (\$)	7 Payee addres			
\$200.00	1 -1			
Ψ200.00	Austin, TX 7			
8	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel eutsi	de of Texas, complete Schedule T) 🔲
PURPOSE OF	Advertising (Expense	Political Advertising	
EXPENDITURE				
o Complete ONLY II	Candidate / O	Washelder name	Office aquality	Office holds
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name	•		-
04/28/2012	Atherton, Le			
Amount (\$)	Payee addres			
\$200.00	3600 S. 2nd			
	Austin, TX 7	0704		
	Catagory (Soc	Categories listed at the tap of this sahadule)	Deportation /// traint autoi	de of Toyes, semplote Cabodule TV
PURPOSE	Event Expen	c Categories listed at the top of this schedule)	Description (If travel outside Music Services	de of Texas, complete Schedule T)
OF EXPENDITURE	E voin Expon		Widdle Services	
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
05/02/2012	Blue Utopia			
Amount (\$)	Payee address	s City; State; Zip Code		
\$42.97	P.O. Box 448	,		•
Ψ.2.0	Seattle, WA	98194		
PURPOSE		Categories listed at the top of this schedule)	-	de of Texas, complete Schedule T)
OF	Accounting/E	Banking	Cumulative donation pro	cessing fees for reporting
EXPENDITURE			period	
Complete ONLY if	Candidate / Of	fice ho lder name	Office sought:	Office held:
direct expenditure	oundiduto . Of	noonologi Hamo	ombo ocugni.	Since field.
to benefil C/OH				
Date	Payee name	Latital		
04/10/2012	City of Austir			
Amount (\$)	Payee address			
\$459.34	P.O. Box 226 Austin, TX 7			
	7.001111, 1777	0.00		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	le of Texas, complete Schedule T)
PURPOSE		ead/Rental Expense	Campaign Office Utilities	· · · · · · · · · · · · · · · · · · ·
OF EXPENDITURE		•		
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
<u> </u>				Electronic Elling Version 3 4 3

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Prinling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category nol listod above)

		The Instruction Guide explains h	ow to complete this form.			
1 PAGE#		2 FILER NAME		3	ACCOUNT #	(TEC filers)
Schedule: 2/12 F	Report: 61/72	Shea, Brigid (Ms.)			00006000	
4 Date	5 Payee name					
04/09/2012	Constant Co	intact				
6 Amount (\$)	7 Payee addres	s City; State; Zip Code				
\$53.30	1601 Trapel	o Road				
******	Waltham, M	IA 02451				
8	1	e Categories listed at the top of this schedule)	1,,,		exas, complete S	chedule T) 🔲
PURPOSE OF	Advertising I	Expense	Automated Marke	eting		
EXPENDITURE						
- 0 1 0 0 1 1 1	Opposited as a 10	Min - halden - anna	Office soughts		Office holds	
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:		Office held:	
to benefit C/OH						
Date	Payee name			<u>'</u>		
04/27/2012	Constant Co	ntact				
Amount (\$)	Payee addres	s City; State; Zip Code				
\$2.31	1601 Trapel	o Road				
<u> </u>	Waitham, M	A 02451				
	Category (See	e Categories listed at the top of this schedule)	•	vel outside of Te	xas, complete S	chedule T)
PURPOSE OF	Advertising E	Expense	Image Hosting			
EXPENDITURE						
	0 111 10	***				
Complete ONLY if direct expenditure	Candidate / Office holder name Office sought: Office held:					
to benefit C/OH						
Date	Payee name					
04/30/2012	Cricket Com	munications				
Amount (\$)	Payee addres	s City; State; Zip Code				
\$105.84	1030 Norwoo	od Park Blvd. Bldg 4 Ste 406				
,	Austin, TX 7	'8753				
DUDDOČE		Categories listed at the top of this schedule)		el outside of Te	xas, complete S	chedule T)
PURPOSE OF	Office Overh	ead/Rental Expense	Phone Services			
EXPENDITURE						
	0 10	0° k L1	0#:		Office Leads	
Complete ONLY if direct expenditure	Candidate / O	fliceholder name	Office sought:		Office held:	
to benefit C/OH						
Date	Payee name					
04/17/2012	Crook, Vane	ssa (Ms.)				
Amount (\$)	Payee addres:	s City; State; Zip Code				
\$1,200.00	2109 Haskel					
, ,	Austin, TX 7	8702				
DUDDOČE		Categories listed at the top of this schedule)	· ·	el outside of Te	xas, complete So	chedule T)
PURPOSE OF	Salaries/Wa	ges/Contract Labor	Salary			
EXPENDITURE						
Complete ON V	Condidoto / Of	finahaldar nama	Office county		Office held-	
Complete ONLY if direct expenditure	Candidate / Of	ficeholder name	Office sought:		Office held:	
to benefit C/OH						

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Justician Guine explains how to complete this form

	THE MATHOUTHER CODE CAPICING HOT			
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)		
Schedule: 3/12 F	<u>, </u>	00006000		
4 Date	5 Payee name			
04/16/2012	David Thomas Photography			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$250.00	2004-B E 9th St			
•	Austin, TX 78702			
	•			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Advertising Expense	Photo Shoot		
EXPENDITURE				
	•	0.00		
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:		
To benefit C/OH				
Date	Payee name			
04/28/2012	FedEx Office			
Amount (\$)	Payee address City; State; Zip Code			
` ,	327 Congress Ave			
\$21.65	Austin, TX 78701			
	,			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Office Overhead/Rental Expense	Postcards		
OF	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		
EXPENDITURE				
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:		
direct expenditure to benefit C/OH				
To penent CVCH				
Date	Payee name			
05/01/2012	Gage Furniture			
Amount (\$)	Payee address City; State; Zip Code			
\$2,500.00	P.O. Box 5816 Austin, TX 78763			
	Austin, 1770700			
	0-1			
PURPOSE	Calegory (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Campaign Office Rent		
OF	Office Overhead/Rental Expense	Campaign Office Nefft		
EXPENDITURE				
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:		
direct expenditure	oundidate / Omeonologi Hamo	· Office field.		
to benefit C/OH				
Date	Payee name			
04/10/2012	Grande Communications			
Amount (\$)	Payee address City; State; Zip Code			
\$131.86	1923 E. 7th St			
,	STE 100			
	Austin, TX 78702			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Office Overhead/Rental Expense	Internet and Phone Services		
EXPENDITURE				
-				
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:		
direct expenditure to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicilation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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#	2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00006000
Schedule: 4/12 F	open our E		00000000
4 Date	5 Payee name		
04/25/2012	Greenberg, Joel (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1,000.00	6806 Daugherty Austin, TX 78757		
	Austin, 17 70707		
	(a) Colorary (Can Ostannias field at the transfelia ashedula)	(b) Description (If towns a staids	C Taylor - an - Into Cahadrila TV
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside Salary	of Texas, complete Schedule T)
OF	Calalies/44ages/Contract Labor	Gulary	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure			
to benefit C/OH	,		
Date	Рауее пате		
04/26/2012	Harden, Ada (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$350.00	1700 Meander Drive		
	Austin, TX 78721		
PURROCE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T) 🔲
PURPOSE OF	Consulting Expense	Consulting Services	
EXPENDITURE			
	Condition (Off of Money	O#:	000 111
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought;	Office held:
to benefit C/OH			
Date	Payee name		
04/26/2012	Harden, Ada (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$105.00	1700 Meander Drive		
	Austin, TX 78721		
BUBBOOS	Category (See Categories listed at the top of this schedule)	•	of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Leafletting Services	
EXPENDITURE			
0 1: 011111	On with the AOM of the Life of the		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/03/2012	In Fact Daily		
Amount (\$)	Payee address City; State; Zip Code		
\$108.25	305 South Congress Ave		
ψ. 50.20	Austin, TX 78704		
	:		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	News Subscription	, <u> </u>
OF EXPENDITURE	1		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	·		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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#	2 FILER NAME		3 ACCOUNT # (TEC filers)			
Schedule: 5/12 F	Report: 64/72	Shea, Brigid (Ms.)		00006000		
4 Date	5 Payee name		_	-		
05/02/2012	M.J. Ross G	roup, Inc.				
6 Amount (\$)	7 Payee address	s City; State; Zip Code				
\$197.39	P.O. Box 190					
•	Portland, Of	97280				
8	(a) Category (See	Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)		
PURPOSE OF	Advertising E	xpense	Automated Marketing			
EXPENDITURE						
5 O	04:4-4-4-40	Candidate / Officeholder name Office sought: Office held:				
9 Complete ONLY if direct expenditure	Candidate / Officeholder name Office sought: Office held:					
to benefit C/OH						
Date	Payee name					
04/17/2012	McNally, Joh	n (Mr.)				
Amount (\$)	Payee address	S City; State; Zip Code				
\$1,600.00	3002 Breeze					
,	Austin, TX 7	8722				
PURPOSE		Categories listed at the top of this schedule)	' '	of Texas, complete Schedule T)		
OF	Salaries/Wag	ges/Contract Labor	Salary			
EXPENDITURE						
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:		
direct expenditure	Candidate / Of	ilicentition frame	Office sought.	Office fleid.		
to benefit C/OH						
Date	Payee name					
04/17/2012	Oak Hill Gaze	ette				
Amount (\$)	Payee address					
\$270.00	7200-B Hwy	71 West				
	Austin, TX 7	8735				
	0-1		I Baradayaa wa aa aa			
PURPOSE		Categories listed at the top of this schedule)	Description (If travel outside Political Advertising	of Texas, complete Schedule T)		
OF	Advertising E	хрепзе	Folitical Advertising			
EXPENDITURE						
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH			v			
Date	Payee name					
04/10/2012	Office Depot	01 01 7 01				
Amount (\$)	Payee address					
\$95.24	2620 W Ande Austin, TX 7					
	Additi, TA					
	Calegory (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)		
PURPOSE		ead/Rental Expense	Ink for Office Printers	or roxas, complete ochedule 1)		
OF EXPENDITURE						
EXPERDITORS						
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH			_			
O DOLLOID OF OTT						

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing Expense

EXPENDITURE CATEGORIES

sinse Salaries/Wages/Contrect Lation
Solicitation/Fundratising Expense
Travel to District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Mada By Candidate/Officaholder/Political Committee OTHER (enter a calegory not listed above)

Fees	Printing	Expense Office Overhea The Instruction Guide explains hi		r a calegory not listed above)
1 PAGE#		2 FILER NAME	on to complete the form	3 ACCOUNT # (TEC filers)
Schedule: 6/12 F	Report: 65/72	Shea, Brigid (Ms.)		00006000
4 Date	5 Рауее пате			
04/24/2012	Office Depot			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$157.60	2620 W And			
	Austin, TX 7	8/5/		
	(-) ()	Service Control of the Control of th	(b) Described	
8 PURPOSE	Printing Exp	e Categories listed at the top of this schedule)	(b) Description (II travel outside Printing/Copying Service:	e of Texas, complete Schedule T)
OF EXPENDITURE	i iiiiiig Exp.	01130	7 filling copying convicts	9
EXPENDITURE			3333333	
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
04/30/2012	Office Depot			
Amount (\$)	Payee addres	s City; State; Zip Gode		
\$265.97	2620 W And Austin, TX 7			
	Austin, TA 7	9131		
	Category (See	: Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Printing Expe		Printing/Copying Services	· p-right
OF EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / Of	fliceholder name	Office sought:	Office held:
HONO idense of				
Date	Payee name			
04/30/2012	Office Depot			
Amount (\$)	Payee address			
\$59.48	2620 W Ando Austin, TX 7			
	, , , , , , , , , , , , , , , , , , , ,			
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Printing Expe	ense	Printing/Copying Services	
EXPENDITURE				
Complete ONLY if	Candidate / Of	ticeholder name	Office sought:	Office held:
direct expenditure	Carolinator Cr	nganatar raing	One Sought.	Office field.
to benefit CrOH				
Date	Payee name Office Depot			
05/02/2012 Amount (\$)	Payee address	City; State; Zip Code		
	2620 W Ande	*		
\$126.37	Austin, TX 7			
DUDDOC-	** '	Calegories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Printing Expe	ens o	Printing/Copying Services	
EXPENDITURE				
Complete ONLY If	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		•		,
ы велин Слол				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

anse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a calegory not listed above)

	v	The Instruction Guide explains ho	w to complete this form.	,		
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 7/12 F	Report: 66/72	Shea, Brigid (Ms.)		00006000		
4 Date 05/02/2012	5 Payee name Office Depot					
6 Amount (\$)	7 Payee addres	s City; State; Zip Code				
\$265.97	2620 W And Austin, TX 7					
8		Categories listed at the top of this schedule)		of Texas, complete Schedule T)		
PURPOSE OF EXPENDITURE	Printing Expe	ense	Printing/Copying Services	ı		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	Candidate / Officeholder name Office sought: Office held:				
Date	Payee ∩ame					
05/02/2012	Office Depot					
Amount (\$)	Payee address					
\$27.05	2620 W Ande Austin, TX 7					
PURPOSE		Categories listed at the top of this schedule)		of Texas, complete Schedule T)		
OF	Office Overhead/Rental Expense Office Supplies - paper					
EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/OH						
Date	Payee name					
04/03/2012	Office Max					
Amount (\$)	Payee address					
\$55.67	4615 North L Austin, TX 7					
PURPOSE		Categories listed at the top of this schedule)		of Texas, complete Schedule T)		
OF	Printing Expe	ense	Printing/Copying Services			
EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name	Office sought:	Office held:		
Date	Payee name					
04/04/2012	Office Max					
Amount (\$)	Payee address					
\$23.58	4615 North L Austin, TX 7					
DUCDOC-		Categories listed at the top of this schedule)		of Texas, complete Schedule T)		
PURPOSE OF	Office Overh	ead/Rental Expense	Copy Service			
EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name	Office sought:	Office held:		
				Electronic Eding Version 0.4.6		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travet In District Travet Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (anter a category not tisted above)

1 435	, g	The Instruction Guide explains ho	w to complete this form.				
1 PAGE#		2 FILER NAME	-	3 ACCOUNT # (TEC filers)			
Schedule: 8/12 F	Report: 67/72	Shea, Brigid (Ms.)		00006000			
4 Date	5 Payee name						
04/30/2012	Office Max						
6 Amount (\$)	7 Payee addres	s City; State; Zip Gode					
\$8.65	4615 North L						
	Austin, TX 7						
~	(a) Catagory (Ro	a Categories listed at the top of this schedule)	(b) Description (If travel outside	de of Texas, complete Schedule T)			
8 PURPOSE		ead/Rental Expense	Office Supplies - cards	ue of Texas, complete ochesiste 1)			
OF EXPENDITURE			5.//35 5.5pp.//55 5				
EXPENDITORE							
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:			
direct expenditura to benefit C/OH							
Date	Payee name						
05/01/2012	Office Max						
Amount (\$)	Payee addres	s City; State; Zip Code					
\$134.20	907 West Fil						
	Austin, TX 7	9703					
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Description (If travel outside of Texas, complete Schedule Tight of Supplies - label, printer ink						
OF	Ouice Overit	Office Overticato/Netital Expense					
EXPENDITURE							
Complete ONLY il	Candidate / O	fficeholder name	Office sought:	Office held:			
direct expenditure to benefit C/OH							
Date	Рауее лате						
04/13/2012	Opinion Anal	lysts, Inc.					
Amount (\$)	Payee addres:		****				
\$7,200.00	906 Rio Grar						
, , ,	Austin, TX 7	8701					
PURPOSE		Categories listed at the top of this schedule)	Description (If travel outsite Polling	de of Texas, complete Schedule T)			
OF	Polling Expe	nise	Folling				
EXPENDITURE							
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:			
direct expenditure to benefit C/OH							
Date	Рауее пате						
04/09/2012	Parham, Am	v (Ms.)					
Arnount (\$)	Payee address	• • •					
\$3,000.00	P.O. Box 113						
40,000,00	Buda, TX 78	610					
PURPOSE	***	Categories listed at the top of this schedule)		ie ol Texas, complete Schedule T)			
OF	Salaries/Wag	ges/Contract Labor	Salary				
EXPENDITURE							
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:			
direct expenditure			2 80 431111	mer a vz. m. np. n. a neft total d			
to benefit C/OH							

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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 NO	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 9/12 F	Report: 68/72 Shea, Brigid (Ms.)	00006000
4 Date	5 Payee name	·
04/25/2012	Parham, Amy (Ms.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$3,000.00	P.O. Box 1136	
\$3,000.00	Buda, TX 78610	•
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Salary
OF EXPENDITURE		,
EXPENDITORE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		ŭ
to benefit C/OH		
Date	Payee name	
05/02/2012	Paypal	
Amount (\$)	Payee address City; State; Zip Code	,
\$275.71	2145 Hamilton Avenue	
ΨΞ. σ	San Jose, CA 95125	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Accounting/Banking	Cumulative donation processing fees for reporting
OF EXPENDITURE		period
EXI ENDITORIE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
to benefit ovor i		
Date	Payee name	
04/17/2012	Raab, Angela Melina (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$1,000.00	2606 Pegram Ave	
	Austin, TX 78757	
DUDDOCE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Salary
EXPENDITURE		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
05/01/2012	Rindy & Associates, Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$10,000.00	2401 East 6th Street #1003	
\$10,000.00	Austin, TX 78702	
	•	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Political Advertising
OF	- 12 1 0 11 11 11 2 11 11 11 11 11 11	. Simosa ria simonig
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		
lo benefit C/OH		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gills/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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.

