

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00006000	2 PAGE # 1 of 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Brigid	MI
	NICKNAME	LAST Shea	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	2604 Geraghty Ave. Austin, TX 78757		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Danette	MI
	NICKNAME	LAST Chimenti	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
200 The Circle Austin, TX 78704			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 912-8290			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year
12/05/2011			12/31/2011
10 ELECTION	ELECTION DATE Month    Day    Year	ELECTION TYPE	
05/12/2012		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (# any)	12 OFFICE SOUGHT (# known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)  
00006000

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,200.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	1,000.00
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CONTRIBUTION BALANCE

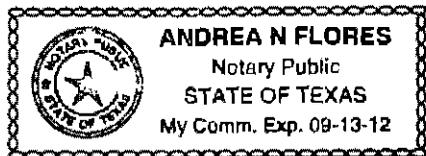
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,200.00
--	----	----------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
---	----	------

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Brigid Shea*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M. Brigid Shea, this the 11th day of January, 2012, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 1/4 Report: 3/9	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  12/15/2011	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Chimentl, Danette (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 200 The Circle Austin, TX 78704	<b>7 Amount of contribution (\$)</b>  \$350.00	<b>8 In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> Computer Consultant		<b>10 Employer (See Instructions)</b> Self	
<b>Date</b>  12/28/2011	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Hyatt, Diane (Ms.)  <b>Contributor address; City; State; Zip Code</b> 400 North Lowell Lane Austin, TX 78733	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> Texas Water Development Board	
<b>Date</b>  12/13/2011	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kitchen, Ann (Ms.)  <b>Contributor address; City; State; Zip Code</b> 2401 Briargrove Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$175.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  12/14/2011	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Maxwell, Mary Gay (Ms.)  <b>Contributor address; City; State; Zip Code</b> 111 Laurel Ln Austin, TX 78705	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  12/15/2011	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) McAfee, Mark (Mr.)  <b>Contributor address; City; State; Zip Code</b> 6315 Spicewood Springs Rd Austin, TX 78759	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Food Service/Catering		<b>Employer (See Instructions)</b> Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/4 Report: 5/9	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  12/19/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rather, Robin (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 805 Ethel Street Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) Business Owner		<b>10</b> Employer (See Instructions) Collective Strength	
Date  12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sayle, Carol (Ms.)  ..... Contributor address; City; State; Zip Code 3414 Lyons Rd Austin, TX 78702	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smaha, Stephen (Mr.)  ..... Contributor address; City; State; Zip Code 5003 Lucas Lane Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	
Date  12/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley, Alfred (Mr.)  ..... Contributor address; City; State; Zip Code 1409 Hardouin Ave Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tuschak, Robert (Mr.)  ..... Contributor address; City; State; Zip Code 80 Red River St Apt 215 Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1 PAGE #**  
Schedule: 4/4 Report: 6/9

**2 FILER NAME** Shea, Brigid (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
00006000

**4 Date** 12/13/2011  
**5 Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Yznaga, Mark (Mr.)

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

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

\$175.00

(If travel outside of Texas, complete Schedule T)

**9 Principal occupation / Job title (See Instructions)**

**10 Employer (See Instructions)**

**Date** 12/31/2011  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Zaretsky, Janet (Ms.)

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

**Contributor address; City; State; Zip Code**  
13110 Bayfield Dr  
Austin, TX 78727

\$100.00

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form. **1** PAGE #  
Schedule: 1/2 Report: 7/9

**2** FILER NAME Shea, Brigid (Ms.) **3** ACCOUNT # (Ethics Commission filers)  
00006000

**4** TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨      \$

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Camp, Marla (Ms.)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
12/31/2011	<b>7</b> Pledgor address; City; State; Zip Code 1415 Newning Ave Austin, TX 78704	\$50.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

**10** Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferchill, Cary (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)
12/22/2011	Pledgor address; City; State; Zip Code 2524 Tanglewood Trail Austin, TX 78703	\$350.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
Lawyer Self

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Geiger, Carol (Ms.)	Amount of pledge (\$)	In-kind description (if applicable)
12/22/2011	Pledgor address; City; State; Zip Code 2613 Nottingham Ln Austin, TX 78704	\$150.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Holderness, Earl (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)
12/31/2011	Pledgor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746	\$350.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
Retired N/A

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Holderness, Macy (Ms.)	Amount of pledge (\$)	In-kind description (if applicable)
12/31/2011	Pledgor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746	\$350.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
Retired N/A

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form. 1 PAGE #  
Schedule: 2/2 Report: 8/9

2 FILER NAME **Shea, Brigid (Ms.)** 3 ACCOUNT # (Ethics Commission filers)  
00006000

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lafe, Larson (Mr.)</b>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
<b>12/22/2011</b>	7 Pledgor address; City; State; Zip Code <b>3505 Vara Dr Austin, TX 78754</b>	<b>\$100.00</b>	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Meredith, Susan (Ms.)</b>	Amount of pledge (\$)	In-kind description (if applicable)
<b>12/29/2011</b>	Pledgor address; City; State; Zip Code <b>1206 E Live Oak St Austin, TX 78704</b>	<b>\$350.00</b>	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
**Business Owner** **Go Green Squads, LLC**

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Schagen, Tracy (Ms.)</b>	Amount of pledge (\$)	In-kind description (if applicable)
<b>12/31/2011</b>	Pledgor address; City; State; Zip Code <b>8319 Haskel Dr Austin, TX 78736</b>	<b>\$100.00</b>	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Schneider, Robin (Ms.)</b>	Amount of pledge (\$)	In-kind description (if applicable)
<b>12/15/2011</b>	Pledgor address; City; State; Zip Code <b>2609 Sherwood Lane Austin, TX 78704</b>	<b>\$350.00</b>	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
**Political Organizer** **Texas Campaign for the Environment**

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Smith, Tom (Mr.)</b>	Amount of pledge (\$)	In-kind description (if applicable)
<b>12/15/2011</b>	Pledgor address; City; State; Zip Code <b>1801 Westlake Austin, TX 78746</b>	<b>\$190.00</b>	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**POLITICAL EXPENDITURES**

**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/Raising 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.

<b>1</b> PAGE # Schedule: 1/1 Report: 9/9	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 12/20/2011	<b>5</b> Payee name Opinion Analysts, Inc.
-----------------------------	---

<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address City: State: Zip Code 906 Rio Grande St Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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2012 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<sup>th</sup> 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

Reporting Period:	
<input checked="" type="checkbox"/>	First day of candidacy – Midnight on the 10 <sup>th</sup> day prior to city election
<input type="checkbox"/>	Midnight on the 10 <sup>th</sup> day before city election – Midnight on the day before election

Enter the following information concerning loans of personal funds to the campaign:

Amount of loan	Date of loan
\$25,000.00	4-2-12

SCHEDULE Y  
Reference 2-2-27, Austin City Code

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 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 POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	89.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	70,817.00
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EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
----	--	----	------

4.	TOTAL POLITICAL EXPENDITURES	\$	47,766.64
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CONTRIBUTION BALANCE

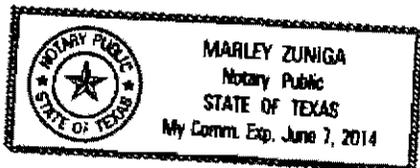
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,441.43
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OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	25,000.00
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17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Brigid Shea*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M. BRIGID SHEA, this the 12 day of April, 2014, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

MARLEY ZUNIGA  
Print name of officer administering oath

*[Signature]*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 1/98 Report: 3/130

**2** FILER NAME Shea, Brigid (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00006000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/18/2012 Abbot, Stephen (Mr.)

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

Contributor address; City; State; Zip Code  
2703 Bonnie Rd  
Austin, TX 78703

\$350.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Programmer

**10** Employer (See Instructions)  
IBM

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
03/09/2012 Abrams, Adam (Mr.)

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

Contributor address; City; State; Zip Code  
807 Baylor Unit C  
Austin, TX 78703

\$20.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/02/2012 Acuna, Gerard (Mr.)

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

Contributor address; City; State; Zip Code  
P.O. Box 26499  
Austin, TX 78755

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
TRI Recycling Inc.

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/15/2012 Adams, Jim (Mr.)

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

Contributor address; City; State; Zip Code  
4000 Pinckney St  
Austin, TX 78723

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
McCann Adams Studio

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
03/30/2012 Addison, Douglas (Mr.)

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

Contributor address; City; State; Zip Code  
1307 West 40th St  
Austin, TX 78756