	THE INSTRUCTION GOIDE EXPIRITION TO	,
1 PAGE # Schedule: 10/12	Report: 69/72 2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00006000
4 Date	5 Payee name	
04/26/2012	Skeletour, LLC	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$200.00	3800 N Lamar Blvd #730-305 Austin, TX 78756	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Music Services
OF EXPENDITURE		
EXPERIENCE	ı	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/03/2012	Smith, Natasha (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$200.00	4005 Wrightwood Road Austin, TX 78722	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	Contract Labor for Design/Layout
EXPENDITURE	:	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
05/02/2012	Square	
Amount (\$)	Payee address . City; State; Zip Code	
\$82.03	110 5th Street San Francisco, CA 94103	
DUDDO05	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	Cumulative credit card processing fees for reporting
EXPENDITURE		period
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/21/2012	Texas Democratic Party	
Amount (\$)	Payee address City; State; Zip Code	
\$100.00	505 West 12th Street Suite 200 Austin, TX 78704	
DURBOCE	Category (See Categories listed at the top of this schedule)	Description (If Iravel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Booth at Convention
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Austin, Texas 78711-2070

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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 ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 11/12	Report: 70/72	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
04/23/2012	The Austin C	hronicle		
6 Amount (\$)	7 Payee address	City; State; Zip Code		
\$1,094.00	P.O. Box 490			
,	Austin, TX 7	8765		
8 PURPOSE		Categories listed at the top of this schedule)	· _ · _ · _ · _ · _ · _ · _ · _ ·	e of Texas, complete Schedule T)
OF	Advertising E	xpense	Political Advertising	
EXPENDITURE				
O Complete ONLY if	Condidate / Of	liceholder name	Office sought;	Office held:
9 Complete ONLY if direct expenditure	Candidate / Or	icendider name	Onice sought.	Office field.
to benefit C/OH				
Date	Payee name			
04/27/2012	The Austin C	hronicle		
Amount (\$)	Payee address	City; State; Zip Code		
\$1,345.00	P.O. Box 490			
	Austin, TX 7	3/65		
	2			
PURPOSE	• ,	Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Advertising E	xpense	Political Advertising	
EXPENDITURE				
Complete ONLY if	Candidate / Of	iceholder name	Office sought:	Office held:
direct expenditure	••			
to benefit C/OH				
Date	Payee name			
04/05/2012	The Nighthav			
Amount (\$)	Payee address	•		
\$31.61	6801 Burnet I Austin, TX 78			
	Addin, 127	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Food/Beverage	-	Staff lunch	of reads, complete concede ty
OF EXPENDITURE	,	, ,		
EXI ENDITORE				
Complete ONLY if	Candidate / Off	iceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
04/30/2012	T-Mobile			•
Amount (\$)	Payee address	City; State; Zip Code		
\$55.13	4700 W Guad			
დაა. 1ა	STE 1			
	Austin, TX 78	3751		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE		ad/Rental Expense	Phone Services	
OF EXPENDITURE				
Complete ONLY if	Candidate / Off	iceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Prinling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan 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#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 12/12	Report: 71/72 Shea, Brigid (Ms.)	00006000
4 Date	5 Payee name	
04/30/2012	United States Postal Service Buda Station	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$810.00	1320 Cabelas Drive	
	Buda, TX 78610	
		1425
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Solicitation/Fundraising Expense	Postage
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		·
Date	Payee name	
05/02/2012	United States Postal Service Northcross Station	
Amount (\$)	Payee address City; State; Zip Code 7700 Northcross Dr	
\$225.00	Austin, TX 78757	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Solicitation/Fundraising Expense	Postage
OF EXPENDITURE		_
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
Io benefit C/OH		
Date	Payee name	
04/10/2012	Worley Printing Co., Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$1,098.74	3217 North IH 35	
. ,	Austin, TX 78722	
		<u></u>
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Printing Expense	Doorhangers
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•
Date	Payee name	
04/10/2012	yousendit	
Amount (\$)	Payee address City; State; Zip Code	
\$9.99	1919 S Bascom Ave 3rd Floor	
	Campbell, CA 95008	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	File Sharing Subscription Service
OF EXPENDITURE	·	
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 1/1	Report: 72/72	
2 FILER NAME	Shea, Brigid (Ms.)	3 ACCOUNT # 00006000	(Ethics Commission filers))
4 Date	5 Name of person from whom amount is received JPMorgan Chase Bank, N.A.		8 Amount (\$)	
04/05/2012	6 Address of person from whom amount is received; City; State; Zip Code 7600 Burnet Road Austin, TX 78757		\$	\$0.13
	7 Purpose for which amount is received Interest on Checking Account			
Date	Name of person from whom amount is received Paypal		Amount (\$)	
04/13/2012	Address of person from whom amount is received; City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125		\$	60.20
	Purpose for which amount is received Credit to verify Bank Account			_

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The	C/OH Instruction Guil	be explains how to complete this form.	(Ethi	COUNT # cs Commission filers) 006000	2 PAGE # 1 of 44	
	CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY	
	OFFICEHOLDER NAME	Ms. Brigid			Date Received	
	INAIVIL	NICKNAME LAST		SUFFIX		
		Shea		301117	AL 2012	
					AUSTIN RE 12 JUL :	
	CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #,	CITY;	STATE; ZIP CODE	TIN RE	
	OFFICEHOLDER					
	MAILING	2604 Geraghty Ave.				
	ADDRESS	Austin, TX 78757			Date Hand-delivered or Date Postmarked	
	Change of Address				7 92	
	Change of Address				<u></u>	
					Receipt # Amount	
	CAMPAIGN	MS/MRS/MR FIRST		МІ	Date Processed	
	TREASURER NAME	Ms. Danette			Date Imaged	
		NICKNAME LAST		SUFFIX		
		NICKNAME LAST Chimenti		ŞUFFIX		
		Chilinetti				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); A	PT / SUITE #;	CITY; STATE;	ZIP CODE	
	TREASURER		,	5		
	ADDRESS (Residence or business)	200 The Circle Austin, TX 78704				
	(Hesiderice of business)	Ausiiii, X 78704				
7	CAMPAIGN	AREA CODE PHONE NUMBER		EXTENSION		
	TREASURER					
	PHONE	(512) 912-8290				
	REPORT TYPE					
8	HEPONI ITPE	January 15 30th day befo	ore election	Runoff	15th day after campaign treasurer	
		_			appointment (officeholder only)	
		X July 15 Sth day befor	re election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
0	PERIOD				<u> </u>	
	COVERED	Month Day Year		Month Day	Year	
			THROUGH			
		05/03/2012		06/30/2	012	
10	ELECTION	ELECTION DATE ELEC	TION TYPE			
'0	LLLOTION	Month Day Year			1	
		05/12/2012	Primary	Runoff	General Special	
		03/12/2012				
11	OFFICE	OFFICE KELD (il any)		12 OFFICE SOUGHT (il know		
' '	J. 1 1012	any		Mayor	,	
				wayor		
	<u> </u>				-	
	GO TO PAGE 2					
		GO	IU PAGE			
ı						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Shea,	Brigid (Ms.)		14 ACCOUNT #	(Ethics Commission filers)
			00006000	
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the callout the candidate's or officeholder's knowledge or consent, Candidate's receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	- A	
	GENERAL	COMMITTEE ADDRESS		
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	COMMITTEE CAMPAICNI TREASURED ADDRESS			
	COMMITTEE CAMPAIGN TREASURER ADDRESS .			
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	25.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	0.00
	4. TOTAL I	POLITICAL EXPENDITURES	\$	96,880.25
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	1,895.97
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	62,500.00
17 AFFIDAVIT				
AARON SAMANIEGO My Commission Expires August 20, 2013 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. Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said				
Signature of officer admi		A C	Title of bifficer adr	mnistering gath

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule. 1/2	26 Report: 3/44
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Allen, Stephen (Mr.))	7 Amount of contribution (\$)	8
	05/11/2012	6 Contributor address; City; State; Zip Code 6406 Wilbur Dr Austin, TX 78757		\$50.00	1
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Alsup, Marion (Ms.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/25/2012	Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703		\$100.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	,	, , , , , , , , , , , , , , , , , , ,		,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2012	Contributor address; City; State: Zip Code P.O. Box 684154 Austin, TX 78768		\$50,00	
					<u> </u>
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2012	Contributor address; City; State; Zip Code 1511 A West 10th St Auslin, TX 78703		\$100.00	[
				 (if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/01/2012	Contributor address; City; State; Zip Code 3005 McElroy Dr Austin, TX 78757		\$25.00	
				(It travel outside of	Texas, complete Schedule T)
-	Principal accum	ation / Job title (See Instructions)	Employer (See In	'	- saved annihiera gaineana i) [
	i i i i i uri premi Grovini pi	and the state of t	millionery of Your III	mar maria (196)	

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 2/3	26 Report: 4/44
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Dale	5 Full name of contributor ☐ out-of-state PAC (ID# Arora, Ash (Mr.)	!)	7 Amount of contribution (\$)	8
	05/03/2012	6 Contributor address; City; State; Zip Code 501 Olympic Dr Pflugerville, TX 78660		\$100.00	 - -
					Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/13/2012	Contributor address; City; State; Zip Code 7 Tibbetts St Natick, MA 01760		\$25.00	† }
				/H travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule 1)
	T fincipal occup	anon 7 000 tille (Occ manachons)	Employer (occ in	30000013)	
	Date	Full name of contributor ut-of-state PAC (ID# Beasley, Roger (Mr.)	<u>t</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/24/2012	Contributor address; City; State; Zip Code 6503 Santolina Cove Austin, TX 78731		\$350.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	nation / Job title (See Instructions)	Employer (See In Roger Beasley		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2012	Contributor address; City; State; Zip Code 3656 Ranch Creek Dr Austin, TX 78730		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/10/2012	Contributor address; City; State; Zip Code 406 Sterzing St Austin, TX 78704		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	

	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 3/2	26 Report: 5/44
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Benner, Jeff (Mr.))	7 Amount of contribution (\$)	8
	05/05/2012	6 Contributor address; City; State; Zip Code 809 Bouldin Austin, TX 78704		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	nation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Benner, Jennifer (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/05/2012	Contributor address; City; State; Zip Code 809 Bouldin Austin, TX 78704		\$25.00	
		, , , , , , , , , , , , , , , , , , , ,			' -
	Dringing of occur	potion (Joh title (Coe Instructions)	Employer (Cao In	· .	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Bottoms, Shirley (Ms.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/22/2012	Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731		\$40.00	
					Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/11/2012	Contributor address; City; State; Zip Code 2506 Douglas St Austin, TX 78741		\$25.00	
				,	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2012	Contributor address; City; State; Zip Code 1817 East Oltorf Apt 1023 Austin, TX 78741		\$5.00	
				(If traval autoids of	Toyae camplete Sahadula T\
	Principal occup	pation / Job title (See Instructions)	Employer (See In	L -	Texas, complete Schedule T)

Texas Ethics Commission

The Instruction	N GUIDE explains how to complete this form.		1 PAGE#	
			Schedule: 4/2	26 Report: 6/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Brooks, Susan (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/04/2012	6 Contributor address; City; State; Zip Code 1613 South 3rd Austin, TX 78704		\$100.00	
		45 Franks (0.5 b)	<u> </u>	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/06/2012	Contributor address; City; State; Zip Code 1201 Woodland Ave. Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2012	Contributor address; City; State; Zip Code 500 Lone Oak Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Investor	ation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2012	Contributor address; City; State; Zip Code 600 Los Lomas Dr Austin, TX 78746		\$40.00	
				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/12/2012	Contributor address; City; State; Zip Code 5106 Evergreen Ct. Austin, TX 78731		\$100.00	!
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/	26 Report: 7/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	!)	7 Amount of contribution (\$)	8
05/04/2012	6 Contributor address; City; State; Zip Code 412 Alpine Rd Apt 5 Austin, TX 78704		\$50.00	
			,	Texas, complete Schedula T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Gofer, Rick (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/12/2012	Contributor address; City; State; Zip Code 1512 A Pennsylvania Ave Austin, TX 78702		\$25.00	
	Addition 1X 70702			·
• Flates 2: 1	- No. (lab (Ma (Con Instructions)	Employer (See In		Texas, complete Schedule T)
- гинсіраі осси	pation / Job title (See Instructions)	Embiosei (ose m	structions)	
Date	Full name of contributor Out-of-state PAC (ID4 Coleman, Pamela (Ms.)	<u>t</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012	Contributor address; . City; State; Zip Code 10908 Centennial Tr Austin, TX 78726		\$50.00	[[1
			-	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor unt-of-state PAC (IDA	, 20, 22, 20, 20, 20, 20, 20, 20, 20, 20, 	Amount of	In-kind contribution
	Corbin, Robert (Mr.)		contribution (\$)	description (if applicable)
05/11/2012	Contributor address; City; State; Zip Code 608 Cliff Dr Austin, TX 78704		\$100.00	!
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/21/2012	Contributor address; City; State; Zip Code 6301 Bon Terra Dr Austin, TX 78731		\$50.00	
	·		(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	·	

Texas Ethics Commission

The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 6/26 Report:	
2 FILER NAME Shea, Brigid (Ms.) 3 ACCOUNT # (Ethics Co 00006000	Commission filers)
	kind contribution ription (if applicable)
06/23/2012 6 Contributor address; City; State; Zip Code \$50.00 \$50.00 Austin, TX 78704	_
(If travel outside of Texas, comp	mplete Schedule T)
 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 	
	t-kind contribution Pription (if applicable)
O5/03/2012 Contributor address; City; State; Zip Code \$250.00 2923 Bushnell Dr Austin, TX 78745	
(fi trave) outside of Texas, comp	mplete Schedule T)
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Law Offices of Ben Cunningham	
	n-kind contribution cription (if applicable)
05/08/2012 Contributor address; City; State; Zip Code \$150.00 3307 Bryker Dr Austin, TX 78703	
(If travel outside of Texas, comp	mplele Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of In-k contribution (\$) description (\$)	n-kind contribution pription (if applicable)
05/03/2012 Contributor address; City; State; Zip Code \$50.00 and State; TX 78723	
(If travel outside of Texas, comp	mplete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	n-kind contribution cription (if applicable)
06/29/2012	
(If travel outside of Texas, comp	mplete Schedule Ti
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

	<u></u>					
	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 7/2	26 Report: 9/44	
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)	
4	Date	5 Full name of contributor uut-of-state PAC (ID# Dobbs, David (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/27/2012	6 Contributor address; City; State; Zip Code 9702 Swansons Ranch Rd Austin, TX 78748		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See Ins N/A	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/23/2012	Contributor address; City; State; Zip Code 2210 Enfield Rd #10 Austin, TX 78703		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See In:			
				•		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/13/2012	Contributor address; City; State; Zip Code 2120 Barton Hills Dr Austin, TX 78704		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/06/2012	Contributor address; City; State; Zip Code 4101 Ave C Austin, TX 78751		\$150.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/05/2012	Contributor address; City; State; Zip Code 2110 La Casa Austin, TX 78704		\$50.00] 	
				(If traval autoide et	Toyon complete Schodule T\	
	Principal occur	eation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)	
	. Into par ocoup	Section (Section designation of	Employor (ooo iii	o 300110)		

The Instructi	on Guide explains how to complete this form.		1 PAGE# Schedule: 8/	26 Report: 10/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Dale	5 Full name of contributor ut-of-state PAC (IDa Eckhardt, Sarah (Ms.)		7 Amount of contribution (\$)	B In-kind contribution description (if applicable)
05/14/2012	6 Contributor address; City; State; Zip Code 1001 Lorrain St Austin, TX 78703		\$250.00	
Account and the second and the secon			(If travel outside of	Texas, complete Schedule T)
9 Principal occur Lawyer	pation / Job title (See Instructions)	10 Employer (See In Travis County	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2012	Contributor address; City, State; Zip Code 1013 Harwood PI Austin, TX 78704		\$100.00	l
			(If travel outside of	Texas, complete Schedule Ti
Principal occur	pation / Job title (See Instructions)	Employer (See In	1 '	Totalos, domprote outradare 1)
Date	Full name of contributor ut-of-state PAC (ID# Fleckman, Steven (Mr.))	Amount of contribution (S)	In-kind contribution description (if applicable)
05/11/2012	Contributor address; City; State; Zip Code 515 Congress Ave Suite 1800 Austin, TX 78701		\$50.00	1]]
			(If)rave! outside of	Texas, complete Schedule T)
Principal occup	cation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID) Frederick, David (Mr.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/06/2012	Contributor address; City; State: Zip Code 414 Ridgewood Rd Austin, TX 78745	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Lowerre, Frede	structions) rick, Perales, Allm	on & Rockwell
Date	Full name of contributor	y)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/08/2012	Contributor address; City; State; Zip Code 10403 Grand Oak Dr Austin, TX 78750		\$350.00	
reveniente even			(If travel outside of	Texas, complete Schedule T)
Principal occup Software Eng	pation / Job title (See Instructions) gineer	Employer (See In BMC Software	structions)	_ -

	The Instruction	N Guide explains how to com	plete this form.		1 PAGE # Schedule: 9/2	26 Report: 11/44
2	FILER NAME	Shea, Brigid (Ms.)		-	3 ACCOUNT # 00006000	(Ethics Commission (iters)
4	Date	5 Full name of contributor Gilbert, Bob (Mr.)	ut-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/29/2012	6 Contributor address; 4212 Bellvue Ave Austin, TX 78756	City; State; Zip Code		\$100.00	
					(if travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Goff, Gayle (Ms.)	ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2012	Contributor address; 1106 Upland Austin, TX 78741	City; State; Zip Code		\$25.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	is)	Employer (See In	structions)	, , , , , , , , , , , , , , , , , , , ,
	Date	Full name of contributor Goff, Vicki (Ms.)	Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/05/2012	Contributor address; 2702 Princeton Dr Austin, TX 78741	City; State: Zip Code		\$100.00	
					ili travel outside of	Texas, complete Schedule T)
	Data simultan			£1 (O1-	_	Texas, complete ochedule 1)
	Principal occup	ation / Job title (See Instruction	(S)	Employer (See In	structions)	
	Date	Full name of contributor Gooby, Pamela (Ms.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	05/05/2012	Contributor address; 3101 Westlake Or Austin, TX 78746	City; State; Zip Code		\$25.00	1 1 1
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	os)	Employer (See In	structions)	
	Date	Full name of contributor Guerrero, Linda (Ms.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/30/2012	Contributor address; 3204 Fairtax Walk Austin, TX 76705	City; State; Zip Code		\$125.00	
					1913 manual 14 3 mm	
				PM		Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ıs)	Employer (See In	structions)	

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	The Instruction	או Guive explains how to complete this torm.		1 PAGE# Schedule: 10	/26 Report: 12/44
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Halverson, Wes (Mr.)	<i>j</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/22/2012	6 Contributor address; City; State; Zip Code 430 Mapteridge Dr Stevens Point, WI 54481		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
g	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/07/2012	Contributor address; City; State; Zip Code 6206 Hillston Dr Austin, TX 78745		\$25.00	1 1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Dale	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/28/2012	Contributor address: City: State: Zip Code 4522 Avenue F Austin, TX 78751	· • • • • • • • • • • • • • • • • • • •	\$100.00	
				(If Irayol outlaids at	Texas, complete Schedule T)
	Defection and	esting / Joh Hito /Con Instructional	Employer (Coole	<u> </u>	Texas, complete schedule 1)
	rincipar occup	pation / Job title (See Instructions)	Employer (See In	So ucatoris)	
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2012	Contributor address; City; State; Zip Code 2111 Airole Way Austin, TX 78704		\$50.00	I []
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/07/2012	Contributor address; City; State; Zip Code 605 E 49th St Austin, TX 78751	• • • • • • • • • • • • • • • • • • • •	\$200.00	
				(If traval and all all all all all all all all all al	Towns complete Catadola To
<u> </u>	Delegation 1	antian I Jah title (Cae Inserrations)	Employee (Con In	· .	Texas, complete Schedule T)
A DALIM M. M. M. M. M.	Attorney	pation / Job title (See Instructions)	Employer (See In Graves Doughe	erty Hearon & Mod	ody

	The Instauction	พ Guide explains how to complete this form.		1 PAGE# Schedule: 11	/26 Report: 13/44
2	FILER NAME	Shea, Brigid (Ms.)	_	3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/05/2012	6 Contributor address; City; State; Zip Code 8405 Old Bee Caves Rd #1621 Austin, TX 78735		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Hudkins, Mike (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/16/2012	Contributor address; City; State; Zip Code 500 E Riverside #267 Austin, TX 78704	,,	\$350.00	l
				,	Texas, complete Schedule T)
	Principal оссир General Мала	ation / Job title (See Instructions) ager	Employer (See In Texas Office Pr		
	Date	Full name of contributor out-of-state PAC (ID# Hulting, Jane (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/07/2012	Contributor address; City; State; Zip Code 8130 Cedar Road Elkins Park, PA 19027		\$150.00]]]
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job little (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2012	Contributor address; City: State; Zip Code 2408 Bluffview Dr. Austin, TX 78704		\$25.00	I I I
	l			(If travel outside of	Texas, complete Schedule Ti
	Principal occup	ation / Job title (See Instructions)	Employer (See in	·	
	Date	Full name of contributor)	Апюunt of contribution (\$)	In-kind contribution description (if applicable)
	05/07/2012	Contributor address; City; State; Zip Code 809 W 32nd St Austin, TX 78705	***************************************	\$350.00	
				(If traval autoide of	Texas, complete Schedule T)
	Principal coc	ation / Job title (See Instructions)	Employer (See In	· ·	reada, complete achequie 1)
	Architect	GIOTA 1990 BIRG (200 MEROCOOLE)	Self	auduuna)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	:/26 Report: 14/44		
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)		
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/11/2012	6 Contributor address; City; State; Zip Code 3415 Mt Barker Austin, TX 78731		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)		
 	05/10/2012	Contributor address; City; State; Zip Code 4401 Speedway #113 Austin, TX 78751		\$50.00	1 ! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u>-</u>		
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/04/2012	Contributor address; City; State; Zip Code 313 Lone Oak Dr Austin, TX 78704		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	nation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)			
	Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/05/2012	Contributor address; City; State; Zip Code 1813 Treadwell St Austin, TX 78704		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)			
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/07/2012	Contributor address; City; State; Zip Code 1511 Garnaas Dr Austin, TX 78758		\$25.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occur	bation / Job title (See Instructions)	Employer (See In	1 '			
				,			

W 100-100 W 100-100 W	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 13	3/26 Report: 15/44
2	FILER NAME	Shea, Brigid (Ms.)		3 AGCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kelly, Mary (Ms.))	7 Amount of contribution (\$)	8
	06/10/2012	6 Contributor address; City; State; Zip Code 725 Patterson Austin, TX 78703		\$75.00	
				(If travel outside of	Texas, complets Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/11/2012	Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704		\$50.00	1
				iii travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	1	
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/29/2012	Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704		\$25.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See in	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2012	Contributor address; City; State; Zip Code 1908 E 18th St Austin, TX 78702		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2012	Contributor address; City; State; Zip Gode 1106 Upland Dr Austin, TX 78741	· · · · · · · · · · · · · · · · · · ·	\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
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Texas Ethics Commission

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	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 14	/26 Report: 16/44
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lane, Lindsey (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2012	6 Contributor address; City; State; Zip Code 2004 Woodrich Ave. Austin, TX 78704		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/10/2012	Contributor address; City; State; Zip Code 3506 Far View Dr Austin, TX 78730		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	-	- Complete Schedule 1)
	, raioipai oodap	Catalini, and the last management,	,		
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/16/2012	Contributor address; City; State; Zip Code 28 River's Edge Dr Kennebunk, MA 04043		\$50.00	1 1 1
				,	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2012	Contributor address; City; State; Zip Code 1002 Bouldin Ave Austin, TX 78704		\$50.00	
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2012	Contributor address; City; State; Zip Code P.O. Box 244 Palisade, CO 81526		\$20.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 15	/26 Report: 17/44
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Locke, Jere (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/06/2012	6 Contributor address; City; State; Zip Code P.O. Box 40637 Austin, TX 78704		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/10/2012	Contributor address; City; State; Zip Code 725 Patterson Ave Austin, TX 78703		\$75.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
	- 1111011111111111111111111111111111111				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2012	Contributor address; City; State; Zip Code 7202 Rusty Fig Dr Austin, TX 78750		\$100.00	ı
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Empl o yer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2012	Contributor address; City; State; Zip Code 1906 Apricot Glen Austin, TX 78746		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
		Martin, Patricia Elaine (Ms.)	,	contribution (\$)	description (if applicable)
	05/10/2012	Contributor address; City; State; Zip Code 3306 Hemlock Ave Austin, TX 78722		\$300.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		
	Owner		Self/Eastside C		

Texas Ethics Commission

The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 16	/26 Report: 18/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mathis, Mary Nell (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/05/2012	6 Contributor address; City; State; Zip Code 6300 Mercedes Bend Austin, TX 78759		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	struction s)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/07/2012	Contributor address; City; State; Zip Code 310 East Live Oak St Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	eation / Job title (See Instructions)	Employer (See In:		, _
T Tillelpai occup	alion 7 000 little (Dee manuchons)	Employer (dee in	structions,	
Date	Full name of contributor ut-of-state PAC (ID# Mayton, Emma (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/01/2012	Contributor address; City; State; Zip Code 7101 Daugherty St Austin, TX 78757		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# McLeod, Mary (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/06/2012	Contributor address; City; State; Zip Code 1313 Alameda Dr Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Mehdy, Mona (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2012	Contributor address; City; State; Zip Code 5004 Smokey Mountain Dr. Austin, TX 78727		\$40.00	!
			(If traval autoida - f	Toyan complete Schodule To
Delastration	Labita / Jah titla (Con Jacks at an)	Employer (Oct.)	_	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	SITUCTIONS)	

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 17/	/26 Report: 19/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Miller, Drew (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/03/2012	6 Contributor address; City; State; Zip Code 1402 Arcadia Ave Austin, TX 78757		\$100.00 	
				Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Montague, Don (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/19/2012	Contributor address; City; State; Zip Code P.O. Box 216 Driftwood, TX 78619		\$40.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2012	Contributor address; City; State; Zip Code 4300 Rosedale Austin, TX 78756		\$75.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	`	
Date	Full name of contributor ut-of-state PAC (ID# Morrison, Susan (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/10/2012	Contributor address; City; State; Zip Code 4205 Ramsey Ave Austin, TX 78756		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In: Fowler Law Firn		
Date	Full name of contributor ut-of-state PAC (ID# Morrow, Donna (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2012	Contributor address; City; State; Zip Code 504 Terrace Dr Austin, TX 78704		\$20.00	I I I
			(If travel outside of	Texas, complete Schedule T)
Principal occup	l action / Job title (See Instructions)	Employer (See In	,	,

Texas Ethics Commission

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	/26 Report: 20/44
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# O'Brien, Tia (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/11/2012	6 Contributor address; City; State; Zip Code 6 McAllister Ave Kentfield, CA 94904		\$100.00	 - -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# O'Connor, Deirdre (Ms.)	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/06/2012	Contributor address; City; State; Zip Code 1213 Newning Austin, TX 78704		\$200.00	
		·		(If travel outside of	Texas, complete Schedule T)
I	Principal occup Housewife	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/11/2012	Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor uut-of-state PAC (ID# Overton, Linda (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/29/2012	Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704		\$25.00	! ·
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2012	Contributor address; City; State; Zip Code 4128 Lawless Dr. Austin, TX 78723		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	/26 Report: 21/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (ID# Perry, Kenneth (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/10/2012	6 Contributor address; City; State; Zip Code 405 21st St SW Minot, ND 58701		\$100.00	
			(If travel outside of	Texas, complete Schedule T) 🔲 📗
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/08/2012	Contributor address; City; State; Zip Code 1503 Haskell St Austin, TX 78702		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In:	· ·	
			, 	
Date	Full name of contributor ut-of-state PAC (ID# Powell, GW (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/08/2012	4407 Ave H		\$100.00	
	Austin, TX 78751		(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#Reilly, Bruce (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/09/2012	Contributor address; City; State; Zip Code 2605 Pegram Ave Austin, TX 78757		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
	upation / Job title (See Instructions) Engineer Senior Manager	Employer (See In Buffalo Technol		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012	Contributor address; City; State; Zip Code 400 Radam Ln Austin, TX 78745		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	·
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The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 20	/26 Report: 22/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Reveles, Lauro (Ms.)	')	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/29/2012	6 Contributor address; City; State; Zip Code 400 Radam Ln Austin, TX 78745		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)	_
Date	Full name of contributor ut-of-state PAC (ID# Reyes, Cora (Ms.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/23/2012	Contributor address; City; State; Zip Code 1109 Space Ln Austin, TX 78758		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal coors	bation / Job title (See Instructions)	Employer (See Ins	,	
	·		structions)	
Date	Full name of contributor ut-of-state PAC (ID# Reyes, Joe (Mr.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/23/2012	Contributor address; City; State; Zip Code 1109 Space Ln Austin, TX 78758		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,,,,,,
	<u>_</u>			
Date	Full name of contributor ut-of-state PAC (ID# Richter, Dorothy (Ms.)	ł)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/29/2012	Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751		\$25.00	I
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/08/2012	Contributor address; City; State; Zip Code 600 Battle Bend Blvd Austin, TX 78745		\$40.00	
			(If traval autoida of	Texas, complete Schedule T)
Oringinal age	potion / Job titlo (Soo Instructions)	Employer (See In	· ·	rexus, complete schedule 1)
Principal occup	pation / Job title (See Instructions)	Employer (See In	siruciions)	

The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 21	/26 Report: 23/44
2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date 5 Full name of contributor ut-of-state PAC (ID#) Robinson, Edward (Mr.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/04/2012 6 Contributor address; City; State; Zip Code 4400 Ramsey Ave Austin, TX 78756	\$100.00	! ! !
	(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	structions)	
Date Full name of contributor ut-of-state PAC (ID#) Ross, Lauren (Ms.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
O5/16/2012 Contributor address; City; State; Zip Code 1405 Hillmont Austin, TX 78704	\$350.00	1
	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Engineer Employer (See Instructions) Glenrose Engine		
Date Full name of contributor ut-of-state PAC (ID#) Rothe, Gail (Ms.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012 Contributor address; City; State; Zip Code 1705 Margaret St Austin, TX 78704	\$150.00	
	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)	
Date Full name of contributor Out-of-state PAC (ID#) Ruffing, Therese (Ms.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
O5/23/2012 Contributor address; City; State; Zip Code 5512 Oakwood Cove #181 Austin, TX 78731	\$40.00	
	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)	
Date Full name of contributor out-of-state PAC (ID#) Sanders, Susan (Ms.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012 Contributor address; City; State; Zip Code 2910 Hatley Dr Austin, TX 78746	\$50.00	
	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)	

				
The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 22	/26 Report: 24/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Schmidli, Lisette (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/08/2012	6 Contributor address; City; State; Zip Code 3656 Ranch Creek Dr Austin, TX 78730		\$100.00	 - -
			(if travel outside of	Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2012	Contributor address; City; State; Zip Code 2609 Sherwood Lane Austin, TX 78704		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	-
Political Orga	nizer	Texas Campaig	n for the Environn	nent
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/11/2012	Contributor address; City; State; Zip Code 7608 Gault St Austin, TX 78757		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012	Contributor address; City; State; Zip Code 1403 Kenwood Ave. Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Smith, Sarah (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2012	Contributor address; City; State; Zip Code 5012 Woodview Ave Austin, TX 78756		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

The Instruction Guide explains how to	complete this form.		1 PAGE# Schedule: 23	3/26 Report: 25/44
2 FILER NAME Shea, Brigid (Ms.)	E Shea, Brigid (Ms.)			(Ethics Commission filers)
4 Date 5 Full name of contribu Sprinkle, Patty (Ms.)	tor 🔲 out-of-state PAC (ID#	")	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/05/2012 6 Contributor address; 1114 Fieldcrest Dr Austin, TX 78704	City; State; Zip Code		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instru	ctions)	10 Employer (See In	structions)	
Date Full name of contribu Sternberg, Bruce (Mr.)		*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012 Contributor address; 16807 South Ridge Lane Austin, TX 78734	City; State; Zip Code		\$100.00	
Austin, 1X 78734				_
D : 1 1 1 1 1 1 1 1 1 1	-1'	F 1 (0 1)		Texas, complete Schedule T)
Principal occupation / Job title (See Instru	ictions)	Employer (See In	structions)	
Date Full name of contribu Strand, Christopher (N		*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2012 Contributor address; 6503 Delmonico Dr	City; State; Zip Code		\$150.00	
Austin, TX 78759			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instru	ctions)	Employer (See In	structions)	
Date Full name of contribu Sussman, Soll (Mr.)	tor 🔲 out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/23/2012 Contributor address; 6117 Mountain Villa Cove Austin, TX 78731	City; State; Zip Code		\$30.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instru	ctions)	Employer (See In	structions)	
Date Full name of contribu Tepfer, Tav (Mr.)	tor out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012 Contributor address; 919 E 53rd St Austin, TX 78751	City; State; Zip Code		\$40.00	
			// App. (1) - 1.1 - 1.4 4	Tanan annuluk Outumble an 🗀
Principal occupation / Job title (See Instru	ctions)	Employer (See In		Texas, complete Schedule T)
			_	

The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 24	/26 Report: 26/44
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Thompson, Helen (Ms.)	!)	7 Amount of contribution (\$)	8
05/09/2012	6 Contributor address; City; State; Zip Code 2304 Tower Dr Austin, TX 78703		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Tjepkema, Tamara (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012	Contributor address; City; State; Zip Code 8601 Oakmountain Circle Austin, TX 78759		\$35.00	
	·		()f travel autoide of	Tanana aramatata Cabadata D
Principal occur	pation / Job title (See Instructions)	Employer (See In	-	Texas, complete Schedule T)
T Tillolpal occup	autory out the (out more during)	Employer (ode in		
Date	Full name of contributor ut-of-state PAC (ID# Todd, David (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2012	Contributor address; City; State; Zip Code 1304 Mariposa Dr #211 Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	[)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012	Contributor address; City; State; Zip Code 3701 River Road Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Tschurr, Mark (Mr.)	<i>f</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/05/2012	Contributor address; City; State; Zip Code 3701 River Road Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

The Instruction	ON GUIDE explains how to con	nplete this form.		1 PAGE # Schedule: 25	/26 Report: 27/44
2 FILER NAME	Shea, Brigid (Ms.)			3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor Umphress, Robert (Mr.)	out-of-state PAC (ID#	')	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/11/2012	6 Contributor address; 10194 Vistadale Dr Dallas, TX 75238	City; State; Zip Code		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
Date	Full name of contributor Valentine, Doryne (Ms.)	out-of-state PAC (ID#	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/08/2012	Contributor address; 4306 Kilgore Ln	City; State; Zip Code		\$75.00	
	Austin, TX 78727				_
				<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
Date	Full name of contributor Van Rooyan, Gary (Mr.)	☐ out-of-state PAC (ID#	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2012	Contributor address; 6154 Piping Rock Ln Houston, TX 77057	City; State; Zip Code		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occup Special Lega	pation / Job title (See Instruction I Counsel	ns)	Employer (See In Liquide Environ	structions) mental Solutions	
Date	Full name of contributor Wendler, Ed (Mr.)	□ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/17/2012	Contributor address; 4803 Balcones Dr Austin, TX 78731	City; State; Zip Code		\$200.00	
				(If traval outside of	Texas, complete Schedule T)
Principal occup Real Estate (pation / Job title (See Instruction Developer	ns)	Employer (See In EW Developme		
Date	Full name of contributor Werbner, Stuart (Mr.)	☐ out-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/06/2012	Contributor address; 2118 Glendale Pl Austin, TX 78704	City; State; Zip Code		\$35.00	 - -
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/If travel outside of	Texas, complete Schedule T)
Principal occur	 pation / Job title (See Instruction	ns)	Employer (See In		Toxas, complete scriedure 1)
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	The Instruction	IN GUIDE explains how to complete this form.		1 PAGE# Schedule: 26	:/26 Report: 28/44
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Westbrook, Jay (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/04/2012	6 Contributor address; City; State; Zip Code 4707 Balcones Dr Austin, TX 78731		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Professor	ation / Job title (See Instructions)	10 Employer (See Ins UT Austin	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Wofford, D.J. (Mrs.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2012	Contributor address; City; State; Zip Code 1701 Duke Ave Austin, TX 78757		\$50.00]
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	*	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2012	Contributor address; City; State; Zip Code 4106 Avenue A Austin, TX 78751		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2012	Contributor address; City; State; Zip Code 1702 Eskridge Blvd SE Olympia, WA 98501		\$50.00	 - -
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	_ ·	Texas, complete Schedule T)
	, morpar occup	a.e., , , , , , , , , , , , , , , , , , ,	Zmployot (ooc m	511 45115115)	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

EXPENDITURE CATEGORIES Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overheed/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Rolated Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed abovo)

The Instruction Guide explains how to complete this form.