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/98 Report: 5/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  02/22/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aleshire, Bill (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 3605 Shady Valley Dr Austin, TX 78739	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) Riggs, Aleshire & Ray PC	
Date  03/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Courtney (Ms.)  Contributor address; City; State; Zip Code 912 Rocky Spring Rd Austin, TX 78753	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alsop, Marion (Ms.)  Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  03/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alvarado, Dolores (Ms.)  Contributor address; City; State; Zip Code 605-B Oakland Ave Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, James (Mr.)  Contributor address; City; State; Zip Code 1213 West 12th St Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Anderson's Coffee Co	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <i>INSTRUCTION GUIDE</i> explains how to complete this form.		1 PAGE # Schedule: 4/98 Report: 6/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Lee (Mr.)  6 Contributor address; City; State; Zip Code 18233 Snapdragon Dr Austin, TX 78735	7 Amount of contribution (\$)  \$175.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self	
Date  03/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andre, Sarah (Ms.)  Contributor address; City; State; Zip Code 2318 Canterbury St Austin, TX 78702	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ansel, David (Mr.)  Contributor address; City; State; Zip Code 2509 Thornton Rd Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Appenzeller, Keith (Mr.)  Contributor address; City; State; Zip Code 1123 Ranch Road Tarpon Springs, FL 34688	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) King Engineering	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arizpe, Caesar (Mr.)  Contributor address; City; State; Zip Code 13009 Scofield Farms Dr Austin, TX 78727	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Arizpe	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/98 Report: 7/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armstrong, Gail (Mr.)  6 Contributor address; City; State; Zip Code 911 Daniel Dr Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arndt, Timothy (Mr.)  Contributor address; City; State; Zip Code 3915 Becker Ave Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Bill (Mr.)  Contributor address; City; State; Zip Code 3404 Southhill Circle Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Mary (Ms.)  Contributor address; City; State; Zip Code 3404 Southhill Circle Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Mary (Ms.)  Contributor address; City; State; Zip Code 3404 Southhill Circle Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Retired		N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/98 Report: 8/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Atherton, Leeann (Ms.)  6 Contributor address; City; State; Zip Code 3600 S. 2nd Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Atherton, Lorraine (Ms.)  Contributor address; City; State; Zip Code 2009 Arpdale Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Copy Editor		Employer (See Instructions) Self	
Date  03/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Donna (Ms.)  Contributor address; City; State; Zip Code 2003 Forrest Tr Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  03/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Heather (Ms.)  Contributor address; City; State; Zip Code 1500 Raleigh Ave Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Navigant	
Date  02/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Harris (Mr.)  Contributor address; City; State; Zip Code 5000 Ridge Oak Dr Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Alternative Energy		Employer (See Instructions) HBH Operations	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/98 Report: 9/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  03/03/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Mary Lincoln (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 3326 F 5/8th Rd Clifton, CO 81520	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		<b>10</b> Employer (See Instructions) Slice O Life Bakery	
<b>4</b> Date  03/05/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Roger (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1303 Bentwood Austin, TX 78722	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		<b>10</b> Employer (See Instructions) Self	
<b>4</b> Date  03/16/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ballouz, Hala (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 3405 Bee Creek Rd Spicewood, TX 78669	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		<b>10</b> Employer (See Instructions) Self	
<b>4</b> Date  03/02/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barkley, John (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		<b>10</b> Employer (See Instructions) Barkley Houses	
<b>4</b> Date  04/02/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barkley, John (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705	<b>7</b> Amount of contribution (\$)  \$150.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		<b>10</b> Employer (See Instructions) Barkley Houses	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/98 Report: 10/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barkley, Medora (Ms.)  6 Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions) Barkley Houses	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barkley, Medora (Ms.)  Contributor address; City; State; Zip Code 3118 Wheeler Austin, TX 78705	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Barkley Houses	
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Jay (Mr.)  Contributor address; City; State; Zip Code 1108 W 5th St Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Barnes Gromatzky Kosarek Architects	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barr, Rita (Ms.)  Contributor address; City; State; Zip Code 4016 Austin Woods Dr Austin, TX 78759	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartlett, Resa (Ms.)  Contributor address; City; State; Zip Code 3601 Woodcutter's Way Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/98 Report: 11/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartlett, Tim (Mr.)  6 Contributor address; City; State; Zip Code 3601 Woodcutter's Way Austin, TX 78746	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Bartlett's Restaurant	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baxter, Leah (Ms.)  Contributor address; City; State; Zip Code 2702 McCullough Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Tate Property	
Date  03/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beach, Thomas (Mr.)  Contributor address; City; State; Zip Code 2006 Jesse E Segovia St Austin, TX 78702	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Austin Canoe & Kayak	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bean, Molly (Ms.)  Contributor address; City; State; Zip Code 2502 Barton Hills Dr Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beasley, Roger (Mr.)  Contributor address; City; State; Zip Code 6503 Santolina Cove Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Roger Beasley Mazda	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/98 Report: 12/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/21/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beck, Joyce (Ms.)  6 Contributor address; City; State; Zip Code 15911 Booth Circle Leander, TX 78641	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beck, Ken (Mr.)  Contributor address; City; State; Zip Code 15911 Booth Circle Leander, TX 78641	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bednar, Deaton (Mr.)  Contributor address; City; State; Zip Code 4303 Avenue G Austin, TX 78751	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beinecke, Bridgette (Ms.)  Contributor address; City; State; Zip Code 1111 Nueces Austin, TX 78701	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bellocchio, Brenda Lee (Ms.)  Contributor address; City; State; Zip Code 905 Robert E Lee Rd Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 11/98 Report: 13/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  03/26/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bender, Hugh (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 802 Harris Ave Austin, TX 78705	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bender, Sandi (Ms.)  Contributor address; City; State; Zip Code 802 Harris Ave Austin, TX 78705	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bercu, Steven (Mr.)  Contributor address; City; State; Zip Code 4108 Burnet Rd Austin, TX 78756	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  02/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernstein, Terri (Ms.)  Contributor address; City; State; Zip Code 434 West Roscoe #2B Chicago, IL 60657	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betancourt, Carl (Mr.)  Contributor address; City; State; Zip Code 1505 Travis Hts Blvd Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions) Sheet Metal Worker		<b>10</b> Employer (See Instructions) Dynamic Systems Inc	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The *INSTRUCTION GUIDE* explains how to complete this form.

**1** PAGE #  
Schedule: 12/98 Report: 14/130

**2** FILER NAME Shea, Brigid (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00006000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
03/15/2012 Binder, Benjamin (Mr.)

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

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 occupation / Job title (See Instructions)  
Consulting

**10** Employer (See Instructions)  
Self

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
03/08/2012 Bird, Sarah (Ms.)

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

Contributor address; City; State; Zip Code  
6102 Mountainclimb Dr  
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Writer

Employer (See Instructions)  
Self

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
03/31/2012 Bird, Sarah (Ms.)

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

Contributor address; City; State; Zip Code  
6102 Mountainclimb Dr  
Austin, TX 78731

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
\*Writer

Employer (See Instructions)  
Self

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/21/2012 Black, James (Mr.)

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

Contributor address; City; State; Zip Code  
4414 Three Creek Trail  
Spicewood, TX 78669

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
03/20/2012 Bledsoe, Missy (Ms.)

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

Contributor address; City; State; Zip Code  
1808 Forestglade Dr  
Austin, TX 78745

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/98 Report: 15/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  01/31/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blythe, Sharon (Ms.)  6 Contributor address; City; State; Zip Code 9206 Brigadoon Cove Austin, TX 78750	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CPA		10 Employer (See Instructions) State of Texas	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Borst, Gayle (Ms.)  Contributor address; City; State; Zip Code 2313 W 8th St Austin, TX 78703	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bottoms, Shirley (Ms.)  Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bourgeois, Greg (Mr.)  Contributor address; City; State; Zip Code 4623 Trail West Austin, TX 78735	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyden, Mark (Mr.)  Contributor address; City; State; Zip Code 5900 Thames Dr Austin, TX 78723	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <i>INSTRUCTION GUIDE</i> explains how to complete this form.		1 PAGE # Schedule: 14/98 Report: 16/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braddock, Cliff (Mr.)  6 Contributor address; City; State; Zip Code 13305 Lone Rider Trail Austin, TX 78738	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bray, Charles (Mr.)  Contributor address; City; State; Zip Code 1500 Easy St Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brim, Jay (Mr.)  Contributor address; City; State; Zip Code 1309 Lost Creek Blvd Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brodnax, Pat (Ms.)  Contributor address; City; State; Zip Code 1105 West Annie Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Charles (Mr.)  Contributor address; City; State; Zip Code 3124 North Hills Dr #B100 Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/98 Report: 17/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/08/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bunch, Bill (Mr.)  6 Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) SOS Alliance	
Date  03/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnham, Joan (Ms.)  Contributor address; City; State; Zip Code 108 West 33rd St Austin, TX 78705	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burton, Scott (Mr.)  Contributor address; City; State; Zip Code 4509 Sinclair Ave Austin, TX 78756	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butler, Carol (Ms.)  Contributor address; City; State; Zip Code 3407 Tom Green St Austin, TX 78705	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cablaio, Elena (Ms.)  Contributor address; City; State; Zip Code 2005 Oakleaf Circle Austin, TX 78723	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/98 Report: 19/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Century, Jane (Ms.)  6 Contributor address; City; State; Zip Code 7327 Bryan St Philadelphia, PA 19119	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Administrator		10 Employer (See Instructions) Penn-Century Inc	
Date  02/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cespedes, Carol (Ms.)  Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cespedes, Carol (Ms.)  Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chamberlain, Amy (Ms.)  Contributor address; City; State; Zip Code 1307 West 40th St Austin, TX 78756	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavis, Judy (Ms.)  Contributor address; City; State; Zip Code 125 Sebastians Run Austin, TX 78738	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Dell	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 18/98 Report: 20/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  03/31/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavis, Judy (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 125 Sebastians Run Austin, TX 78738	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) *Director		<b>10</b> Employer (See Instructions) Dell	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavis, Randy (Mr.)  ..... Contributor address; City; State; Zip Code 125 Sebastians Run Austin, TX 78738	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) OpenText	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavis, Randy (Mr.)  ..... Contributor address; City; State; Zip Code 125 Sebastians Run Austin, TX 78738	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) *Director		Employer (See Instructions) OpenText	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Stephen (Mr.)  ..... Contributor address; City; State; Zip Code 3306 Bonnie Rd Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coats, Simon (Mr.)  ..... Contributor address; City; State; Zip Code 5009 Placard Pl Austin, TX 78731	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/98 Report: 23/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/21/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cronk, Tom (Mr.)  6 Contributor address; City; State; Zip Code 2406 Westover Rd Austin, TX 78703	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Marketing Director		10 Employer (See Instructions) Community Techknowledge Inc.	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Dan (Mr.)  Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Dan (Mr.)  Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Michael (Mr.)  Contributor address; City; State; Zip Code 8010 Bon Air Dr Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Michael (Mr.)  Contributor address; City; State; Zip Code 3307 Bryker Dr Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/98 Report: 24/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/31/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Michael (Mr.)  6 Contributor address; City; State; Zip Code 3307 Bryker Dr Austin, TX 78703	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) *Mediator		10 Employer (See Instructions) Self	
Date  03/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Czajkowski, Ronald (Mr.)  Contributor address; City; State; Zip Code 1707 Spyglass Dr #77 Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) City of Austin	
Date  02/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dabbs, Bobbie (Ms.)  Contributor address; City; State; Zip Code 18233 Snapdragon Dr Austin, TX 78735	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel, Harold (Mr.)  Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) RMI	
Date  02/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Dick (Mr.)  Contributor address; City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) UT Austin	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/98 Report: 25/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/26/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, James (Mr.)  6 Contributor address; City; State; Zip Code 4005 Rockledge Dr Austin, TX 78731	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Health Care		10 Employer (See Instructions) Seton	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deal, Eric (Mr.)  Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cyclic Design	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deal, Eric (Mr.)  Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cyclic Design	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deal, Monica (Ms.)  Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Cyclic Design	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deal, Monica (Ms.)  Contributor address; City; State; Zip Code 10703 McFarlie Cove Austin, TX 78750	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Cyclic Design	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 24/98 Report: 26/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeHaan, Melissa (Ms.)  6 Contributor address; City; State; Zip Code 1134 Eleanor St Austin, TX 78721	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Del Llano, Ann (Ms.)  Contributor address; City; State; Zip Code P.O. Box 6428 Austin, TX 78762	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dew, Eileen (Ms.)  Contributor address; City; State; Zip Code 221 Pedigree Dr Austin, TX 78748	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dew, James (Mr.)  Contributor address; City; State; Zip Code 221 Pedigree Dr Austin, TX 78748	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  01/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeYoung, Claire (Ms.)  Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) N/A			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 25/98 Report: 27/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeYoung, Claire (Ms.)  6 Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeYoung, Claire (Ms.)  Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dierks, Dianna (Ms.)  Contributor address; City; State; Zip Code 2412 Enfield Rd #8 Austin, TX 78703	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DiLeo, Michael (Mr.)  Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self	
Date  03/13/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Divine, Deda (Ms.)  Contributor address; City; State; Zip Code P.O. Box 1724 Blanco, TX 78606	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/98 Report: 28/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dobson, Lynne (Ms.)  6 Contributor address; City; State; Zip Code 2208 Far Gallant Austin, TX 78746	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions) Self	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dobson, Lynne (Ms.)  Contributor address; City; State; Zip Code 2208 Far Gallant Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date  02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, Brian (Mr.)  Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Douglass, Mirsa (Ms.)  Contributor address; City; State; Zip Code 2603 Geraghty Ave Austin, TX 78757	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Downer, Jane (Ms.)  Contributor address; City; State; Zip Code 517 East Mary St Autin, TX 78704	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/98 Report: 29/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doyle, Marisa (Ms.)  6 Contributor address; City; State; Zip Code 8515 Brodie Ln #1933 Austin, TX 78745	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  03/31/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dubose, Louis (Mr.)  6 Contributor address; City; State; Zip Code 2312 Pruett St Austin, TX 78703	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James (Mr.)  6 Contributor address; City; State; Zip Code 360 Nueces St #2701 Austin, TX 78701	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) City Planner		10 Employer (See Instructions) Duncan Associates	
4 Date  02/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Katherine (Ms.)  6 Contributor address; City; State; Zip Code 360 Nueces St #2701 Austin, TX 78701	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Housewife		10 Employer (See Instructions) None	
4 Date  02/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Echols, Catherine (Ms.)  6 Contributor address; City; State; Zip Code 508 Harris Ave Austin, TX 78705	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 28/98 Report: 30/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/06/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eichsteadt, Harmony (Ms.)  6 Contributor address; City; State; Zip Code 1025 Ellingson Ln Austin, TX 78751	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) UT San Antonio	
Date  03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellison, Christopher (Mr.)  Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date  02/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellison, Newtrey (Mr.)  Contributor address; City; State; Zip Code 2903 A Parker Ln Austin, TX 78741	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) WebTV	
Date  02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Englehardt-Cronk, Kathryn (Ms.)  Contributor address; City; State; Zip Code 2406 Westover Rd Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Community Techknowledge Inc.	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evangelista, Vania (Ms.)  Contributor address; City; State; Zip Code 8700 Brodie Ln #1831 Austin, TX 78745	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Recruiter		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) *Recruiter		Employer (See Instructions) Manpower	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.			<b>1</b> PAGE # Schedule: 29/98 Report: 31/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)			<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  03/09/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fason, Maydelle (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 1607 Poquonock Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)		
Date  02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Faust, Sarah (Ms.)  ..... Contributor address; City; State; Zip Code 823 E 53rd St Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kemp-Smith LLP		
Date  03/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Feldman, Cristen (Ms.)  ..... Contributor address; City; State; Zip Code 2506 Wordsworth Houston, TX 77030	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Rusty Hardin & Associates		
Date  02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Cindy (Ms.)  ..... Contributor address; City; State; Zip Code 1812 Vallejo St Austin, TX 78757	Amount of contribution (\$)  \$35.00	In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Cindy (Ms.)  ..... Contributor address; City; State; Zip Code 1812 Vallejo St Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 30/98 Report: 32/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Cindy (Ms.)  6 Contributor address; City; State; Zip Code 1812 Vallejo St Austin, TX 78757	7 Amount of contribution (\$)  \$35.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fleming, Helen (Ms.)  Contributor address; City; State; Zip Code 1712 East Riverside Dr. Austin, TX 78741	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fluegel, Kathleen (Ms.)  Contributor address; City; State; Zip Code 4715 3rd Ave Minneapolis, MN 55419	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) HRK Foundation	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fossum, Michael (Mr.)  Contributor address; City; State; Zip Code 5100 Suburban Dr Austin, TX 78745	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Virginia (Ms.)  Contributor address; City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) AISD	







# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 34/98 Report: 36/130	
<b>2</b> FILER NAME    Shea, Brigid (Ms.)		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00006000	
<b>4</b> Date  03/17/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi (Ms.) ----- <b>6</b> Contributor address;    City; State; Zip Code 613 Hearn St Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)            (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Robert (Mr.) ----- Contributor address;    City; State; Zip Code 613 Hearn St Austin, TX 78703	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)            (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbert, Bob (Mr.) ----- Contributor address;    City; State; Zip Code 4212 Bellvue Ave Austin, TX 78756	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)            (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbert, Lizan (Ms.) ----- Contributor address;    City; State; Zip Code 4212 Bellvue Ave Austin, TX 78756	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)            (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) S J Louis	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glass, Bill (Mr.) ----- Contributor address;    City; State; Zip Code 1701 Pheasant Roost Austin, TX 78758	Amount of contribution (\$)  \$35.00	In-kind contribution description (if applicable)            (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/98 Report: 37/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glass, Pam (Ms.)  6 Contributor address; City; State; Zip Code 1701 Pheasant Roost Austin, TX 78758	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goldsmith, Kathleen (Ms.)  Contributor address; City; State; Zip Code 2608 Addison Ave Austin, TX 78757	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodrich, Ray (Mr.)  Contributor address; City; State; Zip Code 1404 Red Bud Tr Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date  03/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, William (Mr.)  Contributor address; City; State; Zip Code 6103 Cary Dr Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gould, Gary (Mr.)  Contributor address; City; State; Zip Code P.O. Box 49015 Austin, TX 78765	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 36/98 Report: 38/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Ann (Ms.)  6 Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grasso, Tony (Mr.)  Contributor address; City; State; Zip Code 1417 Brighton Bend Cedar Park, TX 78613	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray, Elizabeth (Ms.)  Contributor address; City; State; Zip Code 2100 Mountainview Rd Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray, Natalie (Ms.)  Contributor address; City; State; Zip Code 1606 Treadwell Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Kelly (Ms.)  Contributor address; City; State; Zip Code 13401 Galleria Cir #117 Austin, TX 78738	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Kerby Eye Center	

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## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/98 Report: 39/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filters) 00006000	
4 Date  03/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Ken (Mr.)  6 Contributor address; City; State; Zip Code 8415 Briarwood Ln Austin, TX 78757	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greene, Linda (Ms.)  Contributor address; City; State; Zip Code 2239 Cromwell Circle Austin, TX 78741	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grover, Rhonda (Ms.)  Contributor address; City; State; Zip Code 2807 Pinewood Terrace Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.)  Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	Amount of contribution (\$)  \$80.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hadden, Karen (Ms.)  Contributor address; City; State; Zip Code 605 Carismatic Ln Austin, TX 78746	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 40/98 Report: 42/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  02/23/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harkey, Beverley (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 2601 Albata Ave Austin, TX 78757	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Lisa (Ms.)  ..... Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harrison, Mitchell (Mr.)  ..... Contributor address; City; State; Zip Code 2404 Forest Ave Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hatch, Tom (Mr.)  ..... Contributor address; City; State; Zip Code 702 San Antonio St Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) hatch + ulland owen architects	
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hausman, Susan (Ms.)  ..... Contributor address; City; State; Zip Code 3300 Govalle Ave Austin, TX 78702	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)        (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 41/98 Report: 43/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  02/01/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Andrew (Mr.)  ..... <b>6</b> Contributor address; City; State; Zip Code 1606 Treadwell St Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidel, Chris (Ms.)  ..... Contributor address; City; State; Zip Code 2007 Pompton Dr Austin, TX 78757	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Robert (Mr.)  ..... Contributor address; City; State; Zip Code 1602 Glencrest Dr Austin, TX 78723	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Seda France	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herzele, Charlotte (Ms.)  ..... Contributor address; City; State; Zip Code 3916 Ave H Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions) UT Austin	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Tracy (Ms.)  ..... Contributor address; City; State; Zip Code 8600 Hwy 71 W #434 Austin, TX 78735	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/98 Report: 44/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date 03/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hirsch, Mike (Mr.) ..... 6 Contributor address; City; State; Zip Code 1600 Texas Ave Austin, TX 78705	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hodges, Jeff (Mr.) ..... Contributor address; City; State; Zip Code 1112 West 9th Austin, TX 78703	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Flooring		Employer (See Instructions) Austin Sand and Finish	
Date 04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hodges, Susan (Ms.) ..... Contributor address; City; State; Zip Code 1807 Exposition Blvd Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accounting Assistant		Employer (See Instructions) Sherry Matthews Inc.	
Date 03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houck, Micah (Mr.) ..... Contributor address; City; State; Zip Code 125 Pueblo Luna NW Albuquerque, NM 87107	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houston, Ora (Ms.) ..... Contributor address; City; State; Zip Code 2207 East 22nd St Austin, TX 78722	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



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The <i>INSTRUCTION GUIDE</i> explains how to complete this form.		1 PAGE # Schedule: 44/98 Report: 46/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filters) 00006000	
4 Date  02/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ingle, Mary (Ms.)  6 Contributor address; City; State; Zip Code 3406 Duval St Austin, TX 78705	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Tailor/Designer		10 Employer (See Instructions) Self	
Date  03/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ingle, Mary (Ms.)  Contributor address; City; State; Zip Code 3406 Duval St Austin, TX 78705	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Tailor/Designer		Employer (See Instructions) Self	
Date  03/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ireland, Shaun (Mr.)  Contributor address; City; State; Zip Code 3707 Manchaca Rd #117 Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Iverson, Nancy (Ms.)  Contributor address; City; State; Zip Code 506 W 34th St Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Iverson, Richard (Mr.)  Contributor address; City; State; Zip Code 506 W 34th St Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/98 Report: 48/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jarmon, Cody (Mr.)  6 Contributor address; City; State; Zip Code 8515 Brodie Ln Austin, TX 78745	7 Amount of contribution (\$)  \$15.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, D'Ann (Ms.)  Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, D'Ann (Ms.)  Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, George (Mr.)  Contributor address; City; State; Zip Code 6102 Mountainclimb Dr Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, George (Mr.)  Contributor address; City; State; Zip Code 6102 Mountainclimb Dr Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 47/98 Report: 49/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/08/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kaselak, Lisa (Ms.)  6 Contributor address; City; State; Zip Code 2019 New York Austin, TX 78702	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  04/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Mary E. (Ms.)  Contributor address; City; State; Zip Code 725 Patterson Ave Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Parula LLC			
Date  03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Mary Lee (Ms.)  Contributor address; City; State; Zip Code 7406 Shadow Hill Dr. Austin, TX 78731	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Daniel, Patti (Ms.)  Contributor address; City; State; Zip Code 601 Hearn St #204 Austin, TX 78703	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendall, Joe (Mr.)  Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 48/98 Report: 50/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/03/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kent, Jenny (Ms.)  6 Contributor address; City; State; Zip Code 4305 Red Cloud Dr. Austin, TX 78759	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kent-McGlew, Ian (Mr.)  Contributor address; City; State; Zip Code 4305 Red Cloud Dr. Austin, TX 78759	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kerr, Jacqueline (Ms.)  Contributor address; City; State; Zip Code 1408 Travis Hts Blvd Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kew, Roger (Mr.)  Contributor address; City; State; Zip Code 106 Foyal Way Austin, TX 78737	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Key, Karrie (Ms.)  Contributor address; City; State; Zip Code 8404 Briarwood Ln Austin, TX 78757	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/98 Report: 51/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kidnew, Bob (Mr.)  6 Contributor address; City; State; Zip Code 200 Matzig Cove Buda, TX 78610	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Texas Lehigh Cement Co	
Date  03/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kilcrease, Worth (Mr.)  Contributor address; City; State; Zip Code 7504 Clove Cove Austin, TX 78750	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kile, Karima (Ms.)  Contributor address; City; State; Zip Code 8725 Foggy Mountain Dr Austin, TX 78736	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimmelman, Tammy (Ms.)  Contributor address; City; State; Zip Code 6910 Hart Ln #609 Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kincaid, Mark (Mr.)  Contributor address; City; State; Zip Code 3302 Glen Rose Dr Austin, TX 78731	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kincaid and Horton LLP	





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/98 Report: 54/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lavine, Dick (Mr.) ..... 6 Contributor address; City; State; Zip Code 803 Avondale Rd Austin, TX 78704	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Fiscal Analyst		10 Employer (See Instructions) Center for Public Policy Priorities	
Date  03/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leach, Dawn (Ms.) ..... Contributor address; City; State; Zip Code 4614 Hank Ave Austin, TX 78745	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LeBoeuf, Beau (Mr.) ..... Contributor address; City; State; Zip Code 1712 Bouldin Ave Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Barking Pen	
Date  04/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leffler, John (Mr.) ..... Contributor address; City; State; Zip Code 1410 Ruth Ave. Austin, TX 78757	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lehman, Chris (Mr.) ..... Contributor address; City; State; Zip Code 1914 Larchmont Dr Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Appraiser		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/98 Report: 55/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leonard, Brian (Mr.)  6 Contributor address; City; State; Zip Code 8212 Washita Dr Austin, TX 78749	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levendowski, Dennis (Mr.)  Contributor address; City; State; Zip Code 3936 12th Ave S Minneapolis, MN 55407	Amount of contribution (\$)  \$37.50	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levin, Ilan (Mr.)  Contributor address; City; State; Zip Code 1700 Bouldin Ave. Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levy, Mark (Mr.)  Contributor address; City; State; Zip Code 6413 Cary Dr Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Dawn (Ms.)  Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 54/98 Report: 56/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filters) 00006000	
4 Date  02/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Fred (Mr.)  6 Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	7 Amount of contribution (\$)  \$175.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Texas College of TCM	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lin, Lisa (Ms.)  Contributor address; City; State; Zip Code 5404 Rain Creek Pkwy Austin, TX 78759	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Texas College of TCM	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lin, Paul (Mr.)  Contributor address; City; State; Zip Code 5404 Rain Creek Pkwy Austin, TX 78759	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Texas College of TCM	
Date  02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lincoln, Anna (Ms.)  Contributor address; City; State; Zip Code P.O. Box 244 Palisade, CO 81526	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lincoln, Hannah (Ms.)  Contributor address; City; State; Zip Code P.O. Box 543 Palisade, CO 81526	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 56/98 Report: 58/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacFarlane, Andrew (Mr.)  6 Contributor address; City; State; Zip Code 9515 Longvale Austin, TX 78729	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Computer Programmer		10 Employer (See Instructions) Tomium	
Date  03/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacLaine, Nancy (Ms.)  Contributor address; City; State; Zip Code 2302 Del Curto Rd Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Computer Programmer		Employer (See Instructions) Tomium	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacLeod, Brian (Mr.)  Contributor address; City; State; Zip Code 1521 Piedmont Ave Austin, TX 78757	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madani, Farhad (Mr.)  Contributor address; City; State; Zip Code 6906 Poncha Pass Austin, TX 78749	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maldonado, Hilbert (Mr.)  Contributor address; City; State; Zip Code 3304 Vintage Dr Round Rock, TX 78664	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 57/98 Report: 59/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/12/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maldonado, Lucille (Ms.)  6 Contributor address; City; State; Zip Code 3304 Vintage Dr Round Rock, TX 78664	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  04/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maples, Lauren (Ms.)  6 Contributor address; City; State; Zip Code 1712 Bissel Ln Austin, TX 78745	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  03/31/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Hilda (Ms.)  6 Contributor address; City; State; Zip Code 11503 Wington Dr. Austin, TX 78758	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Development Director		10 Employer (See Instructions) NAMI Texas	
4 Date  03/10/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mather, Jean (Ms.)  6 Contributor address; City; State; Zip Code 1611 Alameda Dr Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/10/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxwell, Mary Gay (Ms.)  6 Contributor address; City; State; Zip Code 111 Laurel Ln Austin, TX 78705	7 Amount of contribution (\$)  \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 59/98 Report: 61/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/06/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCastlin, Marjorie (Ms.)  6 Contributor address; City; State; Zip Code 1510 Bellaire Dr Austin, TX 78741	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDonald, Craig (Mr.)  Contributor address; City; State; Zip Code 609 West 18th St Austin, TX 78701	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDonald, Dora (Ms.)  Contributor address; City; State; Zip Code 3001 Silverleaf Dr Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGinnis, Colin (Mr.)  Contributor address; City; State; Zip Code 114 Dunkirk Rd Baltimore, MD 21212	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGraw, Karen (Ms.)  Contributor address; City; State; Zip Code 4315 Avenue C Austin, TX 78751	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 60/98 Report: 62/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGuire, Steve (Mr.)  6 Contributor address; City; State; Zip Code 1708 Juliet Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  02/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McIntosh, Michael (Mr.)  6 Contributor address; City; State; Zip Code 8303 Polar Dr Austin, TX 78757	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  03/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKenzie, Ken (Mr.)  6 Contributor address; City; State; Zip Code 4611 St Elmo Rd Austin, TX 78744	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  03/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKenzie, Kevin (Mr.)  6 Contributor address; City; State; Zip Code 1707 Alguno Austin, TX 78757	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date  03/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNamara, Daniel (Mr.)  6 Contributor address; City; State; Zip Code 3502 Bridal Path Austin, TX 78703	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 61/98 Report: 63/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date 03/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meador, Marlene (Ms.) ..... 6 Contributor address; City; State; Zip Code 6905 Shoal Creek Blvd Austin, TX 78757	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 03/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mechling, Leea (Ms.) ..... Contributor address; City; State; Zip Code 202 Fox Hollow Buda, TX 78610	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meeker, Jason (Mr.) ..... Contributor address; City; State; Zip Code 6305 Amberly Place Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Freelance Copywriter		Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meeker, Jason (Mr.) ..... Contributor address; City; State; Zip Code 6305 Amberly Place Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Freelance Copywriter		Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meeker, Jason (Mr.) ..... Contributor address; City; State; Zip Code 6305 Amberly Place Austin, TX 78759	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Freelance Copywriter		Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 62/98 Report: 64/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melancon, Rebecca (Ms.)  6 Contributor address; City; State; Zip Code 509 East 38th St Austin, TX 78705	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melder, Bobbie (Ms.)  Contributor address; City; State; Zip Code 805 Battle Bend Blvd Austin, TX 78745	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael, Andrea (Ms.)  Contributor address; City; State; Zip Code 2504 Briargrove Dr Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mikheil, Sam (Mr.)  Contributor address; City; State; Zip Code 305 Lowell Ln Austin, TX 78733	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Millea, Susan (Ms.)  Contributor address; City; State; Zip Code 5806 Marilyn Dr Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 63/98 Report: 65/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Brenda (Ms.)  6 Contributor address; City; State; Zip Code 1002 Lorrain St Austin, TX 78703	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) N/A	
Date  02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Kathy (Ms.)  Contributor address; City; State; Zip Code 1403 Ulit Avenue Austin, TX 78702	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Online Strategies		Employer (See Instructions) Consumer's Union	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Kathy (Ms.)  Contributor address; City; State; Zip Code 1403 Ulit Avenue Austin, TX 78702	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Online Strategies		Employer (See Instructions) Consumer's Union	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Scott (Mr.)  Contributor address; City; State; Zip Code 1002 Lorrain St Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect/Planner		Employer (See Instructions) Self	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mock, Jeffrey (Mr.)  Contributor address; City; State; Zip Code 12345 Lamplight Village Ave #421 Austin, TX 78758	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 65/98 Report: 67/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/30/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moriarty, Kerry (Ms.)  6 Contributor address; City; State; Zip Code 125 Pueblo Luna NW Albuquerque, NM 87107	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moriarty, Lori (Ms.)  Contributor address; City; State; Zip Code 1329 Goldenrod Dr Naperville, IL 60540	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Housewife		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) N/A			
Date  03/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Hope (Ms.)  Contributor address; City; State; Zip Code 8010 Bon Air Dr Austin, TX 78757	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moses, Teresa (Ms.)  Contributor address; City; State; Zip Code 11011 Domain Dr. Austin, TX 78758	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mullin, Roy (Mr.)  Contributor address; City; State; Zip Code 21935 Ann Showers Dr Elgin, TX 78621	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investment Advisor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 67/98 Report: 69/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nadler-Olenick, Rae (Ms.)  6 Contributor address; City; State; Zip Code 1205 E 52nd St #101 Austin, TX 78723	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  03/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nassour, Jimmy (Mr.)  6 Contributor address; City; State; Zip Code 4517 Grand Cypress Dr Austin, TX 78747	7 Amount of contribution (\$)  \$175.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nazor, Craig (Mr.)  6 Contributor address; City; State; Zip Code 11701 Barchetta Dr Austin, TX 78758	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Musician/Professor		10 Employer (See Instructions) Austin Community College	
4 Date  03/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, Denise (Ms.)  6 Contributor address; City; State; Zip Code 3308 Rogers Rd Austin, TX 78758	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newberger, David (Mr.)  6 Contributor address; City; State; Zip Code 2905 San Gabriel #218 Austin, TX 78705	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 68/98 Report: 70/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nichols, Shirley (Ms.)  6 Contributor address; City; State; Zip Code 4003 Knollwood Dr Austin, TX 78731	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Notzon, Mary Anne (Ms.)  Contributor address; City; State; Zip Code 509 W 16th St Austin, TX 78701	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) N/A	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Notzon, Robert (Mr.)  Contributor address; City; State; Zip Code 509 W 16th St Austin, TX 78701	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date  03/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nunn, Karalei (Ms.)  Contributor address; City; State; Zip Code 1506 Elm Street Georgetown, TX 78626	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oakey, William (Mr.)  Contributor address; City; State; Zip Code 1507 B Elton Ln Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 69/98 Report: 71/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/23/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Connor, Tom (Mr.)  6 Contributor address; City; State; Zip Code 2878 Post Rock Rd Tarpon Springs, FL 34688	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) King Engineering	
Date  02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oden, Michael (Mr.)  Contributor address; City; State; Zip Code 3213 French Place Austin, TX 78722	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogle, Lani (Ms.)  Contributor address; City; State; Zip Code 605 Natali St Austin, TX 78748	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orr, Lisa (Ms.)  Contributor address; City; State; Zip Code 1502 Alta Vista Ave Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Osborne, Rusty (Mr.)  Contributor address; City; State; Zip Code 115 South Lakehills Dr Austin, TX 78733	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 70/98 Report: 72/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Overton, Linda (Ms.)  6 Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paisley, Jennifer (Ms.)  Contributor address; City; State; Zip Code 9004 Kimono Ridge Dr Austin, TX 78748	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Regional Development Manager		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Cobb Fendley			
Date  02/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, James (Mr.)  Contributor address; City; State; Zip Code 2705 Geraghty Ave Austin, TX 78757	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Polycom, Inc.			
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul, Aamir (Mr.)  Contributor address; City; State; Zip Code 3409 Esperanza Xing #7108 Austin, TX 78758	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) *Executive Director NGCS		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Dell Inc.			
Date  02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peabody, Eric (Mr.)  Contributor address; City; State; Zip Code 4107 Circletree Loop Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Programmer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Crossroads Systems			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<i>The INSTRUCTION GUIDE explains how to complete this form.</i>		<b>1</b> PAGE # Schedule: 72/98 Report: 74/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  04/02/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pipkin, Stan (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2100 B Wordsworth Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions) Architect		<b>10</b> Employer (See Instructions) Lighthouse Solar	
Date  03/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Leslie (Ms.)  Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pospisil, Karen (Ms.)  Contributor address; City; State; Zip Code 200 Shelton Ranch Rd Dripping Springs, TX 78620	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Roger Beasley Collision Center	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Powell, Lisa (Ms.)  Contributor address; City; State; Zip Code 6114 Janey Dr Austin, TX 78757	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pulaski, Jane (Ms.)  Contributor address; City; State; Zip Code 1200 Elm #212 Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 74/98 Report: 76/130	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  03/04/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Ravel, Debra (Ms.)  ..... <b>6 Contributor address; City; State; Zip Code</b> 11321 Alhambra Dr Austin, TX 78759	<b>7 Amount of contribution (\$)</b>  \$45.00	<b>8 In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  03/22/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Ray, David (Mr.)  ..... <b>Contributor address; City; State; Zip Code</b> 600 Texas Ave Austin, TX 78705	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/22/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Reece, Ray (Mr.)  ..... <b>Contributor address; City; State; Zip Code</b> 507 S 1st St #351 Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/02/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Lisa (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 3910 Glengarry Dr Austin, TX 78731	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Project Director		<b>Employer (See Instructions)</b> Adoption Coalition of Texas	
<b>Date</b>  03/31/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Reilly, Karen (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 11714 Alderhill Terrace San Diego, CA 92131	<b>Amount of contribution (\$)</b>  \$175.00	<b>In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> *		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 75/98 Report: 77/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/31/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reilly, Patrick (Mr.)  6 Contributor address; City; State; Zip Code 11714 Alderhill Terrace San Diego, CA 92131	7 Amount of contribution (\$)  \$175.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) *		10 Employer (See Instructions)	