1 PAGE# Schedule: 1/15 F	lenort: 29/44	2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00006000
4 Date	5 Payee name			
05/11/2012	CiCi's Pizza			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$46.48	l	lerson Ln Bldg 3 Ste 132		
8 PURPOSE OF	l '	e Categories (isled at the top of this schedule) age Expense	(b) Description (II travel outside Dinner for Office Workers	of Texas, complete Schedula T)
EXPENDITURE				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Рауее пате			
05/03/2012	City of Austi	n Utilities	·	
Amount (\$)	Payee addres	s City; State; Zip Code	=	
\$442,45	P.O. Box 22 Austin, TX 7			
		e Categories listed at the top of this schedule)	· ·	of Texas, complete Schedule T)
PURPOSĒ OF	Office Overh	nead/Rental Expense	Campaign Office Utilities	
EXPENDITURE				
Comprate ONLY if direct expenditure to benefit C/OH	Candidate / O	ifficeholder name	Office sought:	Office held:
Date	Payee name			
05/23/2012	City of Austi			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$456.68	P.O. Box 22 Austin, TX 7			
	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Office Overh	nead/Rental Expense	Campaign Office Utilites	
EXPENDITURE				
Complete ONLY if direct expenditure to benefit G/OH	Candidate / O	ifficeholder name	Office sought:	Office held:
Date	Payee name			
05/09/2012	Constant Co			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$58.63	1601 Trapel Waltham, M	o Road IA 02451		
BUDBOOF	, , ,	e Calegories listed at the top of this schedule)	, , , , , , , , , , , , , , , , , , ,	of Texas, complete Schedula T)
PURPOSE OF	Advertising I	Expense	Automated Marketing	
EXPENDITURE				
Complete ONLY if direct expenditure to beneft C/OH	Candidate / O	fficeholder name	Office sought:	Office held:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Legal Services Food/Beverage Expense Polling Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Travel In District Travel Out Of District Event Expense OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) 2 Shea, Brigid (Ms.) 00006000 Schedule: 2/15 Report: 30/44 5 Payee name Date Constant Contact 06/09/2012 Payee address City; State; Zip Code 6 Amount (\$) 1601 Trapelo Road \$5.33 Waltham, MA 02451 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising Expense Automated Marketing OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 05/11/2012 Crestview Minimax Amount (\$) Payee address City: State: Zip Code 7108 Woodrow Ave . \$5,75 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Snacks for Office Workers Food/Beverage Expense **QF EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date

(if travel outside of Texas, complete Schedule T) Crook, Vanessa (Ms.) 05/03/2012 Amount (\$) Payee address City: State; Zip Code 2109 Haskell St \$1,200.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 05/23/2012 Crook, Vanessa (Ms.) Payee address City; State; Zip Code Amount (\$) 2109 Haskell St \$1,200.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Electronic Filing Version 3.43

SCHEDULE F

EXPENDITURE CATEGORIES

Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District Office Overhead/Rental Expense Loan Repaymenl/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

		The Instruction Guide explains ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/15 P	Report: 31/44	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
05/14/2012	Curry, Micha	iel (Mr.)		
6 Amount (\$)	7 Payee address	s City; State; Zip Code		
\$50.00	211 E 7th St	Ste 920		
φ50.00	Austin, TX 7			
		•		
8	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Accounting/E	Banking	Donation Refund	· _
OF EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
_	1 =			
Date	Payee name	- North Control of the Control of th		
05/11/2012	Discount Ele			
Amount (\$)	Payee addres			
\$8.12	1011 W And			
	Austin, TX 7	78757		
	_			
PURPOSE		e Categories listed at the top of this schedule)	•	e of Texas, complete Schedule T)
OF	Office Overn	ead/Rental Expense	Office Supplies	
EXPENDITURE				
	04:4-4-70	#:	O#ioo oo obli	0#:
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/03/2012	Dominguez,	Gabriela (Ms.)		
Amount (\$)	Pavee addres	s . City; State; Zip Code		-
\$50.00	2212 Pearl S	•		
\$50.00	Austin, TX 7			
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising E		Photography Services	·
OF EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
	D			
Date	Payee name			
05/17/2012	Facebook	01.004.70.1		
Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •		
\$20.33	1601 Willow Menlo Park,			
	Wiellio Fack,	0.134025		
	Coto acres /S	Ostogradas Batad at the top of this color to the	Deposition (% second a set)	and Tourne annual at the Color to the Tourne
PURPOSE	Advertising	e Categories listed at the top of this schedule)	Description (If travel outside Political Advertising	of Texas, complete Schedule T)
OF	Auvertising t	-vheuse	i onical Advertising	
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure			555 Boogni.	omeo noid.
to benefit C/OH	ĺ			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan 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.

Schedule: 4/15 Report: 32/44 Shea, Brigid (Ms.) 00006000		- PIN PYN NIALET	- AOONINT# (TEO###)
4 Date Sayee name Facebook 5 Amount (S) 7 Pages address City State; Zin Code 6 Amount (S) 7 Pages address City State; Zin Code 6 Amount (S) 7 Pages address City State; Zin Code 6 PURPOSE Compare ONLY 1 Office holder name City Conde 7 Office a sought. Candidate / Officeholder name City Code 7 Office a sought. Candidate / Officeholder name City Code 7 Office a sought. City City 7 Office hold: City City 7 Office City 7 Office City City 7 Office City City 7 Office City 7 Office City City 7 Office City	1 PAGE# Schedule: 4/15 P	eport: 32/44 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00006000
OSF23/2012 Facebook Faceboo	30/4	verbornus.	
S3.13 Identify I	-	Facebook	
Menio Park, CA 94025 PURPOSE EXPENDITURE	6 Amount (\$)	7 Payee address City; State; Zip Code	
PURPOSE OF EXPENDITURE Advertising Expense Advertising Expense Political Advertising Advertising Expense Political Advertising Advertising Advertising Complete ONLY if Candidate / Officeholder name Office sought: Office held: Office held: Office sought: Office held: Office held: Office sought: Office held:	S3.13		
Date OS/11/2012 Payee name Category (See Categories listed at the top of this schedule) Description (it travel outside of Texas, complete Schedule T) Payee address City: State; Zip Code	PURPOSE OF		The state of the s
Date OS/11/2012 Payee name Category (See Categories listed at the top of this schedule) Description (it travel outside of Texas, complete Schedule T) Payee address City: State; Zip Code			
Amount (\$) Payee address City, State; Zip Code \$131.86 \$131.86 \$132.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure despenditure in the log of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Complete ONLY if Candidate / Officeholder name Complete ONLY if direct expenditure Complete ONLY if Austin, TX 78756 PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Austin, TX 78756 Category (See Categories listed at the top of this schedule) Complete ONLY if Candidate / Officeholder name Complete Only if Candidate / Officeholder name Complete Only if Candidate / Officeholder name Complete Only if Austin, TX 78756 Purpose OF EXPENDITURE Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only if Category (See Categories listed at the top of this schedule) Complete Only	direct expenditure	Candidate / Officeholder name	Office sought: Office held:
Amount (8) S131.86 Payee address City: State; Zip Code 1923 E. 7 In St STE 100 Austin, TX 78702 PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Office overhead/Rental Expense Description (if travel outside of Texas, complete Schedule T) Phone/Internet Services Phone/Internet Services Office sought: Office held: Office held: Office sought: Office held: Office held: Office sought: Office held: Office held: Office held: Office sought: Office held:	Date	Payee name	-
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direct expenditure Date O5/10/2012	-		
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PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O5/04/2012 HEB Amount (\$) Payee address City; State; Zip Code 5808 Burnet Rd Austin, TX 78756 PURPOSE OF EXPENDITURE Candidate / Officeholder name Calegory (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY it direct expenditure Candidate / Officeholder name Consulting Services Coffice sought: Office held:	\$250.00		
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Complete ONLY if direct expenditure to benefit C/OH Date		•	
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PURPOSE OF EXPENDITURE Food/Beverage Expense Beverages for Office Workers Complete ONLY it direct expenditure Office sought: Office held:	\$32.30		
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Complete ONLY it direct expenditure Office held:			
direct expenditure		- ·	
		Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

(512)463-5800 TDD 1-800-735-2989

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out of District Office Overhead/Rental Expense Loan 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#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/15 F	leport: 33/44	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name	_		
05/12/2012	HEB			
6 Amount (\$)	7 Payee address			
\$47.30	5808 Burnet			
	Austin, TX 7	8/56		
			14.5	
8 PURPOSE		Categories listed at the top of this schedule)	I	of Texas, complete Schedule T)
OF	Food/Bevera	ge Expense	Drinks for Office voluntee	rs
EXPENDITURE				
9 Complete ONLY if	Candidate / Ot	ficeholder name	Office sought:	Office held:
direct expenditure			o moo oodgii.	emes nois.
to benefit C/OH				
Date	Payee name			
05/12/2012	HEB			
Amount (\$)	Payee address			
\$13.20	5808 Burnet			
	Austin, TX 7	8/50		
	0.1		I Basilea wa a a	
PURPOSE	-	e Categories listed at the top of this schedule) ead/Rental Expense	Description (If travel outside lce, Stamps for Office	of Texas, complete Schedule T)
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EXPENDITURE				
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direct expenditure				
to benefit C/OH				
Date	Payee name	Lana Bardi, M.A		
05/03/2012	_	hase Bank, N.A.		
Amount (\$)	Payee address			
\$34.00	7600 Burnet Austin, TX 7	H0a0 . 9757		
	7,000,7	0,0,		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
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OF EXPENDITURE				
EXTENDITORIE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
05/07/2012	,	hase Bank, N.A.		
Amount (\$)	Payee address		-	
\$30.00	_			
φου.υυ	Austin, TX 7			
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Accounting/E	Banking	Wire Transfer Fee	_
EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / O	ffi c eholder name	Office sought:	Office held:
to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidale/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 PAGE#			3 ACCOUNT # (TEC filers)	
Schedule: 6/15 R		Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
05/14/2012	Little Deli			
6 Amount (\$)	7 Payee address	• • • • • • • • • • • • • • • • • • • •		
\$45.73	7101-A Wood Austin, TX 7			
	Austin, IA7	6757		
8	(a) Category (Sec	Calegories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Food/Bevera		Lunch for Campaign Work	
OF EXPENDITURE	. •	3		
9 Complete ONLY if	Candidate / Of	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
05/11/2012	Lowe's			
Amount (\$)	Payee address	s City; State; Zip Code		
\$128.86	8000 Shoal (
	Austin, TX 7	8757		
PURPOSE		e Categories listed at the top of this schedule)	· '	of Texas, complete Schedule T)
OF	Office Overn	ead/Rental Expense	Supplies for Signs	
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	V •••••			
Date	Payee name M.J. Ross Gr	roup Inc		
05/07/2012 Amount (\$)	Payee address			
` '	P.O. Box 190	•		
\$102.85	Portland, Of			
				•
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Advertising E	Expense	Automated Marketing	_
EXPENDITURE				
OI-to ONI Wife	Condidate / O	fficeholder name	Office sought:	O#E 1-1d:
Complete ONLY if direct expenditure	Candidate / Or	incendider frame	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/10/2012	M.J. Ross G	-		
Amount (\$)	Payee address	•		
\$3,000.00	P.O. Box 190 Portland, Of			
	T Gritario, Or	10,200		
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OF EXPENDITURE				
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to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

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

1 PAGE # Schedule: 715 Report: 39:44 4 Date Os/15/2012 5 Payee name Os/15/2012 5 Payee address City: State; Zip Code Os/15/2012 6 Os			•	•			
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Amount (\$) \$1,600.00 Payee address 3002 Breeze Terrace Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date 05/03/2012 Amount (\$) \$450.00 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Salary Date 05/03/2012 Amount (\$) \$450.00 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Date 05/03/2012 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Watch Party Event Rental Office sought: Office held:	Date	Рауее пате					
\$1,600.00 3002 Breeze Terrace Austin, TX 78722 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Page address City; State; Zip Code 1107 N IH35 Austin, TX 78702 Complete ONLY if direct expenditure Complete ONLY if direct expenditure Candidate / Office bolder name Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) Event Expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Description Watch Party Event Rental Office sought: Office held:	05/23/2012	McNally, Joh	nn (Mr.)				
Austin, TX 78722 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O5/03/2012 Amount (\$) Payee address City; State; Zip Code 1107 N IH35 Austin, TX 78702 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Salary Description (If travel outside of Texas, complete Schedule T) Salary Description (If travel outside of Texas, complete Schedule T) Office held: Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Office sought: Complete ONLY if direct expenditure Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:	Amount (\$)	Payee addres	s City; State; Zip Code				
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Payee name Mexitas Amount (\$) Payee address City; State; Zip Code 1107 N IH35 Austin, TX 78702 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Watch Party Event Rental Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:	\$1,600.00						
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O5/03/2012 Mexitas Amount (\$) Payee address City; State; Zip Code 1107 N IH35 Austin, TX 78702 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held: Office sought: Office held: Office sought: Office held:	• • • • • • • • • • • • • • • • • • • •	Austin, TX 7	78722				
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O5/03/2012 Mexitas Amount (\$) Payee address City; State; Zip Code 1107 N IH35 Austin, TX 78702 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held: Office sought: Office held: Office sought: Office held:							
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	DUDPOSE		- · · · · · · · · · · · · · · · · · · ·	,	side of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/OH Date		Salaries/wa	ges/Contract Labor	Salary			
Date 05/03/2012 Payee name Mexitas Amount (\$) Payee address City; State; Zip Code 1107 N IH35 Austin, TX 78702 PURPOSE OF EXPENDITURE Complete ONLY it direct expenditure Candidate / Officeholder name Candidate / Officeholder name Date Only it direct expenditure Payee name Mexitas City; State; Zip Code 1107 N IH35 Austin, TX 78702 Description (If travel outside of Texas, complete Schedule T) Watch Party Event Rental Office sought: Office held:	EXPENDITURE						
Date 05/03/2012 Payee name Mexitas Amount (\$) Payee address City; State; Zip Code 1107 N IH35 Austin, TX 78702 PURPOSE OF EXPENDITURE Complete ONLY it direct expenditure Candidate / Officeholder name Candidate / Officeholder name Date Only it direct expenditure Payee name Mexitas City; State; Zip Code 1107 N IH35 Austin, TX 78702 Description (If travel outside of Texas, complete Schedule T) Watch Party Event Rental Office sought: Office held:	Complete ONLY if	Candidate / O	officeholder name	Office sought:	Office held:		
Date 05/03/2012	direct expenditure						
Amount (\$) Payee address City; State; Zip Code \$450.00 1107 N IH35 Austin, TX 78702 PURPOSE OF EXPENDITURE Complete ONLY it direct expenditure Candidate / Officeholder name City; State; Zip Code Description (If travel outside of Texas, complete Schedule T) Watch Party Event Rental Office sought: Office held:	-						
Amount (\$) \$450.00 Payee address City; State; Zip Code 1107 N IH35 Austin, TX 78702 PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name City; State; Zip Code Description (If travel outside of Texas, complete Schedule T) Watch Party Event Rental Office sought: Office held:		l '					
\$450.00			City Order 71- Orde				
Austin, TX 78702 PURPOSE OF EXPENDITURE Candidate / Officeholder name Austin, TX 78702 Description (If travel outside of Texas, complete Schedule T) Watch Party Event Rental Watch Party Event Rental Office sought: Office held:		1 1	•				
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Category (See Categories listed at the top of this schedule) Event Expense Watch Party Event Rental Candidate / Office holder name Office sought: Office held:	\$450.00						
PURPOSE OF EXPENDITURE Event Expense Watch Party Event Rental Office sought: Office held:							
PURPOSE OF EXPENDITURE Event Expense Watch Party Event Rental Office sought: Office held:	-	Category (See	e Categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T.		
Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:				, ,			
Complete ONLY it direct expenditure Candidate / Officeholder name Office sought: Office held:				,			
direct expenditure							
		Candidate / O	fficeholder name	Office sought:	Office held:		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gitts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

				3 ACCOUNT # (TEC filers)
1 PAGE#		2 FILER NAME Shea, Brigid (Ms.)		
Schedule: 8/15 R	•	Offica, Brigid (MS.)		00006000
•	5 Payee name	•		
05/04/2012	Office Depot			
6 Amount (\$)	7 Payee addres			
\$88.57	2620 W And			
	Austin, TX 7	18757	,	
_				
		e Calegories listed at the top of this schedule)		de of Texas, complete Schedule T)
PURPOSE OF	Printing Exp	ense	Printing/Copying Service	2 S
EXPENDITURE				
	0 11-1- 10	Washallana -	Office accords	Office held.
9 Complete ONLY if direct expenditure	Candidate / O	Office h older name	Office sought:	Office h eld:
to benefit C/OH				
Date	Рауее пате			
05/04/2012	Office Depot			
Amount (\$)	Payee addres			
\	2620 W And	•		
\$85.51	Austin, TX 7			
	,	•		
	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE	• .	nead/Rental Expense	Office Supplies	do or rouge, complete concedie 17
OF	011100 07011	Today, Tomas Emporido		
EXPENDITURE				
Complete ONLY if	Candidate / O	Officeholder name	Office sought:	Office held:
direct expenditure			. 3	
to benefit C/OH				
Date	Payee name			
05/05/2012	Office Depot	<u>t</u>		
Amount (\$)	Payee addres	ss City; State; Zip Code		
\$180.00	0400 Coudh			
	2102 South			
	Austin, TX			
PURPOSE	Austin, TX 7	78704 e Categories listed at the top of this schedule)	, ,	de of Texas, complete Schedule T)
PURPOSE	Austin, TX 7	78704 e Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Austin, TX 7	78704 e Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF EXPENDITURE	Austin, TX 7 Category (Se	78704 e Categories listed at the top of this schedule) Expense	Stamps	
OF EXPENDITURE Complete ONLY if	Austin, TX 7 Category (Se	78704 e Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF EXPENDITURE	Austin, TX 7 Category (Se	78704 e Categories listed at the top of this schedule) Expense	Stamps	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Austin, TX 7 Category (See Advertising I	78704 e Categories listed at the top of this schedule) Expense	Stamps	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Austin, TX 7 Category (Se Advertising I	78704 The Categories listed at the top of this schedule) Expense Officeholder name	Stamps	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012	Austin, TX 7 Category (Ser Advertising I Candidate / O Payee name Office Depot	78704 The Categories listed at the top of this schedule) Expense Officeholder name	Stamps	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012 Amount (\$)	Austin, TX 7 Category (See Advertising Is Candidate / O Payee name Office Depote	78704 The Categories listed at the top of this schedule) Expense Officeholder name t SS City; State; Zip Code	Stamps	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012	Austin, TX 7 Category (Ser Advertising I Candidate / O Payee name Office Depot	re Categories listed at the top of this schedule) Expense Officeholder name t ss City; State; Zip Code Lamar	Stamps	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012 Amount (\$)	Austin, TX 7 Category (Ser Advertising I Candidate / O Payee name Office Depot Payee addres 2102 South	re Categories listed at the top of this schedule) Expense Officeholder name t ss City; State; Zip Code Lamar	Stamps	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012 Amount (\$)	Category (See Advertising In Candidate / On Payee name Office Depote Payee address 2102 South Austin, TX 7	re Categories listed at the top of this schedule) Expense Officeholder name t ss City; State; Zip Code Lamar 78704	Stamps Office sought:	Office held:
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012 Amount (\$) \$70.63	Category (See Advertising In Candidate / On Payee name Office Depote Payee address 2102 South Austin, TX 7	re Categories listed at the top of this schedule) Expense Officeholder name t ss City; State; Zip Code Lamar 78704	Stamps Office sought:	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012 Amount (\$) \$70.63	Austin, TX 7 Category (See Advertising Is Candidate / O Payee name Office Depot Payee addres 2102 South Austin, TX 7 Category (See	re Categories listed at the top of this schedule) Expense Officeholder name t ss City; State; Zip Code Lamar 78704	Stamps Office sought: Description (If travel outsi	Office held:
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012 Amount (\$) \$70.63	Austin, TX 7 Category (See Advertising Is Candidate / O Payee name Office Depot Payee addres 2102 South Austin, TX 7 Category (See	re Categories listed at the top of this schedule) Expense Officeholder name t ss City; State; Zip Code Lamar 78704	Stamps Office sought: Description (If travel outsi	Office held:
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/05/2012 Amount (\$) \$70.63	Austin, TX 7 Category (See Advertising Is Candidate / O Payee name Office Depote Payee addres 2102 South Austin, TX 7 Category (See Printing Exp	re Categories listed at the top of this schedule) Expense Officeholder name t ss City; State; Zip Code Lamar 78704	Stamps Office sought: Description (If travel outsi	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Austin, Texas 78711-2070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Aental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 PAGE#				3 ACCOUNT # (TEC filers)
Schedule: 9/15 F	Report: 37/44	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name Office Depot			
05/11/2012	7 Payee address			
6 Amount (\$)	l''			
\$50.20	Austin, TX 7			
8	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE		ead/Rental Expense	Printer Ink	or remain semples constant ()
OF EXPENDITURE				
EXPENDITORL				
9 Complete ONLY if	Candidate / Of	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
	Dayso same	-		
Date 05/14/2012	Payee name Office Depot			
Amount (\$)	Payee address			-
	l	- · · · · · · · · · · · · · · · · · · ·		
\$47.63	Austin, TX 7			
	,			
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	1	ead/Rental Expense	Postage, Labels	, ,
OF EXPENDITURE		·		
27(2112(10112				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
05/15/2012	Office Depot			
Amount (\$)	Payee address			
\$92.16	2102 South I			
Ψ32.10	Austin, TX 7			
		•		
		Categories listed at the top of this schedule)	•	of Texas, complete Schedule T)
PURPOSE OF	Office Overh	ead/Rental Expense	Copy Services	
EXPENDITURE				
0 1-1- 0111 1/1/	Condidate (O	Winehaldor and	O#ioo -o	O#== L-1J.
Complete ONLY if direct expenditure	Candidate / Or	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/18/2012	Office Depot			
Amount (\$)	Payee address	, , , , , , , , , , , , , , , , , , , ,		
\$306.00	2620 W And			
	Austin, TX 7	8/5/		
	C-+		Description with the second	47
PURPOSE		Categories listed at the top of this schedule) undraising Expense	Description (II travel outside Stamps/Postage	of Texas, complete Schedule T)
OF	JUNGRANUN/F	undraising Expense	Stamps/Fustage	
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			•	
I to perioni ovori	<u> </u>			

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers)
Schedule: 10/15	Report: 38/44 Shea, Brigid (Ms.)	00006000
4 Date	5 Payee name	
05/23/2012	Oliver, Bill (Mr.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$100.00	2728 S Congress	
	#12 Austin, TX 78704	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	Musician Services
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Carratago / Carrotago Harris	Sillot voic.
to benefit C/OH		
Date	Payee name	
05/12/2012	Papa Johns	
Amount (\$)	Payee address City; State; Zip Code	
\$50.47	5343 Burnet Rd Austin, TX 787 56	
	Austin, 17 70750	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	Lunch for Office Workers
OF EXPENDITURE	1 Course variage Experies	Zaliski jej o mod Premero
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
06/30/2012	Paypal	
Amount (\$)	Payee address City; State; Zip Code	
\$127.82	2145 Hamilton Avenue	
ψ127.02	San Jose, CA 95125	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	Cumulative credit card processing fees for reporting
EXPENDITURE		period
	0 514 106 111	0.6
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
05/23/2012	Pogue, Alan (Mr.)	
Amount (\$)	Payee address City; State; Zip Code	
\$200.00	2104 East Martin Luther King, Jr. Blvd	
	Austin, TX 78702	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	Photographic Services
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		Ť
to belieful CiOH		

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE#				3 ACCOUNT # (TEC filers)
Schedule: 11/15	Report: 39/44	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
05/03/2012	Raab, Angela	a Melina (Ms.)		
6 Amount (\$)	7 Payee address	City; State; Zip Code		
\$500.00	2606 Редгап	n Ave		
	Austin, TX 7	8757		
8		Categories listed at the top of this schedule)	1 7 7	of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wag	ges/Contract Labor	Salary	
EXPENDITURE				
A Complete ONLY if	Candidata / Ot	ficeholder narne	Office cought:	Office held:
9 Complete ONLY if direct expenditure	Candidate / Or	ilicenoider name	Office sought:	Office field.
to benefit C/OH				
Date	Рауее пате			
05/03/2012	Rindy & Asso	ociates, Inc.		
Amount (\$)	Payee address	city; State; Zip Code		
\$124.24		h Street #1003		
*	Austin, TX 7	8702		
DUDDOCE		Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Advertising E	xpense	Political Advertising	
EXPENDITURE				
	0	was balded as a second	Office as able	O#:
Complete ONLY if direct expenditure	Candidate / Oi	ficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/07/2012	Rindy & Asso	ociates, Inc.		
Amount (\$)	Payee address	s City; State; Zip Code		
\$60,000.00		h Street #1003		
, , , , , , , , , , , , , , , , , , , ,	Austin, TX 7	8702		
		·		
PURPOSE		Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Advertising E	expense	Political Advertising	
EXPENDITURE				
Complete ONLY	Condidate / Of	ficeholder name	Office sought	Office held:
Complete ONLY if direct expenditure	Candidate / Of	incendider fiame	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/07/2012	Rindy & Asso	ociates, Inc.		
Amount (\$)	Payee address	s City; State; Zip Code		
\$9,500.00	2401 East 6t	h Street #1003		
	Austin, TX 7	8/02		
	_			
PURPOSE	"	Categories listed at the top of this schedule)	·	of Texas, complete Schedule T)
OF	Advertising E	expense	Political Advertising	
EXPENDITURE				
Complete ONLY if	Candidate / O	ficeholder name	Office sought:	Office held:
direct expenditure			Smoo ooagra.	Cinco riola.
to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travol in District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 PAGE# Schedule: 12/15	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers 00006000	5)
4 Date	5 Payee name	0000000	_
05/08/2012	Rindy & Associates, Inc.		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$351.81	2401 East 6th Street #1003		
3333	Austin, TX 78702		
B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	J
OF	Advertising Expense	Political Advertising	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to penefit C/OH			
Date	Payee name		=
06/29/2012	Shea, Brìgid (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$2,500.00	2604 Geraghty Ave		
\$2,800.00	Austin, TX 78757		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	Loan Repayment/Reimbursement	Partial Loan Repayment	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to benefit C/OH			
Date	Payee name		
06/30/2012	Square		
Amount (\$)	Payee address City; State; Zip Code	-	
\$31,83	110 5th Street		
401,00	San Francisco, CA 94103		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	Accounting/Banking	Cumulative credit card processing fees for reporting period	
EXPENDITURE		parios	
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to bonefit C/OH		- 1. G	
Date 05/04/2010	Payee name The Austin Chronicle		
05/04/2012 Amount (\$)	Payee address City; State; Zip Code		_
• • •	1 - 2		
\$1,345.00	Austin, TX 78765		
	Category (See Calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	J
PURPOSE OF	Advertising Expense	Political Advertising	
EXPENDITURE			
Osmalar- Otti vi V	Condidate (Officeholder new-	Office populate	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:	
to benefit C/OH			

SCHEDULE F

(512)463-5800 TDD 1-800-735-2989

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicilation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

			_
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 13/15	Report: 41/44 Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name		
05/11/2012	The Austin Chronicle		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1,845.00	P.O. Box 49066		
	Austin, TX 78765		
		In a second	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Advertising Expense	Political Advertising	
EXPENDITURE	·		
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		S. III S COSS	555 N.5
to benefit C/OH			
Date	Payee name		
05/17/2012	The Frisco Shop		
Amount (\$)	Payee address City; State; Zip Code		
\$18.44	6801 Burnet Rd		
	Austin, TX 78757		
PURPOSE	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Food/Beverage Expense	Lunch for Office Workers	i
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Cincondider manie	Office Sought.	omee neid.
to benefit C/OH			
Date	Payee name		
05/11/2012	Thunderbird Coffee		
Amount (\$)	Payee address City; State; Zip Code		
\$23.50	1401 Koenig Ln		
	Austin, TX 78756		
PURPOSE	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Food/Beverage Expense	Beverages for Campaign	Stair
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		255 5055	Sinco Haid.
to benefit C/OH			
Date	Payee name		
05/03/2012	United States Postal Service Northcross Station		
Amount (\$)	Payee address City; State; Zip Code		
\$135.00	7700 Northcross Dr Austin, TX 78757		
	Catagory (See Catagories listed at the top of this cached to	Description (If travel outside	o of Toyan appealate Paka dala To
PURPOSE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Stamps	e of Texas, complete Schedule T)
OF	Constitution and discussing Expense	Otampo	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
	I .		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Punting Expense

P.O.Box 12070

Sararies/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Trave Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 14/15		Shea, Brigid (Ms.)		00006000
4 Date 05/04/2012	5 Payee name United State	s Postal Service Northcross Station		
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$360.00	7700 Northo Austin, TX 7			
8 PURPOSE OF EXPENDITURE	' '	e Calegories listed at the top of this schedule) Fundraising Expense	(b) Description Stamps	(If travel outside of Texas, complete Schedulo T)
Gomplete ONLY if direct expenditure to benefit C/OH	Candidate / O	tticeholder name	Office sou	ight: Office held:
Date	Payee name			
05/07/2012		s Postal Service Northcross Station		
Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •		
\$180.00	7700 Northo Austin, TX 7			
PURPOSE		e Calegories listed at the top of this schedule) Fundraising Expense	Description Stamps	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sou	ight: Office held:
Date	Payes name			
05/06/2012	United State	s Postal Service South Congress Station		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$16,20	3903 S Cond Austin, TX 7			
PURPOSE OF EXPENDITURE	Category (Se Advertising I	a Categories tisted at the top of this schodule) Expense	Description Stamps	(If travel outside of Texas, complete Schedule T)
Complete DNLY if direct expenditure to benefit C/OH	Candidate / O	fliceholder name	Office sou	ight: Office held:
Date	Payee name			
05/06/2012	United State	s Postal Service South Congress Station		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$16.20	3903 S Cons Austin, TX 7	gress Ave 78704		
PURPOSE OF EXPENDITURE	Category (Sec Advertising I	e Categories listed at the top of this schedule) Expense	Description Stamps	(If Iravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sou	ight: Office held:

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulling Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan 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 ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 15/15	Report: 43/44	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
05/03/2012	Worley Print	ing Co., Inc.		
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$3,258.33	3217 North I	IH 35		
ψ0,200.00	Austin, TX 7			
8	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel outs	de of Texas, complete Schedule T)
PURPOSE	Printing Exp	ense	Yard Signs	***************************************
OF EXPENDITURE				
		•		
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name	ina Co. Ina		
05/03/2012	Worley Print			
Amount (\$)	Payee addres	* ' '		
\$926.62	3217 North i			
	Austin, TX 7	18122		
PURPOSE		e Categories listed at the top of this schedule)	*	de of Texas, complete Schedule T)
OF	Printing Exp	ense	Doorhangers	
EXPENDITURE				
Complete ONLY if	Condidate / O	officeholder name	Office cought:	Office held:
Complete ONLY if direct expenditure	Candidate / O	micenoider name	Office sought:	Office field.
to benefit C/OH				
Date	Payee name			
05/11/2012	Worley Print	ing Co., Inc.		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$356.03	3217 North !	IH 35		
ψοσο.σο	Austin, TX			
	Category (Se	e Categories listed at the top of this schedule)	Description (If trave) outsi	ide of Texas, complete Schedule T)
PURPOSE	Printing Exp		Posters	, , , , , , , , , , , , , , , , , , ,
OF EXPENDITURE				
		<u>. </u>		
Complete ONLY if	Candidate / O	officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
	Doug- no			
Date	Payee name yousendit			
05/07/2012		Cities Obabas 71a Oada		
Amount (\$)	Payee addres	-		
\$9.99	1919 S Baso 3rd Floor	com Ave		
	Campbell, C	CA 95008		
	-		Donovinting 484	d
PURPOSE		e Calegories listed at the top of this schedule)	• • • • • • • • • • • • • • • • • • •	de of Texas, complete Schedule T)
OF	Onice Over	nead/Rental Expense	File Sharing Subscription	ALL SELVICE
EXPENDITURE				
Complete ONLY if	Candidate / O	officeholder name	Office sought:	Office held:
direct expenditure	Candidate / O	MICCHOIDE HAITE	Onice sought.	Office nera.
to benefit C/OH	<u> </u>			