Date  03/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Cora (Ms.)  Contributor address; City; State; Zip Code 1109 Space Ln Austin, TX 78758	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Joe (Mr.)  Contributor address; City; State; Zip Code 1109 Space Ln Austin, TX 78758	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richardson, Phil (Mr.)  Contributor address; City; State; Zip Code 3012 Thrushwood Dr Austin, TX 78757	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richey, Belinda (Ms.)  Contributor address; City; State; Zip Code 1906 Rampart Cir Austin, TX 78727	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 76/98 Report: 78/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/29/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richter, Dorothy (Ms.)  6 Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  04/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rigby, Michael (Mr.)  6 Contributor address; City; State; Zip Code 3935 Shoal Creek #108 Austin, TX 78756	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rittenhouse, Margaret (Ms.)  6 Contributor address; City; State; Zip Code 915 Ken St Austin, TX 78758	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/23/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robbins, Paul (Mr.)  6 Contributor address; City; State; Zip Code P.O. Box 1374 Austin, TX 78767	7 Amount of contribution (\$)  \$35.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  03/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robbins, Paul (Mr.)  6 Contributor address; City; State; Zip Code P.O. Box 1374 Austin, TX 78767	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 77/98 Report: 79/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robertson, Anne (Ms.)  6 Contributor address; City; State; Zip Code 2223 Tarlton Cove Austin, TX 78746	7 Amount of contribution (\$)  \$85.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/23/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robichaux, Nancy (Ms.)  6 Contributor address; City; State; Zip Code 13500 White Tail Tr Austin, TX 78736	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  03/20/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rockenbaugh, Charles (Mr.)  6 Contributor address; City; State; Zip Code 903 Philco Austin, TX 78745	7 Amount of contribution (\$)  \$15.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/21/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian (Mr.)  6 Contributor address; City; State; Zip Code 1112 West 9th St Austin, TX 78703	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Self	
4 Date  03/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rooks, Steven (Mr.)  6 Contributor address; City; State; Zip Code 9421 Linkmeadow Dr Austin, TX 78748	7 Amount of contribution (\$)  \$5.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 78/98 Report: 80/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rooks, Steven (Mr.)  6 Contributor address; City; State; Zip Code 9421 Linkmeadow Dr Austin, TX 78748	7 Amount of contribution (\$)  \$5.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roothaan, Susan (Ms.)  Contributor address; City; State; Zip Code 6404 Wilber Dr Austin, TX 78757	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) A Nurtured World	
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosendahl, Stephanie (Ms.)  Contributor address; City; State; Zip Code 2800 Waymaker Way #27 Austin, TX 78746	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenthal, Chip (Mr.)  Contributor address; City; State; Zip Code 8313 Franwood Ln Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rowan, James (Mr.)  Contributor address; City; State; Zip Code 4212 Far West Blvd Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 79/98 Report: 81/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/31/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruiz, Crispin (Ms.)  6 Contributor address; City; State; Zip Code 408 Whitetail Dr. Manchaca, TX 78652	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) *		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan, Brenda (Ms.)  Contributor address; City; State; Zip Code 8212 Washita Dr Austin, TX 78749	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sakota, Gigio (Mr.)  Contributor address; City; State; Zip Code 1253 6th St Santa Monica, CA 90601	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Elaine (Ms.)  Contributor address; City; State; Zip Code 1618 Pennsylvania Austin, TX 78702	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Ampersand Art Supply	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salinas, Carlos (Mr.)  Contributor address; City; State; Zip Code 2504 Keating Ln Austin, TX 78703	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 80/98 Report: 82/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/31/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanders, Jennifer (Ms.)  6 Contributor address; City; State; Zip Code 1205 Rolling Ridge Dr Round Rock, TX 78665	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) *		10 Employer (See Instructions)	
Date  03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandomirsky, Sharon (Ms.)  Contributor address; City; State; Zip Code 2500 Flora Cove Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sauve, Linda (Ms.)  Contributor address; City; State; Zip Code 11209 Cherisse Austin, TX 78739	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date  03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sauve, Paul (Mr.)  Contributor address; City; State; Zip Code 11209 Cherisse Austin, TX 78739	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Surveyor		Employer (See Instructions) Austin Spatial	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Peter (Mr.)  Contributor address; City; State; Zip Code 3506 Far View Dr Austin, TX 78730	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 81/98 Report: 83/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  02/01/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, Nancy (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin, TX 78731	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) Retired		<b>10</b> Employer (See Instructions) N/A	
Date  03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, Nancy (Ms.)  ..... Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date  03/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schenker, Melissa (Ms.)  ..... Contributor address; City; State; Zip Code 1802 Brackenridge Dr Austin, TX 78704	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sengelmann, Dale (Mr.)  ..... Contributor address; City; State; Zip Code 1107 West 9th St Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Landscape Design		Employer (See Instructions) Self	
Date  02/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Senor, Robin (Ms.)  ..... Contributor address; City; State; Zip Code 2607 Geraghty Ave Austin, TX 78757	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 82/98 Report: 84/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Severin, Paul (Mr.)  6 Contributor address; City; State; Zip Code P.O. Box 302526 Austin, TX 78703	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shapiro, Dave (Mr.)  Contributor address; City; State; Zip Code 1801 Rio Grande #101 Austin, TX 78701	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Tim (Mr.)  Contributor address; City; State; Zip Code 772 Ashley Ln NE Thompson, ND 58278	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Simulation Coordinator		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) University of North Dakota	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelton, Kaley (Ms.)  Contributor address; City; State; Zip Code 4105 Great Plains Dr Austin, TX 78735	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shurman, Chris (Mr.)  Contributor address; City; State; Zip Code 3106 Lafayette Ave Austin, TX 78722	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 83/98 Report: 85/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/26/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sikes, David (Mr.)  6 Contributor address; City; State; Zip Code 1419 Dwyce Dr Austin, TX 78757	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Singh, Sandeepkumar (Mr.)  Contributor address; City; State; Zip Code 4600 Monterey Oaks Austin, TX 78749	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sittler, Wolf (Mr.)  Contributor address; City; State; Zip Code 1403 Kenwood Ave. Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Slater, Mark (Mr.)  Contributor address; City; State; Zip Code 10545 Rome Ave NYA, MN 55397	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sloan, Clay (Mr.)  Contributor address; City; State; Zip Code 4306 Ramsey Ave Austin, TX 78756	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) VERA	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 84/98 Report: 86/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/09/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Bill (Mr.)  6 Contributor address; City; State; Zip Code 2106 Brooklyn St Austin, TX 78704	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Dan (Mr.)  Contributor address; City; State; Zip Code 6807 Hardy Dr #4 Austin, TX 78757	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, David (Mr.)  Contributor address; City; State; Zip Code P.O. Box 537 Austin, TX 78767	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Ted (Mr.)  Contributor address; City; State; Zip Code 465 South 15th St San Jose, CA 95112	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Theodore (Mr.)  Contributor address; City; State; Zip Code 465 South 15th St San Jose, CA 95112	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 85/98 Report: 87/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smolen, Paul (Mr.)  6 Contributor address; City; State; Zip Code 3812 Cherrywood Rd Austin, TX 78722	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smoot, Monica (Ms.)  Contributor address; City; State; Zip Code 3033 Thrushwood Dr Austin, TX 78757	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smoot, Robert (Mr.)  Contributor address; City; State; Zip Code 3033 Thrushwood Dr Austin, TX 78757	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sorrells, Debora (Ms.)  Contributor address; City; State; Zip Code 4707 Oakmont Blvd Austin, TX 78731	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen (Mr.)  Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 88/98 Report: 90/130	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  03/21/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strickland, Linda (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 9607 Vista View Dr. Austin, TX 78750	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  03/31/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Summers, Hillary (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 2401 Woodmont Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) *Pilates		<b>10</b> Employer (See Instructions) Self	
<b>4</b> Date  03/31/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Summers, Robert (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2401 Woodmont Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) *Attorney		<b>10</b> Employer (See Instructions) Hohman Taube & Summers	
<b>4</b> Date  03/17/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swafford, Robert (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2003 South Lamar #B Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$150.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  02/24/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swearingen, Scott (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1900 Forestglade Austin, TX 78745	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 91/98 Report: 93/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tolleson, Mike (Mr.)  6 Contributor address; City; State; Zip Code 2106 E MLK Austin, TX 78702	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis, Patricia (Ms.)  Contributor address; City; State; Zip Code 2609 Geraghty Ave Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trybus, Kaye (Ms.)  Contributor address; City; State; Zip Code 1704 Kerr Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tuschak, Robert (Mr.)  Contributor address; City; State; Zip Code 80 Red River St Apt 215 Austin, TX 78701	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John (Mr.)  Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Green Building and Sustainability		Employer (See Instructions) Austin Energy	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 92/98 Report: 94/130	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  03/30/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, Robert (Mr.)  <b>6 Contributor address; City; State; Zip Code</b> 10194 Vistadale Dr Dallas, TX 75238	<b>7 Amount of contribution (\$)</b>  \$50.00	<b>8 In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  03/31/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Urban, Alison (Ms.)  <b>Contributor address; City; State; Zip Code</b> 12712 Twisted Briar Ln Austin, TX 78729	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/17/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Van Os, David (Mr.)  <b>Contributor address; City; State; Zip Code</b> 7700 Shoal Creek Blvd Austin, TX 78757	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/17/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Van Os, Rachael (Ms.)  <b>Contributor address; City; State; Zip Code</b> 7700 Shoal Creek Blvd Austin, TX 78757	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/17/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Vasek, Jim (Mr.)  <b>Contributor address; City; State; Zip Code</b> 2102 Cypress Pt E Austin, TX 78746	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 93/98 Report: 95/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waelbroeck, Francois (Mr.)  6 Contributor address; City; State; Zip Code 1306 E 2nd St Austin, TX 78702	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) AISD	
Date  03/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Amanda (Ms.)  Contributor address; City; State; Zip Code 2006 Jesse E Segovia St Austin, TX 78702	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AISD	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Jerry Jeff (Mr.)  Contributor address; City; State; Zip Code 1306 Lorrain St Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self/Tried & True Music	
Date  02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Lee (Mr.)  Contributor address; City; State; Zip Code P.O. Box 4279 Austin, TX 78765	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin	
Date  03/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Susan (Ms.)  Contributor address; City; State; Zip Code 1306 Lorrain St Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Tried & True Music	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 94/98 Report: 96/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Suzanna (Ms.)  6 Contributor address; City; State; Zip Code 1512 Eva Street Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CPA		10 Employer (See Instructions) Self	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walton, Cory (Mr.)  Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Communications		Employer (See Instructions) Emerson	
Date  03/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walton, Cory (Mr.)  Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Communications		Employer (See Instructions) Emerson	
Date  03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watson, John (Mr.)  Contributor address; City; State; Zip Code 1004 Red Bud Trail Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weed, Betty (Ms.)  Contributor address; City; State; Zip Code 2218 Alta Vista Avenue Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Texas Education Agency	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 96/98 Report: 98/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  03/31/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Chad (Mr.)  6 Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Ellen (Ms.)  Contributor address; City; State; Zip Code 802 E 47th St Austin, TX 78751	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Property Management		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date  02/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Jackson (Mr.)  Contributor address; City; State; Zip Code 1904 W 39th Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  01/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Susan (Ms.)  Contributor address; City; State; Zip Code 4306 Ramsey Ave Austin, TX 78756	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Solar Austin			
Date  03/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willis, Mary (Ms.)  Contributor address; City; State; Zip Code 98 San Jacinto Blvd Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Author		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 97/98 Report: 99/130	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  02/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wogan, David (Mr.)  6 Contributor address; City; State; Zip Code 4609 Caswell Ave. Austin, TX 78751	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) Austin Energy	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wood, Joel (Mr.)  Contributor address; City; State; Zip Code 5215 Bloomsbury Way Bryan, TX 77802	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) *		Employer (See Instructions)	
Date  03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wood, Pamela (Ms.)  Contributor address; City; State; Zip Code 5215 Bloomsbury Way Bryan, TX 77802	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) *		Employer (See Instructions)	
Date  03/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woolridge, Greg (Mr.)  Contributor address; City; State; Zip Code 2208 Far Gallant Austin, TX 78746	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date  03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woolridge, Greg (Mr.)  Contributor address; City; State; Zip Code 2208 Far Gallant Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	