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction	ON GUIDE explains how to complete this form.	1 PAGE#	-
		Schedule: 1/1	Report: 44/44
2 FILER NAME	Shea, Brigid (Ms.)	3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Name of person from whom amount is received JPMorgan Chase Bank, N.A.		8 Amount (\$)
06/30/2012	6 Address of person from whom amount is received; City; State; Zip Code 7600 Burnet Road Austin, TX 78757		\$0.46
	7 Purpose for which amount is received Interest on Checking Account		
Date	Name of person from whom amount is received Texas Office Products & Supply		Amount (\$)
05/18/2012	Address of person from whom amount is received; City; State; Zip Code 4103 N IH35 Austin, TX 78722		\$1,400.00
	Purpose for which amount is received Refund for Office Furniture		

VERIFICATION FOR ELECTRONIC FILING

AFFIDAVIT

I, Sud Sud report filed on electronic disk is true and corresponded by me under Title 15, Election Cod	
7/14/12 Date	Signature - Candidate or Officeholder
Sworn to and subscribed before me, by the said this the	1 - Bridia Shea 200 to certify which, witness
AARON SAMANIEGO My Commission Expires August 20, 2013	
SEAL	Signature - officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	DIDE explains how to complete th	his form.	ACCOUNT # Ethics Commission filers)	2 PAGE# 1 of 49	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FI MS. Brig	RST pid	МІ	OFFICE U	SE ONLY
NAME			SUFFIX		AUSTIN C RECI
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT 2604 Geraghty Ave. Austin, TX 78757	£#; CΠY;	STATE; ZIP CODE		EIVED
Change of Address					RK
				Receipt #	Amount
5 CAMPAIGN TREASURER		RST	Mt	Date Processed	
NAME	Ms. Dar	nette		Date Imaged	
		menti	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEA 200 The Circle Austin, TX 78704	ASE); APT / SUITE #;	CITY; STATE;	ZIP COOE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (512) 912-8290	JMBER	EXTENSION		·
8 REPORT TYPE	X January 15 30	th day before election	Runoff	15th day after c appointment (of	ampaign treasurer ficeholder only)
	July 15 8th	day before election	Exceeded \$500 limit	Final report (Att	ach C/OH - FR)
9 PERIOD COVERED	Month Day Year 07/01/2012	THROUGH	050 HIND HAS CHAMPIUN 1059 17 17 17 17 17 17 17 17 17 17 17 17 17	ADAM INDA	
			9, 2018	enut (
10 ELECTION	ELECTION DATE Month Day Year 05/12/2012	ELECTION TYPE Primary	Runoff X	General	Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known Mayor)	
		GO TO PAG			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Shea	, Brigid (Ms.)		14 ACCOLINT # (E 00006000	thics Commission filers)	
15 NOTICE FROM POLITICAL	have been made with	tice of political expenditures by political committees to support the car out the candidate's or officeholder's knowledge or consent. Candidate y receive notice of such expenditures			
COMMITTEE(S)	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAKIN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	197.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,000.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	0.00	
	4, TOTAL F	POLITICAL EXPENDITURES	\$	19,898.35	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	265.01	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	44,340.00	
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. ADAM THOMAS CHAMPION IN COMMITTEE 15, Election Code.					
AFEIV NOTABLY	TAME / SEAL ABOV	,	andidate or Officeholde	er	
Sworn to and subscribed before me, by the said Srigrod Shear, this the 15 day of 3AN, 2013, to certify which, witness my hand and seal of office.					
Signature of officer admi	nistering oath	Adam thomas Champian Print name of officer administering oath	PB - SD Title of officer adminis		

	The INSTRUCTO	אס Guide explains how to complete this form.		1 PAGE # Schedule: 1/4	40 Report: 3/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#Abbot, Stephen (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/14/2012	6 Contributor address; City; State; Zip Code 2703 Bonnie Rd Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Programmer	ation / Job title (See Instructions)	10 Employer (See In IBM	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2012	Contributor address; City; State; Zip Code 302 Park Ln Austin, TX 78704		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In:	•	
				,	
	Dale	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 1507 Treadwell St Austin, TX 78704		\$40.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	*	, , <u>, , , , , , , , , , , , , , , , , </u>
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 3605 Shady Valley Dr Austin, TX 78739		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Riggs, Alshire &		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2012	Contributor address; City; State; Zip Code 3404 Southill Circle Austin, TX 78703		\$200.00	
				(If traval autaids =1	Toxes complete Schodule To
	Principal co-	ation / lob title /Cae Instructions)	Employee /Cos. Inc		Texas, complete Schedule T)
	Retired	ation / Job title (See Instructions)	Employer (See Ins N/A	suuciions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/4	40 Report: 4/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Atherton, Lorraine (Ms.))	7 Amount of contribution (\$)	1 8 In-kind contribution description (if applicable)
07/13/2012	6 Contributor address; City; State; Zip Code 2009 Arpdale Austin, TX 78704		\$100.00	
			(If trave) outside of	Texas, complete Schedule T)
9 Principal occur Copy Editor	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Bailey, Brooke (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/01/2012	Contributor address; City; State; Zip Code 1801 West 10th St Austin, TX 78703		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	L "	, <u>, </u>
Date	Full name of contributor ut-of-state PAC (ID#Baker, Harris (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/03/2012	Contributor address; City; State; Zip Code 5000 Ridge Oak Dr Austin, TX 78731		\$350.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occup Alternative Er	pation / Job title (See Instructions) nergy	Employer (See In HBH Operations		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1303 Bentwood Austin, TX 78722		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Investor	ation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 1303 Bentwood Austin, TX 78722		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Investor	pation / Job title (See Instructions)	Employer (See Ins Self	structions)	

The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	40 Report: 5/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	/)	7 Amount of contribution (\$)	8
07/03/2012	6 Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Publisher	pation / Job title (See Instructions)	10 Employer (See In Austin Chronicle		
Date	Full name of contributor ut-of-state PAC (ID# Barber, Donna (Ms.)	<u>/</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/09/2012	Contributor address; City; State; Zip Code 1502 Madison Ave Austin, TX 78757		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Barry, Claire (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 1505 Brentwood Austin, TX 78757		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Bauer, Steve (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 4813 Canyonbend Cir Austin, TX 78735		\$10.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Betancourt, Carl (Mr.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1505 Travis Hts Blvd Austin, TX 78704		\$200.00	
			(If traval autaida af	Texas, complete Schedule T)
Principal occu Sheet Metal	 pation / Job title (See Instructions) Worker	Employer (See Ins Dynamic Systen	structions)	rends, complete Scriedule 1)

					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/4	40 Report: 6/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (IDi Blinn, John (Mr.)	')	7 Amount of contribution (\$)	8
	11/01/2012	6 Contributor address; City; State; Zip Code 5512 Oakwood Cove #181 Austin, TX 78731		\$20.00	
				,	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/11/2012	Contributor address; City; State; Zip Code 2100 Southern Oaks Austin, TX 78745		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (IDa Boyt, Jeff (Mr.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/30/2012	Contributor address; City; State; Zip Code 5423 Shoalwood Austin, TX 78756		\$100.00	I
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (IDa Brodnax, Pat (Ms.)	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/01/2012	Contributor address; City; State; Zip Code 1105 West Annie Austîn, TX 78704		\$25.00	, , ,
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/13/2012	Contributor address; City; State; Zip Code 20 Chestnut Hill Road Trumbull, CT 06611		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

P.O.Box 12070

The Instruction	ом Guide explains how to complete this form.		1 PAGE# Schedule: 5/4	40 Report: 7/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Bunch, Bill (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/14/2012	6 Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704		\$200.00	
			(If travel outside of	Texas, completo Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In SOS Alliance	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Bunch, Bill (Mr.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704		\$100.00	 - -
	Addition, 177707		(II travel outside of	Texas, complete Schedule T)
Principal occup Attorney	Dation / Job title (See Instructions)	Employer (See In SOS Alliance	<u> </u>	Toxas, complete conceder 17
Date	Full name of contributor ut-of-state PAC (ID# Burton, Scott (Mr.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 4509 Sinclair Ave Austin, TX 78756	*	\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	<u> </u>			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/2012	Contributor address; City; State; Zip Code 2028 Emma Long St Austin, TX 78723		\$200.00	I
			(If travel outside of	Texas, complete Schedule T)
Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See In: N/A	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/05/2012	Contributor address; City; State; Zip Code 2710 West 49th 1/2 St Austin, TX 78731		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructu	ON GUIDE explains how to complete this form.		1 PAGE#	40 Report: 8/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Carbone, Kata (Ms.))	7 Amount of contribution (\$)	8
11/04/2012	6 Contributor address; City; State; Zip Code 2710 West 49th 1/2 St Austin, TX 78731		\$20.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/12/2012	Contributor address; City; State; Zip Code 200 The Circle Austin, TX 78704		\$10.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occup Computer Co	pation / Job title (See Instructions) Insultant	Employer (See In Self		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 200 The Circle Austin, TX 78704		\$340.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Computer Co	ation / Job title (See Instructions) nsultant	Employer (See In: Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 4100 Bluffridge Dr Austin, TX 78759		\$20.00	
			'	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/04/2012	Contributor address; City; State; Zip Code 5106 Evergreen Ct. Austin, TX 78731		\$40.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/-	40 Report: 9/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/14/2012	6 Contributor address; City; State; Zip Code 2909 Oaklane Dr Austin, TX 78704	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$40.00	
			(If travel outside of	Texas, complete Schedule T)
g Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1735 Spyglass Dr #113 Austin, TX 78746	, ,	\$50.00	!
			(if travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In	`	
, , , , , , , , , , , , , , , , , , ,	And the table and the table and the table and the table and table			
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1735 Spyglass Dr #113		\$100.00	
	Austin, TX 78746		,	l Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Cofer, George (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/01/2012	Contributor address; City; State; Zip Code 3306 Gentry Dr Austin, TX 78746	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	
			(fi travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Dale	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/02/2012	Contributor address; City; State; Zip Code 3306 Gentry Austin, TX 78746	•	\$100.00]]
			(If trave) outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruct:	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/4	40 Report: 10/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/04/2012	6 Contributor address; City; State; Zip Code 1611 W 5th St #232 Austin, TX 78703		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Cronk, Tom (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 2406 Westover Rd - Austin, TX 78703		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Marketing Dir	I pation / Job title (See Instructions) rector	Employer (See In Community Tec	,	Texas, complete seriedate 1)
Date	Full name of contributor ut-of-state PAC (ID#	<u>'</u>	Amount of	In-kind contribution
	Cronk, Tom (Mr.)		contribution (\$)	description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 2406 Westover Rd Austin, TX 78703		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Marketing Dir	action / Job title (See Instructions) Sector	Employer (See In: Community Tec	structions) hknowledge Inc.	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 150 S Shore Rd Austin, TX 78702		\$30.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u>')</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/09/2012	Contributor address; City; State; Zip Code 1707 Spyglass Dr #77 Austin, TX 78746		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Civil Enginee	pation / Job title (See Instructions)	Employer (See Ins City of Austin	structions)	

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/4	40 Report: 11/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8
07/14/2012	6 Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Dietrich, Jerry (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 8580 Woodway #2402 Houston, TX 77063		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In	· ·	Toxas, complete contequie 1)
,			·	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 704 W Gibson St. Austin, TX 78704		\$100.00	
				I Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 704 W Gibson St. Austin, TX 78704		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occur Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/13/2012	Contributor address; City; State; Zip Code 360 Nueces St #2701 Austin, TX 78701		\$350.00	
			(If traval outside of	Texas, complete Schedule T)
Principal occup City Planner	pation / Job title (See Instructions)	Employer (See In: Duncan Associa	structions)	- oxae, complete conceuté 1)

P.O.Box 12070

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 10	0/40 Report: 12/49
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID Duncan, Katherine (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/13/2012 6 Contributor address; City; State; Zip Code 360 Nueces St #2701 Austin, TX 78701		\$350.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Housewife	10 Employer (See In None	structions)	
Date Full name of contributor U out-of-state PAC (ID: Echols, Catharine (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012 Contributor address; City; State; Zip Code 508 Harris Ave Austin, TX 78705		\$20.00]
Ausun, 1770703		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
Date Full name of contributor out-of-state PAC (ID: Eckhardt, Sarah (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/01/2012 Contributor address; City; State; Zip Code 1001 Lorrain St Austin, TX 78703		\$100.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Lawyer	Employer (See In Travis County	structions)	
Date Full name of contributor Out-of-state PAC (ID) Ellison, Christopher (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/05/2012 Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746		\$350.00	}
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Professor	Employer (See In UT San Antonic		
Date Full name of contributor Out-of-state PAC (ID) Feazell, Vic (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/2012 Contributor address; City; State; Zip Code 8127 Mesa Dr. Austin, TX 78731		\$350.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney	Employer (See In: Self	,	- value, complete conedule 1/

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	I/40 Report: 13/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/13/2012	6 Contributor address; City; State; Zip Code 2524 Tanglewood Trail Austin, TX 78703	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00	
				(If travel outside of	Texes, complete Schedule T)
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2012	Contributor address; City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745		\$100.00	i
				ilf Iravel outside of	Texas, complete Schedule T)
	Principal occup	alion / Job title (See Instructions)	Employer (See In		Total, complete octions ()
	Date	Full name of contributor ut-of-state PAC (ID# Foster, Virginia (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2012	Contributor address; City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745		\$100.00	[[
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	1	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 705 Windsong Trail Austin, TX 78746		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/05/2012	Contributor address; City; State; Zip Code 705 Windsong Trail Austin, TX 78746		\$50.00	
				(If Iravel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Inc	structions)	

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The Instruction	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	2/40 Report: 14/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Geiger, Carol (Ms.)	#]	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/16/2012	6 Contributor address; City; State; Zip Code 2613 Nottingham Ln Austin, TX 78704		\$100.00	ί
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Office Manag	pation / Job title (See Instructions) Jer	10 Employer (See In Public Citizen	istructions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/02/2012	Contributor address; City; State; Zip Code 2613 Nottingham Ln Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Office Manag	pation / Job title (See Instructions) ger	Employer (See In Public Citizen	· .	. <u> </u>
Data	Town and an elementary Douglast place BAC (ID)	<u> </u>	1 Amount of	In-kind contribution
Date	Full name of contributor ut-of-state PAC (ID# Gibbons, Robert (Mr.)	FJ	Amount of contribution (S)	description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703		\$50.00	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703		\$25.00	
		I	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	·
Date	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1602 Roberts Ave Austin, TX 78704		\$50.00	
		,	/If travel outside of	Texes, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	·	Texes, complete concessor,
Frincipal occup	Ation 7 Job title (See Instructions)	Employer (See in:	Structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/40 Report: 15/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state Goff, Gayle (Ms.)	PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/14/2012	6 Contributor address; City; State; Zi 1106 Upland Austin, TX 78741	ip Code	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/03/2012	Contributor address; City; State; Zi 6103 Cary Dr Austin, TX 78757	p Code	\$80.00	
			(14.4	·
Principal popur	otion / Joh title (See Instructions)	Employer (See In		Texaa, complate Schedule T)
— Frincipal occup	ation / Job title (See Instructions)	Employer (See Ir	structions	
Date	Full name of contributor uut-of-state Graham, Ann (Ms.)	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zi 3815 Avenue H	p Code	\$40.00	
	Austin, TX 78751		(If travel outside of	Texaa, complete Schedule T)
Principat occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state f Greenberg, Joel (Mr.)	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/2012	Contributor address; City; State; Zi 6806 Daugherty Austin, TX 78757	p Code	\$1.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zij 3204 Fairfax Walk Austin, TX 78705	p Code	\$40.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	1/40 Report: 16/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Guerrero, Linda (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/01/2012	6 Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705		\$100.00	
			'	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hadden, Karen (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/26/2012	Contributor address; City; State; Zip Code 605 Carismatic Ln Austin, TX 78746		\$40.00]] !
	The state of the s		//farried autoido of	Tarras and all Cabadula To
Principal cocus	netice / (ab title /Coe leaterations)	Employer (Coolin		Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hadden, Karen (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/08/2012	Contributor address; City; State; Zip Code 605 Carismatic Ln	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	! !
	Austin, TX 78746		<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hagey, Donna (Ms.)	7)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 3906 Cherrywood Austin, TX 78722		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hansen, Yvonne (Ms.)	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/12/2012	Contributor address; City; State; Zip Code 6206 Hillston Dr Austin, TX 78745		\$25.00	
	7,000,00			
			,	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)	