**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 1/27 Report: 102/130		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 02/08/2012	<b>5</b> Payee name 1&1 Internet Inc.				
<b>6</b> Amount (\$) \$51.87	<b>7</b> Payee address City; State; Zip Code 701 Lee Road Suite 300 Chesterbrook, PA 19087				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Email Hosting		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/14/2012	Payee name Arriba News				
Amount (\$) \$200.00	Payee address City; State; Zip Code P.O. Box 12865 Austin, TX 78711				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/05/2012	Payee name Austin Tejano Democrats				
Amount (\$) \$20.00	Payee address City; State; Zip Code 2544 Stoutwood Cir Austin, TX 78745				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/14/2012	Payee name Beers, Stephen (Mr.)				
Amount (\$) \$1,180.00	Payee address City; State; Zip Code 3201 Darnell Dr Austin, TX 78745				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor for Research		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/27 Report: 103/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 01/05/2012	<b>5</b> Payee name Blue Utopia
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 4486 Seattle, WA 98194
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Online Donation and Email Service
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/13/2012	Payee name Blue Utopia
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Amount (\$) \$637.50	Payee address City; State; Zip Code P.O. Box 4486 Seattle, WA 98194
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Online Donation and Email Service
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/01/2012	Payee name Blue Utopia
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Amount (\$) \$475.00	Payee address City; State; Zip Code P.O. Box 4486 Seattle, WA 98194
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Online Donation and Email Service
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2012	Payee name Blue Utopia
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Amount (\$) \$475.00	Payee address City; State; Zip Code P.O. Box 4486 Seattle, WA 98194
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Online Donation and Email Service
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/27 Report: 104/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 04/02/2012	<b>5</b> Payee name Blue Utopia
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<b>6</b> Amount (\$) \$618.66	<b>7</b> Payee address City; State; Zip Code P.O. Box 4486 Seattle, WA 98194
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative donation processing fees for reporting period
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2012	Payee name City of Austin
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Amount (\$) \$4.50	Payee address City; State; Zip Code 301 West 2nd Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> City Hall Parking Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/08/2012	Payee name City of Austin Utilities
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Amount (\$) \$634.87	Payee address City; State; Zip Code P.O. Box 2267 Austin, TX 78783
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Office Utilities
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/01/2012	Payee name Crook, Vanessa (Ms.)
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Amount (\$) \$1,200.00	Payee address City; State; Zip Code 2109 Haskell St. Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/27 Report: 105/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 02/15/2012	<b>5</b> Payee name Crook, Vanessa (Ms.)
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<b>6</b> Amount (\$) \$1,200.00	<b>7</b> Payee address City; State; Zip Code 2109 Haskell St. Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/01/2012	Payee name Crook, Vanessa (Ms.)
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Amount (\$) \$1,200.00	Payee address City; State; Zip Code 2109 Haskell St. Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2012	Payee name Crook, Vanessa (Ms.)
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Amount (\$) \$1,200.00	Payee address City; State; Zip Code 2109 Haskell St. Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2012	Payee name Crook, Vanessa (Ms.)
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Amount (\$) \$1,200.00	Payee address City; State; Zip Code 2109 Haskell St. Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/27 Report: 106/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 03/04/2012	<b>5</b> Payee name David Thomas Photography
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<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address City; State; Zip Code 2004-B E 9th St Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photo Shoot
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/03/2012	Payee name DeJesus, Frederico (Mr.)
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Amount (\$) \$275.00	Payee address City; State; Zip Code 7409 Arctic Ct. Austin, TX 78724
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor - Furniture Moving
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/28/2012	Payee name Elsi's Restaurant
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Amount (\$) \$39.33	Payee address City; State; Zip Code 6601 Burnet Road Austin, TX 78748
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff breakfast
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/03/2012	Payee name Elsi's Restaurant
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Amount (\$) \$36.66	Payee address City; State; Zip Code 6601 Burnet Road Austin, TX 78748
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff lunch
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****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/Pundraising 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.

<b>1</b> PAGE # Schedule: 6/27 Report: 107/130		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 02/07/2012	<b>5</b> Payee name Elsi's Restaurant				
<b>6</b> Amount (\$) \$22.07	<b>7</b> Payee address City; State; Zip Code 6601 Burnet Road Austin, TX 78748				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff lunch		
<b>9</b> Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/09/2012	Payee name Elsi's Restaurant				
Amount (\$) \$38.88	Payee address City; State; Zip Code 6601 Burnet Road Austin, TX 78748				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for workers		
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/11/2012	Payee name Elsi's Restaurant				
Amount (\$) \$90.78	Payee address City; State; Zip Code 6601 Burnet Road Austin, TX 78748				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff lunch		
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/29/2012	Payee name Elsi's Restaurant				
Amount (\$) \$25.81	Payee address City; State; Zip Code 6601 Burnet Road Austin, TX 78748				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff dinner		
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

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

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 8/27 Report: 109/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 02/01/2012	<b>5</b> Payee name Gage Furniture
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<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 5816 Austin, TX 78763
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(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) <input type="checkbox"/> Campaign Office Rent
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/01/2012	Payee name Gage Furniture
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code P.O. Box 5816 Austin, TX 78763
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Office Rent
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2012	Payee name Gage Furniture
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code P.O. Box 5816 Austin, TX 78763
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Rent
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/09/2012	Payee name Garcia, Cosme (Mr.)
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Amount (\$) \$30.00	Payee address City; State; Zip Code 821 Gunter St Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for furniture moving/assembly
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 9/27 Report: 110/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 02/23/2012	<b>5</b> Payee name Grande Communications
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<b>6</b> Amount (\$) \$300.48	<b>7</b> Payee address City; State; Zip Code 1923 E. 7th St STE 100 Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Internet and Phone Services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/11/2012	Payee name Grande Communications
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Amount (\$) \$180.03	Payee address City; State; Zip Code 1923 E. 7th St STE 100 Austin, TX 78702
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<b>8</b> 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) <input type="checkbox"/> Capaign Phone and Internet Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/09/2012	Payee name Hatton, James (Mr.)
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Amount (\$) \$30.00	Payee address City; State; Zip Code 8400 Garcreek Circle Apt C Austin, TX 78724
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for furniture moving/assembly
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/11/2012	Payee name HEB
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Amount (\$) \$11.18	Payee address City; State; Zip Code 5808 Burnet Rd Austin, TX 78756
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<b>8</b> 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) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 10/27 Report: 111/130		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 02/11/2012	<b>5</b> Payee name HEB				
<b>6</b> Amount (\$) \$8.63	<b>7</b> Payee address City; State; Zip Code 5808 Burnet Rd Austin, TX 78756				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/08/2012	Payee name Heilbron, Brently (Mr.)				
Amount (\$) \$600.00	Payee address City; State; Zip Code 8304 Kearsarge Austin, TX 78745				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Video Shoot		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/27/2012	Payee name Herrera, Fred (Mr.)				
Amount (\$) \$50.00	Payee address City; State; Zip Code 7815 Mullen Drive Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Notary Public Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/06/2012	Payee name Hill-bert's Burgers				
Amount (\$) \$12.87	Payee address City; State; Zip Code 7211 Burnet Rd Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign lunch		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 11/27 Report: 112/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 02/01/2012	<b>5</b> Payee name Hughes, Matt (Mr.)
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<b>6</b> Amount (\$) \$1,750.00	<b>7</b> Payee address City; State; Zip Code 600 E. 53rd St Apt 243 Austin, TX 78751
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/15/2012	Payee name Hughes, Matt (Mr.)
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Amount (\$) \$1,750.00	Payee address City; State; Zip Code 600 E. 53rd St Apt 243 Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/01/2012	Payee name Hughes, Matt (Mr.)
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Amount (\$) \$1,750.00	Payee address City; State; Zip Code 600 E. 53rd St Apt 243 Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2012	Payee name Hughes, Matt (Mr.)
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Amount (\$) \$1,750.00	Payee address City; State; Zip Code 600 E. 53rd St Apt 243 Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 12/27 Report: 113/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 04/01/2012	<b>5</b> Payee name Hughes, Matt (Mr.)
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<b>6</b> Amount (\$) \$1,750.00	<b>7</b> Payee address City; State; Zip Code 600 E. 53rd St Apt 243 Austin, TX 78751
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/02/2012	Payee name IT Copy - IT Printing
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Amount (\$) \$324.75	Payee address City; State; Zip Code 512 W M.L.K. Blvd. Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flyer Printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/23/2012	Payee name IT Copy - IT Printing
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Amount (\$) \$541.25	Payee address City; State; Zip Code 512 W M.L.K. Blvd. Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flyer Printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/21/2012	Payee name Kitchen, Ann (Ms.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 2401 Briargrove Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 13/27 Report: 114/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC Idars) 00006000
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<b>4</b> Date 03/30/2012	<b>5</b> Payee name Lembas
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<b>6</b> Amount (\$) \$12.00	<b>7</b> Payee address City: State; Zip Code 6701 Burnet Rd Austin, TX 78757
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Snacks for volunteers
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/19/2012	Payee name Lonehorn Trophies
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Amount (\$) \$13.53	Payee address City: State; Zip Code 4912 Burnet Rd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - plate
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/04/2012	Payee name Lowe's
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Amount (\$) \$19.27	Payee address City: State; Zip Code 8000 Shoal Creek Blvd. Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office keys
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/09/2012	Payee name Lowe's
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Amount (\$) \$35.13	Payee address City: State; Zip Code 8000 Shoal Creek Blvd. Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Cleaning Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 14/27 Report: 115/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 02/12/2012	<b>5</b> Payee name Lowe's
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<b>6</b> Amount (\$) \$8.76	<b>7</b> Payee address City; State; Zip Code 8000 Shoal Creek Blvd. Austin, TX 78757
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<b>8</b> 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) <input type="checkbox"/> Office keys
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/24/2012	Payee name Lowe's
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Amount (\$) \$62.36	Payee address City; State; Zip Code 8000 Shoal Creek Blvd. Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - cords, surge protectors
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/01/2012	Payee name McNally, John (Mr.)
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Amount (\$) \$1,600.00	Payee address City; State; Zip Code 3002 Breeze Terrace Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/15/2012	Payee name McNally, John (Mr.)
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Amount (\$) \$1,600.00	Payee address City; State; Zip Code 3002 Breeze Terrace Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 15/27 Report: 116/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 03/01/2012	<b>5</b> Payee name McNally, John (Mr.)
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<b>6</b> Amount (\$) \$1,600.00	<b>7</b> Payee address City; State; Zip Code 3002 Breeze Terrace Austin, TX 78722
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<b>8</b> 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) <input type="checkbox"/> Salary
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2012	Payee name McNally, John (Mr.)
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Amount (\$) \$1,600.00	Payee address City; State; Zip Code 3002 Breeze Terrace Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2012	Payee name McNally, John (Mr.)
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Amount (\$) \$1,600.00	Payee address City; State; Zip Code 3002 Breeze Terrace Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/11/2012	Payee name McNally, Owen (Mr.)
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Amount (\$) \$50.00	Payee address City; State; Zip Code 3002 Breeze Ter #B Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sound Engineering Services for Campaign Office Open House
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 16/27 Report: 117/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 03/17/2012	<b>5</b> Payee name North X Northwest
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<b>6</b> Amount (\$) \$49.99	<b>7</b> Payee address City; State; Zip Code 10010 Capt of Tex Hwy Austin, TX 78759
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Beverages for Office Party
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/10/2012	Payee name Office Depot
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Amount (\$) \$29.44	Payee address City; State; Zip Code 816 Tirado Street Austin, TX 78752
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<b>8</b> 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) <input type="checkbox"/> Office Supplies - badges, clipboards
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/01/2012	Payee name Office Max
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Amount (\$) \$98.30	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>8</b> 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) <input type="checkbox"/> Color Copies, Office Supplies - folders
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/01/2012	Payee name Office Max
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Amount (\$) \$61.28	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>8</b> 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) <input type="checkbox"/> Office Supplies - badges, binders, clipboards
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 17/27 Report: 118/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 02/12/2012	<b>5</b> Payee name Office Max
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<b>6</b> Amount (\$) \$18.94	<b>7</b> Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>8</b> 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) <input type="checkbox"/> Copies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/18/2012	Payee name Office Max
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Amount (\$) \$27.90	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - badges
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/21/2012	Payee name Office Max
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Amount (\$) \$13.31	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - mailing labels
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/21/2012	Payee name Office Max
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Amount (\$) \$29.22	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - mailing labels
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 18/27 Report: 119/130		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 02/22/2012	<b>5</b> Payee name Office Max				
<b>6</b> Amount (\$) \$24.24	<b>7</b> Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copies		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/25/2012	Payee name Office Max				
Amount (\$) \$7.37	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>8</b> 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) <input type="checkbox"/> Copies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/26/2012	Payee name Office Max				
Amount (\$) \$13.84	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>8</b> 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) <input type="checkbox"/> Office Supplies - tape, desk pad		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/28/2012	Payee name Office Max				
Amount (\$) \$8.63	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>8</b> 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) <input type="checkbox"/> Copies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 19/27 Report: 120/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 03/05/2012	<b>5</b> Payee name Office Max
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<b>6</b> Amount (\$) \$75.75	<b>7</b> Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>8</b> 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) <input type="checkbox"/> Office Equipment
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2012	Payee name Office Max
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Amount (\$) \$80.93	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - printer ink, paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/08/2012	Payee name Office Max
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Amount (\$) \$8.12	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copies, fax service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/08/2012	Payee name Office Max
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Amount (\$) \$186.69	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - printer Ink, paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 20/27 Report: 121/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 03/13/2012	<b>5</b> Payee name Office Max
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<b>6</b> Amount (\$) \$26.52	<b>7</b> Payee address City: State; Zip Code 907 West Fifth Street Austin, TX 78703
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<b>8</b> 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) <input type="checkbox"/> Copies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/19/2012	Payee name Office Max
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Amount (\$) \$148.78	Payee address City: State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - printer ink, paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/20/2012	Payee name Office Max
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Amount (\$) \$19.49	Payee address City: State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flyer Printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/23/2012	Payee name Office Max
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Amount (\$) \$108.44	Payee address City: State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 21/27 Report: 122/130		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 02/11/2012	<b>5</b> Payee name Oliver, Bill (Mr.)				
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address City; State; Zip Code 2728 S Congress #12 Austin, TX 78704				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Musician Services for Campaign Office Open House		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/17/2012	Payee name Oliver, Bill (Mr.)				
Amount (\$) \$200.00	Payee address City; State; Zip Code 2728 S Congress #12 Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Musician Services for Office Party		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/27/2012	Payee name Papa Johns				
Amount (\$) \$26.81	Payee address City; State; Zip Code 5343 Burnet Rd Austin, TX 78756				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dinner for campaign workers		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/06/2012	Payee name Postal, etc.				
Amount (\$) \$8.88	Payee address City; State; Zip Code 5350 Burnet Rd Ste 8 Austin, TX 78756				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 22/27	<b>2</b> FILER NAME Report: 123/130 Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 02/10/2012	<b>5</b> Payee name Postal, etc.
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<b>6</b> Amount (\$) \$30.04	<b>7</b> Payee address City; State; Zip Code 5350 Burnet Rd Ste 8 Austin, TX 78756
---------------------------------	---

<b>8</b> 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) <input type="checkbox"/> Copies
---------------------------------	--	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/09/2012	Payee name Saucedo, Jorge (Mr.)
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Amount (\$) \$30.00	Payee address City; State; Zip Code 2905 Cherry Ln Austin, TX 78617
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor for furniture moving/assembly
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/27/2012	Payee name Shoehorn Design
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Amount (\$) \$541.25	Payee address City; State; Zip Code 1010 E. 11th St Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Logo Design
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/05/2012	Payee name South Austin Democrats
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Amount (\$) \$11.00	Payee address City; State; Zip Code P.O. Box 152592 Austin, TX 78715
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 23/27 Report: 124/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 03/12/2012	<b>5</b> Payee name South Austin Democrats
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<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 152592 Austin, TX 78715
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership List
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/02/2012	Payee name Square
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Amount (\$) \$164.71	Payee address City; State; Zip Code 110 5th Street San Francisco, CA 94103
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative credit card processing fees for reporting period - reader #2
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/02/2012	Payee name Square
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Amount (\$) \$381.85	Payee address City; State; Zip Code 110 5th Street San Francisco, CA 94103
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative credit card processing fees for reporting period - reader#1
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2012	Payee name Texas Democratic Party
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Amount (\$) \$100.00	Payee address City; State; Zip Code 505 West 12th Street Suite 200 Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Donation
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**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.

<b>1</b> PAGE # Schedule: 24/27 Report: 125/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 01/30/2012	<b>5</b> Payee name Threadgill's World Headquarters
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address City; State; Zip Code 301 West Riverside Dr. Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Launch Party - Deposit
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/01/2012	<b>Payee name</b> Threadgill's World Headquarters
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<b>Amount (\$)</b> \$136.72	<b>Payee address City; State; Zip Code</b> 301 West Riverside Dr. Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff dinner
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/03/2012	<b>Payee name</b> Threadgill's World Headquarters
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<b>Amount (\$)</b> \$170.60	<b>Payee address City; State; Zip Code</b> 301 West Riverside Dr. Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Launch Party
-------------------------------	--	--

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/17/2012	<b>Payee name</b> T-Mobile
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<b>Amount (\$)</b> \$87.59	<b>Payee address City; State; Zip Code</b> 4700 W Guadalupe STE 1 Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phones
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 25/27 Report: 126/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 03/18/2012	<b>5</b> Payee name T-Mobile
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<b>6</b> Amount (\$) \$55.13	<b>7</b> Payee address City; State; Zip Code 4700 W Guadalupe STE 1 Austin, TX 78751
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<b>8</b> 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) <input type="checkbox"/> Phone service
---------------------------------	--	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/06/2012	Payee name Tops - South
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Amount (\$) \$50.00	Payee address City; State; Zip Code 1300 E 5th St Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office furniture
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/08/2012	Payee name Tops - South
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Amount (\$) \$12.99	Payee address City; State; Zip Code 1300 E 5th St Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - cables
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/28/2012	Payee name Unicom Wireless
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Amount (\$) \$135.27	Payee address City; State; Zip Code 5905 Burnet Rd Austin, TX 78754
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phones
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 26/27 Report: 127/130		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 02/21/2012	<b>5</b> Payee name United States Postal Service Northcross Station				
<b>6</b> Amount (\$) \$90.00	<b>7</b> Payee address City; State; Zip Code 7700 Northcross Dr Austin, TX 78757				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/07/2012	Payee name United States Postal Service Northcross Station				
Amount (\$) \$39.68	Payee address City; State; Zip Code 7700 Northcross Dr Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/07/2012	Payee name United States Postal Service Northcross Station				
Amount (\$) \$90.00	Payee address City; State; Zip Code 7700 Northcross Dr Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/01/2012	Payee name Worley Printing Co., Inc.				
Amount (\$) \$101.76	Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing - posters, stickers		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 27/27 Report: 128/130		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 02/20/2012		<b>5</b> Payee name Worley Printing Co., Inc.			
<b>6</b> Amount (\$) \$606.20		<b>7</b> Payee address City: State; Zip Code 3217 North IH 35 Austin, TX 78722			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing - posters, stickers, banner	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/02/2012		Payee name Worley Printing Co., Inc.			
Amount (\$) \$94.18		Payee address City: State; Zip Code 3217 North IH 35 Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing - stickers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/24/2012		Payee name Worley Printing Co., Inc.			
Amount (\$) \$5,043.37		Payee address City: State; Zip Code 3217 North IH 35 Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard signs, remit envelopes, doorhangers, business cards, letterhead/envelopes, lapel stickers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/07/2012		Payee name yousendit			
Amount (\$) \$9.99		Payee address City: State; Zip Code 1919 S Bascom Ave 3rd Floor Campbell, CA 95008			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> File Sharing Subscription Service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/1 Report: 129/130	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 01/22/2012	<b>5</b> Payee name Elsi's Restaurant
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<b>6</b> Amount (\$) \$38.01 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 6601 Burnet Road Austin, TX 78748
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff breakfast
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Date 01/24/2012	Payee name Elsi's Restaurant
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Amount (\$) \$16.39 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 6601 Burnet Road Austin, TX 78748
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff breakfast
------------------------	---	--

Date 01/02/2012	Payee name Walton's Fancy and Staple
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Amount (\$) \$86.33 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 609 W. 6th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for volunteers
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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 130/130
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000
4 Date	5 Name of person from whom amount is received JPMorgan Chase Bank, N.A.	8 Amount (\$)  \$0.03
02/06/2012	6 Address of person from whom amount is received; City; State; Zip Code 7600 Burnet Road Austin, TX 78757	
	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 (\$)  \$0.04
03/06/2012	Address of person from whom amount is received; City; State; Zip Code 7600 Burnet Road Austin, TX 78757	
	Purpose for which amount is received Interest on Checking Account	
Date	Name of person from whom amount is received Paypal	Amount (\$)  \$0.27
02/27/2012	Address of person from whom amount is received; City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125	
	Purpose for which amount is received Credit to verify bank account	

**SCHEDULE V** - attach to form C/OH (C & E)  
Reference 2-2-22, Austin City Code

**PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF**

Name of Candidate/Officeholder: Brigid Shea

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 individual's residence.)