Texas Ethics Commission

The Instruction Guide explains how to complete this	form.	1 PAGE# Schedule: 15	5/40 Report: 17/49
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-o Harkey, Beverley (Ms.)	f-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/14/2012 6 Contributor address; City; Sta 2601 Albata Ave Austin, TX 78757	ute; Zip Code	\$40.00	
		(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date Full name of contributor	-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/18/2012 Contributor address; City; Sta 3010 Washington Square Austin, TX 78705	te; Zip Code	\$25.00	
		(If trevel outside of	Texas, complete Schodule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date Full name of contributor out-o	-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/12/2012 Contributor address; City; Sta 1409 Gorham Austin, TX 78758	te; Zip Code	\$150.00	
		<u> </u>	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date Full name of contributor ☐ out-of Herzele, Charlotte (Ms.)	-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/20/2012 Contributor address; City; Sta 3916 Ave H Austin, TX 78751	te; Zip Code	\$350.00	; []
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Lecturer	Employer (See Ins UT Austin	structions)	
Date Full name of contributor Dout-of Hetrick, Kathleen (Ms.)	-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012 Contributor address; City; Sta 4406 B Bennett Ave Austin, TX 78751	te; Zip Code	\$7.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	i/40 Report: 18/49	
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)	
4 Date	5 Full name of contributor	*)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)	
11/04/2012	6 Contributor address; City; State; Zip Code 4406 B Bennett Ave Austin, TX 78751		\$10.00	 - -	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/03/2012	Contributor address; City; State; Zip Code 1600 Texas Ave Austin, TX 78705		\$50.00	 	
			/It travel outside of	Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete ocheane i)	
т ттограг оссир	auon 7 000 title (366 matrictions)	Employer (See iii	an denotia)		
Date	Full name of contributor uut-of-state PAC (ID# Hohengarten, Nancy (Ms.)	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/12/2012	Contributor address; City; State; Zip Code 4114 Avenue H Austin, TX 78751		\$100.00	{ -	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/20/2012	Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746		\$75.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Retired	ation / Job title (See Instructions)	Employer (See In N/A	structions)		
Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/04/2012	Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746		\$50.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occur	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	- Independent of the Independent of	
Retired	3 223 mg (233 mon-2000)	N/A			

The INSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/40 Report: 19/49		
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID: Holderness, Macy (Ms.)	#)	7 Amount of contribution (\$)	8		
07/20/2012	6 Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746		\$7 5.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occu Retired	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/04/2012	Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746		\$50.00	 		
			(14 4	'		
Doin signal	Hard Lieb Wille (Dec Instructions)	F1 (C I-	-	Texas, complete Schedule T)		
Retired	pation / Job title (See Instructions)	Employer (See In N/A	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/04/2012	Contributor address; City; State; Zip Code 604 North Llano		\$50.00	 		
	Fredericksburg, TX 78624			Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instru c tions)	Employer (See In	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Huber, Karen (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/04/2012	Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trl Spicewood, TX 78669		\$100.00	 		
			(If travel outsids of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Hunsaker, Merle (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/14/2012	Contributor address; City; State; Zip Code 8580 Woodway Houston, TX 77063		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:				

	The INSTRUCTA	ON GUIDE explains how to complete this form.		1 PAGE#	s/40 Report: 20/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hyatt, Diane (Ms.)	/)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/04/2012	6 Contributor address; City; State; Zip Code 400 North Lowell Lane Austin, TX 78733		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Engineer	ation / Job title (See Instructions)	10 Employer (See In Texas Water De	structions) evelopment Board	
	Date	Full name of contributor ut-of-state PAC (ID# Isgur, Lea (Ms.)	<i>f</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 1504 Madison Ave Austin, TX 78757		\$30.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	<u>.</u>
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2012	Contributor address; City; State; Zip Code 506 W 34th St Austin, TX 78705		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Jack, Jeff (Mr.)	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/05/2012	Contributor address; City; State; Zip Code 2008 B Rabb Glen Rd Austin, TX 78704		\$20.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2012	Contributor address; City; State; Zip Code 2008 B Rabb Glen Rd Austin, TX 78704		\$100.00	
		//doing 1// /0/07		(If trave) outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See Ins	,	- Saco, complete contended ()

P.O.Box 12070

The Instruction	The Instruction Guide explains how to complete this form.			1/40 Report: 21/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Jackson, Charlie (Mr.))	7 Amount of contribution (\$)	8
07/06/2012	6 Contributor address; City; State; Zip Code 11900 Metric Blvd Austin, TX 78758		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Tech Consult	ation / Job title (See Instructions) ant	10 Employer (See In: Acceleros	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/09/2012	Contributor address; City; State; Zip Code 2510 Cedarview Dr Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$50.00	
	Adding 17770704		/// A1 A-1/d4	I
Principal coour	pation / Job title (See Instructions)	Employer (See Ins	•	Texas, complete Schedule T)
r molpar occup	Mation 7 300 title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 2510 Cedarview Dr Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<i></i> >	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/19/2012	Contributor address; City; State; Zip Code 1511 Garnaas Dr Austin, TX 78758		\$25.00	
			(If travel outside of	Texaa, complete Schedule T)
Princi p al occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	, 1	Amount of	In-kind contribution
Date	Kendall, Joe (Mr.)	,	contribution (\$)	description (if applicable)
07/10/2012	Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704		\$20.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u>'</u>	

P.O.Box 12070

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	The INSTRUCTA	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	0/40 Report: 22/49	
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Knight, Robert (Mr.)	· .	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	07/12/2012	6 Contributor address; City; State; Zip Code 307 East 2nd Austin, TX 78701		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Real Estate	pation / Job title (See Instructions)	10 Employer (See In Knight Realty	ostru c tions)		
	Date	Full name of contributor ut-of-state PAC (ID# Kralj, Elliot (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/29/2012	Contributor address; City; State; Zip Code 3809 Gaines Ct Austin, TX 78735		\$100.00	1 ! !	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/14/2012	Contributor address; City; State; Zip Code 1711 Spyglass Dr #229 Austin, TX 78746		\$20.00	 	
				(If travel outside of	Texas, complete Schedule T)	
٠	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/11/2012	Contributor address; City; State; Zip Code 1914 Larchmont Dr Austin, TX 78704		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Real Estate A	ation / Job title (See Instructions) ppraiser	Employer (See In Self	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/15/2012	Contributor address; City; State; Zip Code 2112 Willow St Austin, TX 78702		\$30.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)		

The Instruct	ION GUIDE EXPlains how to complete this form.		1 PAGE# Schedule: 21	/40 Report: 23/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IDa Maceo, Peggy (Ms.)	")	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/14/2012	6 Contributor address; City; State; Zip Code 2601 Ellise Ave Austin, TX 78757		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Mather, Jean (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1611 Alameda Dr Austin, TX 78704	, ,	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor Unit out-of-state PAC (ID# McCaslin, Marjorie (Ms.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1510 Bellaire Dr		\$20.00	<u> </u>
	Austin, TX 78741		-	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# McFadden, Elliott (Mr.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 5118 Meadow Creek Dr Austin, TX 78745		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occus	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# McGraw, Karen (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O.Box 12070

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 22	:/40 Report: 24/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# McIntosh, Michael (Mr.)		7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	6 Contributor address; City; State; Zip Code 8303 Polar Dr Austin, TX 78757		\$30.00	 - -
Ļ	Principal occup	gtion / Joh title (See Instructions)	48 Employer (Coo. In		Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 2031 Peavy Rd Dallas, TX 75228		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1	Texas, complete ocheone 1/
_			2p.o.) o. (000 i.i.		
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/04/2012	Contributor address; City; State; Zip Code 6305 Amberly Place Austin, TX 78759		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Freelance Co	ation / Job title (See Instructions) pywriter	Employer (See In Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Meier, Michael (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/13/2012	Contributor address; City; State; Zip Code 2009 Arpdale Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Melder, Bobbie (Ms.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 805 Battle Bend Blvd Austin, TX 78745		\$25.00	}
		•		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	,
		·			

The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 23	i/40 Report: 25/49	
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID: Meleski, Bruce (Mr.)	#)	7 Amount of contribution (\$)	8	
07/14/2012	6 Contributor address; City; State; Zip Code 2107 Apricot Circle Dr Austin, TX 78746		\$30.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)					
Date	Full name of contributor uut-of-state PAC (IDe Milam, Mary (Ms.)	#)	Armount of contribution (\$)	In-kind contribution description (if applicable)	
07/05/2012	Contributor address; City; State; Zip Code 1211 Quail Park Dr. Austin, TX 78758		\$25.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See In	Instructions)		
Date	Full name of contributor ut-of-state PAC (IDe Mock, Jeff (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/14/2012	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$10.00	 	
	Austin, TX 78759		(If travel outside of	Texes, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID: Moffat, Susan (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/03/2012	Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751	• • • • • • • • • • • • • • • • • • • •	\$350.00	 	
			(if travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Researcher/Writer		Employer (See In Self	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Moffat, Susan (Ms.)	*)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
11/02/2012	Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751		\$100.00		
			(If travel outside ef Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Researcher/Writer		Employer (See In: Self	Employer (See Instructions) Self		

The Instruction	אס Guide explains how to complete this torm.		1 PAGE# Schedule: 24	I/40 Report: 26/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/04/2012	6 Contributor address; City, State; Zip Code 2225 Independence Dr Austin, TX 78745	.,.,	\$20.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 1001 Arroweye Tr Austin, TX 78733		\$20.00	
	,		444 1	Tours of the first of the state
Drinoinal occur	ation / Job title (See Instructions)	Employer (See In	,	Texas, complete Schedule T)
T meipar occup	ation 7 non title (oss instructions)	Cinployer (obe in	3000(10113)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 3802 Avenue H Austin, TX 78751		\$50.00]
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Emplayer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	fn-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 400 North Lowell Lane Austin, TX 78733	, , , , , , , , , , , , , , , , , , , ,	\$350.00	
			(if trayel outside of	Texas, complete Schedule T)
Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In King Engineerin		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/02/2012	Contributor address; City; State; Zip Code 610 Baylor St Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See In		· · · · · · · · · · · · · · · · · · ·
City Council	•	City of Austin		

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 25	/40 Report: 27/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor	/)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/02/2012	6 Contributor address; City; State; Zip Code 610 Baylor St Austin, TX 78703		\$350.00	
				(Il travel outside of	Texas, complete Schedule T)
9	Principal occup Professor	ation / Job title (See Instructions)	10 Employer (See In UT Austin	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (il applicable)
	07/08/2012	Contributor address; City; State; Zip Code 4205 Ramsey Ave Austin, TX 78756		\$10.00	
				(ii travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Lawyer		Fowler Law Firm	n	
	D ate	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 11701 Barchetta Dr Austin, TX 78758	,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See in		
	Musician/Prof		Austin Commur	nity College	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 1507 B Etton Ln Austin, TX 79703		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/06/2012	Contributor address; City; State; Zip Code 4610 Ave B Austin, TX 78751		\$25.00	
				(If irayal autalda –f)	Texas, complete Schedule T)
	Principal occups	ation / Job title (See Instructions)	Employer (See In:	-	Taxas, complete serieduje 1/
	т ппоград оссир	Addition and the fore managements.	क्षान्ध्राण्युका स्थल व ॥॥	on astractej	

The Instructi	ON Guide explains how to complete this form.		1 PAGE# Schedule: 26	5/40 Report: 28/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Opyt, Barbara (Ms.)		7 Amount of contribution (\$)	8
07/14/2012	6 Contributor address; City; State; Zip Code 4610 Ave B Austin, TX 78751		\$20.00	 - -
			(ii travel outside of	Texas, complete Schedule T)
9 Principal eccur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Orr, Lisa (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1502 Alta Vista Ave Austin, TX 78704		\$20.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
Principal occup Teacher	pation / Job title (See Instructions)	Employer (See In St. Stephens	structions)	
Date	Full name of contributor		Amount of	In-kind contribution
Date	Orr, Lisa (Ms.)	·/	contribution (\$)	description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1502 Alta Vista Ave Austin, TX 78704		\$180.00	
			`	Texas, complete Schedule T)
Principal occup Teacher	pation / Job title (See Instructions)	Employer (See In St. Stephens	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 2710 West 49th 1/2 Street Austin, TX 78731		\$20,00	
			III travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
r morpai occuț	varion / 200 title (See mandemons)	Employer (See in	Sil detions)	
Date	Full name of contributor	<u>'</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/25/2012	Contributor address; City; State; Zip Code 6819 Daugherty Austin, TX 78757	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	;
			(ii irayal oulaida et	Texas, complete Schedule T)
Dépaise see	Dation I (ab title / Cox Instructions)	Employee (Cas to		Texas' southière antienne i)
ranicipal occul	pation / Job title (See Instructions)	Employer (See In:	sirucuons)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 27	7/40 Report: 29/49
2 FILER NAME	Shea, Brigid (Ms.)	-	3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID/Page, Susan (Ms.)	")	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/02/2012	6 Contributor address; City; State; Zip Code 5704 Jim Hogg Ave. Austin, TX 78756		\$40.00	
			(If travel outsida of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Parham, Amy (Ms.)	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0 7 /14/2012	Contributor address; City; State; Zip Code 226 Witte Blvd Kyle, TX 78640		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	•	rexas, complete schedule 1)
T Till Cipas Occup	allott 7 000 title (000 motivations)	Zimpioyor (occi iii	on denotion (
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
0 7 /05/2012	Contributor address; City; State; Zip Code 3820 Reno Road NW Washington, DC 20008		\$10.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Pipkin, Stan (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 2100 B Wordsworth Austin, TX 78704		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Architect	ation / Job title (See Instructions)	Employer (See In: Lighthouse Sola		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 2100 B Wordsworth Austin, TX 78704		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Architect	ation / Job title (See Instructions)	Employer (See Ins Lighthouse Sola	structions)	Towns, compete Scriouse ()

The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 28	s/40 Report: 30/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IDa Pool, Leslie (Ms.)	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/20/2012	6 Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID/Powell, Lisa (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/12/2012	Contributor address; City; State; Zip Code 6114 Janey Dr Austin, TX 78757		\$1 50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Rancher	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/2012	Contributor address; City; State; Zip Code 500 E Riverside Dr #267 Austin, TX 78704		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Owner	vation / Job title (See Instructions)	Employer (See In Natures Treasu		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/07/2012	Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 29	1/40 Report: 31/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor uot-of-state PAC (ID) Rittenhouse, Margaret (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/04/2012	6 Contributor address; City; State; Zip Code 915 Ken St Austin, TX 78758		\$30.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Robbins, Paul (Mr.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code P.O. Box 1374		\$20.00	\ }
	Austin, TX 78767		(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	1 '	rexas, complete schedule 1)
гілісіраї осецр	anon 7 300 the (See instructions)	Employer (See in	sir detions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/04/2012	Contributor address; City; State; Zip Code 11823 Eubank Dr Austin, TX 78758		\$50.00	'
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
1		 	1	
Date	Full name of contributor ut-of-state PAC (ID# Robinson, Justin (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 4915 Finley Dr Austin, TX 78731		\$10.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	,			
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/02/2012	Contributor address; City; State; Zip Code 1112 West 9th St Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Ins Self	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instructi	ON GUIDE EXPlains how to complete this form.		1 PAGE#	IAD Donate 20110
				/40 Report; 32/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT#	(Ethics Commission filers)
			00006000	
4 Date	5 Full name of contributor ut-of-state PAC (ID& Rogoff, Regina (Ms.)	·)	7 Amount of contribution (\$)	8 In-kind centribution description (if applicable)
07/14/2012	6 Contributor address; City; State; Zip Code 1705 Schieffer Austin, TX 78722	••.	\$50.00	
distribution of the desired of the d	7.44.5.1			_
M. Linner, M. M. Carrier, M. M. Carrier, M		-	•	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 8313 Franwood Ln		\$50.00	
	Auslin, TX 78757			_
			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	'	Amount of	In-kind contribution
	Ruiz, Crispin (Ms.)		contribution (\$)	description (if applicable)
07/11/2012	Contributor address; City; State; Zip Code 408 Whitetail Dr. Manchaca, TX 78652		\$40.00	
	,		/II traval outeido of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	· .	Texas, complete ex-levil 1)
Date	Full name of contributor out-of-state PAC (ID# Russell, Debbie (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 2311 Riverside Farms Rd Austin, TX 78741		\$30.00	
			(II Izavel outside of	Texes, complete Schedule T)
Principal occur	bation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor ut-of-state PAC (ID# Russell, Debbie (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 2311 Riverside Farms Rd Austin, TX 78741		\$20 .00]
*			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	,	· <u>-</u>

P.O.Box 12070

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 31	/40 Report: 33/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Sawyer, Peter (Mr.)	#)	7 Amount of contribution (\$)	8
07/14/2012	6 Contributor address; City; State; Zip Code 3506 Far View Dr Austin, TX 78730		\$20.00	 -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Fuil name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin, TX 78731		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In:		
Retired	,	N/A		
Date	Full name of contributor	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 2609 Sherwood Lane Austin, TX 78704		\$100.00	
				Texas, complete Schedule T)
Principal occup Political Orga	nation / Job title (See Instructions) nizer	Employer (See Ins Texas Campaig	structions) n for the Environn	nent
Date	Full name of contributor ut-of-state PAC (ID# Schneider, Robin (Ms.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/04/2012	Contributor address; City; State; Zip Code 2609 Sherwood Lane Austin, TX 78704		\$150.00	
			(If travel outside of	Texas, complete Schedule 7)
Principal occup Political Orga	ation / Job title (See Instructions) nizer	Employer (See Ins Texas Campaig	structions) n for the Environn	nent
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/12/2012	Contributor address; City; State; Zip Code 350 King Arthur Court Austin, TX 78746		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Theatre Owne	ation / Job title (See Instructions) er	Employer (See Ins Esther's Follies	tructions)	

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 32	:/40 Report: 34/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Sherwood, Melanie (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/14/2012	6 Contributor address; City; State; Zip Code 1700 Newning Ave. Austin, TX 78704		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Skiera, Gayle (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 5002 Majestic Dr Austin, TX 78745		\$30.00	
		·			· · · · · · · · · · · · · · · · · · ·
	Principal occur	ation / Job title (See Instructions)	Employer (See In:	`	Texas, complete Schedule T)
	1 illicipal occup	ation 7 300 title (See Instructions)	Employer (See in	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 5003 Lucas Lane Austin, TX 78731		\$20.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Investor	ation / Job title (See Instructions)	Employer (See In: Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Smith, Bill (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 2106 Brooklyn St Austin, TX 78704		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code P.O. Box 537 Austin, TX 78767		\$20.00	
		7.000ml, 1/2 10101			
	Delacional	ation / Joh Mile (One heatenships	r	•	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 33	
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Smith, Jeff (Mr.)	!	7 Amount of contribution (\$)	8
07/14/2012	6 Contributor address; City; State; Zip Code 4005 Wrightwood Rd Austin, TX 78722		\$30.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/2012	Contributor address; City; State; Zip Code 1801 Westlake Dr #209 Austin, TX 78746	•••••	\$60.00	}
	Ausiii, 17 70740		(If travel outside of	Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See In:		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/11/2012	Contributor address; City; State; Zip Code 2701 West 49 1/2 St Austin, TX 78731		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/13/2012	Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723		\$50.00	
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/07/2012	Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723		\$30.00	_
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 34	1/40 Report: 36/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Spoor, Jerry (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/04/2012	6 Contributor address; City; State; Zip Code 7904 Woodcroft Dr. Austin, TX 78749		\$100.00	
				(ii travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	<u></u>
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 3004 Clearview Dr Austin, TX 78703		\$30.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal accura	eation / Job title (See Instructions)	Employer (Coo.In	•	
	Filliopal occup	ation 7 300 title (See Histractions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2012	Contributor address; City; State; Zip Code 3004 Clearview Dr Austin, TX 78703		\$20.00]
	Principal occup	ation / Job title (See Instructions)	Employer (See In	•	Texas, complete Schedule T)
	т ппсіраї оссир	alion 7 500 title (See institutions)	Employer (See in	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2012	Contributor address; City; State; Zip Code 4518 Apache Pass Austin, TX 78745		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (104) Sternberg, Ric (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/12/2012	Contributor address; City; State; Zip Code 24815 Hamilton Pool Rd Round Mountain, TX 78663		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	- p		py (m.	-··- ,	

	The Instruction	N Guide explains how to complete this form.	-	1 PAGE# Schedule: 35	6/40 Report: 37/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID) Strecker, Barbara (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/02/2012	6 Contributor address; City; State; Zip Code 6611 Jamaica Ct Austin, TX 78757		\$20.00	} }
				(if travel outside of	Texes, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	'	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/30/2012	Contributor address; City; State; Zip Code 1710 Waterston Ave Austin, TX 78703		\$50,00	
				/If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In:	•	10000, 0000, 0000, 0000
	, , , , , , , , , , , , , , , , , , , ,		,,, (,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2012	Contributor address; City; State; Zip Code 6117 Mountain Villa Cove Austin, TX 78731		\$45.00	!
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Emptoyer (See In:	structions)	
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
		orrottos; r dar (m.)		·	l '' '
	07/14/2012	Contributor address; City; State; Zip Code 1311 Exposition Blvd #6 Austin, TX 78703		\$20.00	
				(If trave) outside of	Taxas, complote Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	 -				
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 11609 Big Trail Austin, TX 78759	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$10.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	· ·	· · · · · · · · · · · · · · · · · · ·			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 36	/40 Report: 38/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Taylor, Melinda (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/04/2012	6 Contributor address; City; State; Zip Code 4209 Camacho St Austin, TX 78723		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	_
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/12/2012	Contributor address; City; State; Zip Code 3203 Cupid Dr Austin, TX 78735		\$300.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Council Aide	ation / Job title (See Instructions)	Employer (See In: City of Austin	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Tolleson, Mike (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/02/2012	Contributor address; City; State; Zip Code 2106 E MLK Austin, TX 78702		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Trusty, Robbin (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/10/2012	Contributor address; City; State; Zip Code 2630 Barton Hills Dr. Austin, TX 78704		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Project Mana	ation / Job title (See Instructions) ger	Employer (See Ins Austin Energy	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; Slate; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757		\$50.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 37	7/40 Report: 39/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Van Os, David (Mr.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	6 Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757		\$50.00	
				Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Van Os, Rachel (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal coour	bation / Job title (See Instructions)	Employer (See In:	,	ionas, compiete concaste i)
Рипсират оссор	ration 7 Job (title (See instructions)	Employer (See in	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757	•••••	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 2005 Exposition Blvd Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<i>†</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 1301 B Palo Duro Austin, TX 78757		\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 38	3/40 Report: 40/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT# 00006000	(Ethics Commission filers)
4	Dale	5 Full name of contributor out-of-state PAC (ID# Walton, Cory (Mr.)	')	7 Amount of contribution (\$)	B In-kind contribution description (if applicable)
	07/14/2012	6 Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704		\$100.00	! !
				(II travel outside of	Texas, complete Schedule T)
8	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u>'</u> j	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 2218 Alta Vista Avenue Austin, TX 78704		\$350.00] []
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Researcher	ation / Job title (See Instructions)	Employer (See In Texas Educatio		
	Date	Full name of contributor	!)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 9808 Grand Oak Dr Austin, TX 78750		\$20.00	
				`	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Wendler, Ed (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/07/2012	Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731	-,,,,,,,,,,,,,	\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Real Estate D	ation / Job title (See Instructions) eveloper	Employer (See In EW Developme		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/04/2012	Contributor address; City; State; Zip Code 9013 Ovalla Dr Austin, TX 78749	, , , , , , , , , , , , , , , , , , , ,	\$20.00	
					· • /
	Dringing	referr I tak title (Den Instructional)	Carles (O In-		Texas, complete Schedule T)
	инстран оссир	ation / Job title (See Instructions)	Employer (See In:	structions)	

	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 39	/40 Report: 41/49
2	FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
,	07/14/2012	6 Contributor address; City; State; Zip Code P.O. Box 2743 Austin, TX 78768		\$100.00	
				(ii travei outale of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	¥	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2012	Contributor address; City; State; Zip Code 802 E 47th St Austin, TX 78751		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal coour	ation / Job title (See Instructions)	Employer (See In:		
	Property Man		Self	on action by	
	Dale	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/26/2012	Contributor address; City; State; Zip Code 3 Lester Terrace Somerville, MA 02144		\$20.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		· · · · · · · · · · · · · · · · · · ·
			,,,		
	D a te	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
(07/03/2012	Contributor address; City; State; Zip Code 1701 Duke Ave Austin, TX 78757		\$25.00	
				(li travel outside of	Texaa, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (it applicable)
(D 7/02/2012	Contributor address; City; State; Zip Code 4609 Caswell Ave. Austin, TX 78751		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupi Engineer	ation / Job title (See Instructions)	Employer (See In: Austin Energy	structions)	· -

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O.Box 12070

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 40)/40 Report: 42/49
2 FILER NAME	Shea, Brigid (Ms.)		3 ACCOUNT # 00006000	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wood, Regina (Ms.)	*)	7 Amount of contribution (\$)	8
11/04/2012	6 Contributor address; City; State; Zip Code 605 Natali St Austin, TX 78745		\$20.00	
				Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Yznaga, Mark (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704		\$100.00	
	All and the second seco			·
				Texas, complete Schedule T)
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor ut-of-state PAC (ID#Yznaga, Mark (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/2012	Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704		\$40.00	! !
			·	Texas, complete Schedule T)
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Self	structions)	

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In Districl Travel Out Of District Office Overhead/Rental Expense Loan 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#	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers)
Schedule: 1/6 Re	=	00006000
4 Date 07/09/2012	5 Payee name Constant Contact	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$37.31	1601 Trapelo Road	
ψυ/.υτ	Waltham, MA 02451	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Automated Marketing
EXPENDITURE	·	
9 Complete ONLY if	Candidaté / Officeholder name	Office sought: Office held:
direct expenditure		5 mos coag.m.
to benefit C/OH		
Date	Payee name	
08/10/2012	Constant Contact	
Amount (\$)	Payee address City; State; Zip Code	
\$37.31	1601 Trapelo Road Waltham, MA 02451	
	·	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Automated Marketing
EXPENDITURE		
		200
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held;
to benefit C/OH		
Date	Payee name	
09/10/2012	Constant Contact	
Amount (\$)	Payee address City; State; Zip Code	
\$37.31	1601 Trapelo Road Waltham, MA 02451	
	, , , , , , , , , , , , , , , , , , ,	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Automated Marketing
EXPENDITURE		
	On Aldred Office building and	Office held
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
10/10/2012	Constant Contact	
Amount (\$)	Payee address City; State; Zip Code	
\$37.31	1601 Trapelo Road Waltham, MA 02451	
	yramiding mental to	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Solicitation/Fundraising Expense	Automated Marketing
OF EXPENDITURE	·	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

ense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Office Overhead/Rental Expense

Loan 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.

			The second was terms	
1 PAGE# Schedule: 2/6 Re	eport: 44/49	2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00006000
4 Date	5 Payee name			
11/13/2012	Constant Co			
6 Amount (\$)	7 Payee addres			
\$37.31	1601 Trapek Waltham, M			
8 BURDOSE		e Categories listed at the top of this schedule)	* *	of Texas, complete Schedule T)
PURPOSE OF	Solicitation/F	Fundraising Expense	Automated Marketing	
EXPENDITURE				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
12/10/2012	Constant Co			
Amount (\$)	Payee address	•		
\$37.31	1601 Trapelo Waltham, M	A 02451		
PURPOSE		e Categories listed at the top of this schedule)	·	of Texas, complete Schedule T)
OF EXPENDITURE	Solicitation/F	Fundraising Expense	Automated Marketing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
07/02/2012	Einstein Brot	thers		
Amount (\$)	Payee address	-		
\$25.81 	2404 Guadai Austin, TX 7	lupe Street '8705		
DUDDOSE		e Categories listed at the top of this schedule)	, ,	of Texas, complete Schedule T) 🔲
PURPOSE OF	Food/Bevera	ige Expense	Breakfast for workers	
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	fficeholder name	Office sought:	Office held:
Date 10/31/2012	Payee name Facebook			
Amount (\$)	Pavee address	s City; State; Zip Code		
\$7.00	1601 Willow Menlo Park,	Road		
PURPOSE	• • • • • • • • • • • • • • • • • • • •	e Categories listed at the top of this schedule) -undraising Expense	Description (If travel outside Fundraiser Advertising	of Texas, complete Schedule T)
OF EXPENDITURE	Solicitation	undraising Expense	undraiser Advertising	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	fficeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fres Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travol In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donalions Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Shea, Brigid (Ms.) 00006000 Schedule: 3/6 Report: 45/49 5 Payee name Date Greenberg, Joel (Mr.) 07/18/2012 City, Payee address State; Zip Code Amount (\$) 6806 Daugherty \$200,00 Austin, TX 78757 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Salaries/Wages/Contract Labor Contract Labor for Video and Social Media OF EXPENDITURE g Complete DNLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Moffat, Susan (Ms.) 12/31/2012 Amount (\$) Payee address City: State: Zip Code 4112 Speedway \$100.00 Austin, TX 78751 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) PURPOSE Accounting/Banking Donation Retund OF EXPENDITURE Candidate / Officeholder name Office sought Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Office Depot 07/02/2012 Payee address City: State; Zip Code Amount (\$) 2620 W Anderson Lane \$322,79 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Solicitation/Fundraising Expense Postage and paper OF EXPENDITURE Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Oliver, Bill (Mr.) 11/04/2012 Amount (\$) Payee address City; State; Zip Code 2728 S Congress \$300.00 #12 Austin, TX 78704 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Musical Services at Fundraiser OF **EXPENDITURE** Office sought; Candidate / Officeholder name Office held: Complete ONLY is direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

EXPENDITURE CATEGORIES

anse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan 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#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 4/6 Re	port: 46/49	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
12/31/2012	Paypal			
6 Amount (\$)	7 Payee address	s City; State; Zip Code		
\$88.67	2145 Hamilto			
	San Jose, C	A 95125		
_	4 \ 2 :	-	1	
8 PURPOSE		Categories listed at the top of this schedulo)	1 7 7	of Texas, complete Schedule T)
OF	Accounting/E	sanking	Online Transaction Fees for	or entire reporting period
EXPENDITURE				
9 Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
	_			
Date	Payee name	(NA -)		
07/26/2012	Shea, Brigid			
Amount (\$)	Payee address			
\$10,760.00	2604 Geragh Austin, TX 7	8757		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE		nent/Reimbursement	Partial Loan Repayment	
OF EXPENDITURE	. ,			
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
09/17/2012	Shea, Brigid	(Ms.)		
Amount (\$)	Payee address			
\$3,000.00	2604 Geragh			
ψο,σσσ.σσ	Austin, TX7			
DUDDOG		Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Loan Repayr	nent/Reimbursement	Partial Loan Repayment	
EXPENDITURE				
O	Con 4:4-4- 104	Cash-Iday as	O#:	Office helds
Complete ONLY if direct expenditure	Candidate / Of	ficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
10/30/2012	Shea, Brigid	(Ms.)		
Amount (\$)	Payee address			
\$200.00	2604 Geragh	ty Ave		
	Austin, TX7	8/5/		
				, <u> </u>
PURPOSE		Categories listed at the top of this schedule)	·	of Texas, complete Schedule T)
OF	Loan Hepayr	nent/Reimbursement	Partial Loan Repayment	
EXPENDITURE				
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure	, , 01		v oog	
to benefil C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a calegory not listed above)

The Instruction Guide explains how to complete this form.

1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/6 Re	eport: 47/49	Shea, Brigid (Ms.)		00006000
4 Date	5 Payee name			
11/01/2012	Shea, Brigid			
6 Amount (\$)	7 Payee addres			
\$200.00	2604 Geragh Austin, TX 7	nty Ave 78757		
	, , , , , , , , ,	0.01		
8	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE		ment/Reimbursement	Partial Loan Repayment	, , , , , , , , , , , , , , , , , , ,
OF EXPENDITURE				
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
11/29/2012	Shea, Brigid	(Ms.)		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$4,000.00	2604 Geragh			
	Austin, TX7	8/5/		
	0.15.5.5.40		T Constation (III.	-47
PURPOSE		e Categories listed at the top of this schedule) ment/Reimbursement	Description (If travel outside Partial Loan Repayment	of Texas, complete Schedule T)
OF EXPENDITURE	Loan Hopayi	nerty termburgerneric	Taria Edan Repayment	
EXPENDITURE				
Complete ONLY if	Candidate / Ot	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
07/16/2012	Square			
Amount (\$)	Payee address	s City; State; Zip Code		
\$8.67	110 5th Stree	-		
7 - 1 - 2 - 1	San Francisc	co, CA 94103		
PURPOSE		e Categories listod at the top of this schedule)	, ,	of Texas, complete Schedule T)
OF	Accounting/E	sanking	Transaction Fees	
EXPENDITURE				
Complete ONLY if	Candidate / Of	fliceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			3	
				
Date	Payee name Wood, Cindy	(Me)		
11/04/2012	Pavee address			
Amount (\$)	,	** '		
\$100.00		ountry Skyline ings, TX 78620		
	11 3-60	-		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Solicitation/F	undraising Expense	Entertainment at Fundrais	er
EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / Of	fficeholder name	Office sought:	Office held:
to benefit C/OH				

SCHEDULE F

		EXPENDITU	RE CATEGORIES		
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	na Legal Services	emorial Expense Sal Sol Expense Tra	laries/Wages/Contract Labo licitation/Fundraising Expen Ivel In District Ivel Out Of District Ice Overhead/Rental Exper	Candidate/C	ent/Reimbursement Equipment & Related Expense Jonations Made By Ifficeholder/Politicat Committee a category not listed above)
	5 ,,	The Instruction Guide e	explains how to comple	ete this form.	
1 PAGE# Schedule: 6/6 Re		LER NAME nea, Brigid (Ms.)			3 ACCOUNT # (TEC filers) 00006000
4 Date	5 Payee name				0000000
07/01/2012	Worley Printing Co	o., Inc.			
6 Amount (\$)	7 Payee address	City; State; Zip C	Code		
\$361.55	3217 North IH 35 Austin, TX 78722	·			
8	(a) Category (See Categ	ories listed at the top of this so	chedule) (b) Des	scription (If travel outside	of Texas, complete Schedule T)
PURPOSE	Printing Expense	2	l l	nt Fundraiser Invitation	_
OF EXPENDITURE	•				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	lder name		Office sought:	Office held:

Austin, Texas 78711-2070

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS. AND PURCHASE OF INVESTMENTS

SCHEDULE K

TDD 1-800-735-2989

The Instauction	אס Guide explains how to complete this form.	1 PAGE # Schedule: 1/1 Re	oort: 49/49
FILER NAME	Shea, Brigid (Ms.)	3 ACCOUNT # (Eth 00006000	ics Commission (ilers)
Date	5 Name of person from whom amount is received Grande Communications	8	Amount (\$)
07/18/2012	6 Address of person from whom amount is received; City; S 1923 E. 7th St STE 100 Austin, TX 78702	State; Zip Code	\$77.30
	7 Purpose for which amount is received Refund for services not used	,	
Dale	Name of person from whom amount is received JPMorgan Chase Bank, N.A.		Amount (\$)
12/06/2012	Address of person from whom amount is received: City; S 7600 Burnet Road Austin, TX 78757	State; Zip Code	\$0.09
	Purpose for which amount is received Interest on Checking Account		
	<u>. </u>		
	•		