<i>Name of person soliciting contributions</i>	<i>Address</i>
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<sup>th</sup> 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

Reporting Period:	
<input checked="" type="checkbox"/>	First day of candidacy – Midnight on the 10 <sup>th</sup> day prior to city election
<input type="checkbox"/>	Midnight on the 10 <sup>th</sup> day before city election – Midnight on the day before election

Enter the following information concerning loans of personal funds to the campaign:

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

SCHEDULE Y  
Reference 2-2-27, Austin City Code

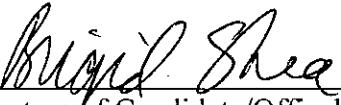
Enter the following information concerning the person or persons to whom expenditures were made from personal funds and the total amount, purpose and date of each expenditure:

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**

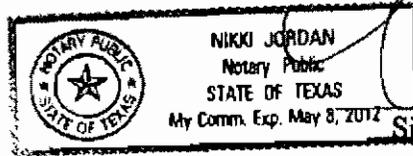
I, Brigid Shea, swear or affirm, that the accompanying report filed on electronic disk is true and correct and includes all information required to be reported by me under Title 15, Election Code.

5-2-2012  
Date

Brigid Shea  
Signature - Candidate or Officeholder

Sworn to and subscribed before me, by the said Brigid Shea, this the 4<sup>th</sup> day of May, 2012, to certify which, witness my hand and seal.

SEAL



Nikki Jordan  
Signature - officer administering oath

2012 MAY 4 PM 4 48  
RECEIVED  
AUSTIN CITY CLERK

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00006000	2 PAGE # 1 of 72
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Brigid	MI
	NICKNAME	LAST Shea	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2604 Geraghty Ave. Austin, TX 78757		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Danette	MI
	NICKNAME	LAST Chimenti	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
200 The Circle Austin, TX 78704			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 912-8290			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
04/03/2012		THROUGH	05/02/2012
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05/12/2012		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			Mayor

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)  
00006000

### 15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

### 16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$** 178.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$** 30,853.90

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$** 0.00

4. TOTAL POLITICAL EXPENDITURES **\$** 39,744.90

### CONTRIBUTION BALANCE

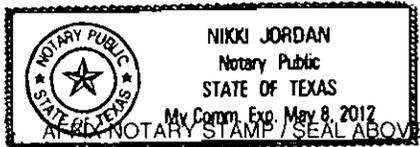
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 84,550.76

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 65,000.00

### 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Brigid Shea  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brigid Shea, this the 4th day of May, 2012, to certify which, witness my hand and seal of office.

Nikki Jordan  
Signature of officer administering oath

Nikki Jordan  
Print name of officer administering oath

Notary  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 2/56 Report: 4/72	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  05/02/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Leslie (Ms.)  ..... <b>6 Contributor address; City; State; Zip Code</b> 10233 Snapdragon Dr Austin, TX 78739	<b>7 Amount of contribution (\$)</b>  \$175.00   <small>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></small>	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
Date  04/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arbuckle, Michael (Mr.)  ..... Contributor address; City; State; Zip Code 1811 Burbank St. Austin, TX 78757	Amount of contribution (\$)  \$250.00   <small>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Pilates Center of Austin	
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aroian, Karen (Ms.)  ..... Contributor address; City; State; Zip Code 3005 McElroy Dr Austin, TX 78757	Amount of contribution (\$)  \$50.00   <small>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Atherton, Leann (Ms.)  ..... Contributor address; City; State; Zip Code 3600 S. 2nd Austin, TX 78704	Amount of contribution (\$)  \$100.00   <small>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Avila, Lydia (Ms.)  ..... Contributor address; City; State; Zip Code 1221 Algarita Ave #159 Austin, TX 78704	Amount of contribution (\$)  \$10.00   <small>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/56 Report: 5/72	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  05/02/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Brooke (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 1801 West 10th St Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date  04/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Mary Farr Jordan (Ms.)  Contributor address; City; State; Zip Code 2301 Windsor Rd Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date  04/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Elizabeth (Ms.)  Contributor address; City; State; Zip Code 2730 Tether Tr Austin, TX 78704	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date  04/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrett, Kathy (Ms.)  Contributor address; City; State; Zip Code 9011 Blue Quail Austin, TX 78758	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date  04/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrett, Michael (Mr.)  Contributor address; City; State; Zip Code 5104 Beverly Skyline Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions) UT Austin	









# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 8/56 Report: 10/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carbone, K.F. (Ms.)  6 Contributor address; City; State; Zip Code 2710 West 49th 1/2 St Austin, TX 78731	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Century, Ted (Mr.)  Contributor address; City; State; Zip Code 7327 Bryan St Philadelphia, PA 19119	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Inventor		Employer (See Instructions) Penn-Century Inc	
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cespedes, Carol (Ms.)  Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chiarello, Stephanie (Ms.)  Contributor address; City; State; Zip Code 4600 Mueller Blvd #3126 Austin, TX 78723	Amount of contribution (\$)  \$15.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ciccavelli, Shannon (Ms.)  Contributor address; City; State; Zip Code 1807 Treadwell Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 9/56 Report: 11/72	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  04/21/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Ann (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 906 Red Bud Trail Austin, TX 78746	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Kitchen Design Consultant		<b>10</b> Employer (See Instructions) Self	
<b>4</b> Date  05/01/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Pamela (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 4100 Bluffridge Dr Austin, TX 78759	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date  04/07/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clarke, Margot (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 5106 Evergreen Ct. Austin, TX 78731	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date  05/02/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coldiron, Ron (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 6509 Marblewood Austin, TX 78731	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date  05/02/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins, Stefanie (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 2311 Riverside Farms Austin, TX 78741	<b>7</b> Amount of contribution (\$)  \$20.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 10/56 Report: 12/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/07/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Lanetta (Ms.)  6 Contributor address; City; State; Zip Code 5008 Eilers Ave. Austin, TX 78751	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Lanetta (Ms.)  Contributor address; City; State; Zip Code 5008 Eilers Ave. Austin, TX 78751	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, Christine (Ms.)  Contributor address; City; State; Zip Code 1604 Leigh St Austin, TX 78703	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, James (Mr.)  Contributor address; City; State; Zip Code 1604 Leigh St Austin, TX 78703	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig, Ken (Mr.)  Contributor address; City; State; Zip Code 913-B Sirocco Dr Austin, TX 78745	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/56 Report: 13/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig, Ken (Mr.)  6 Contributor address; City; State; Zip Code 913-B Sirocco Dr Austin, TX 78745	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Dan (Mr.)  Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dabbs, Robert (Mr.)  Contributor address; City; State; Zip Code 10233 Snapdragon Dr Austin, TX 78739	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Marshall (Mr.)  Contributor address; City; State; Zip Code P.O. Box 3048 Austin, TX 78764	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De La Fuente, Flavia (Ms.)  Contributor address; City; State; Zip Code 3001 Cherrywood Austin, TX 78722	Amount of contribution (\$)  \$3.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 13/56 Report: 15/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, Brian (Mr.)  6 Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doze, Danny (Mr.)  Contributor address; City; State; Zip Code 2210 Enfield Rd #10 Austin, TX 78703	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drapen, Gigi (Ms.)  Contributor address; City; State; Zip Code 2414 Elmglen Dr Austin, TX 78704	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dubay, Debrah (Ms.)  Contributor address; City; State; Zip Code 10301 Ranch Road 2222 #2122 Austin, TX 78730	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dubay, Debrah (Ms.)  Contributor address; City; State; Zip Code 10301 Ranch Road 2222 #2122 Austin, TX 78730	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 14/56 Report: 16/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dubose, Louis (Mr.)  6 Contributor address; City; State; Zip Code 2312 Pruett St Austin, TX 78703	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Regional Services Manager		10 Employer (See Instructions) Roche	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dulzaides, Beatriz (Ms.)  Contributor address; City; State; Zip Code 902 B Ramble Ln Austin, TX 78745	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Regional Services Manager		Employer (See Instructions) Roche	
Date  04/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunlap, Bridget Marie (Ms.)  Contributor address; City; State; Zip Code 1503 Betty Jo Dr Austin, TX 78704	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Echols, Catharine (Ms.)  Contributor address; City; State; Zip Code 508 Harris Ave Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eichberg, Adam (Mr.)  Contributor address; City; State; Zip Code 1122 Gaylord St Denver, CO 80206	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/56 Report: 17/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eichberg, Jennifer (Ms.)  6 Contributor address; City; State; Zip Code 1122 Gaylord St Denver, CO 80206	7 Amount of contribution (\$)  \$175.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  04/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Andy (Mr.)  Contributor address; City; State; Zip Code 10300 Jollyville Rd #720 Austin, TX 78759	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  04/13/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eubanks, Forrest (Mr.)  Contributor address; City; State; Zip Code 508 Treys Way Austin, TX 78745	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Carpenter		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ewell, Joan (Ms.)  Contributor address; City; State; Zip Code 1700 Madison Ave Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  04/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Falls, Beth (Ms.)  Contributor address; City; State; Zip Code 5831 Secrest Dr Austin, TX 78759	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 17/56 Report: 19/72

**2** FILER NAME Shea, Brigid (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00006000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
05/02/2012 Ford, Charlie (Mr.)

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

Contributor address; City; State; Zip Code  
625 Bentwood St  
Austin, TX 78752

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/24/2012 Ford, Scott (Mr.)

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

Contributor address; City; State; Zip Code  
2602 Cavileer Ave  
Austin, TX 78757

\$75.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/21/2012 Francois, Nine (Ms.)

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

Contributor address; City; State; Zip Code  
3301 Govalle Ave.  
Austin, TX 78702

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/19/2012 Frazier, Jeff (Mr.)

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

Contributor address; City; State; Zip Code  
1510 Newton  
Austin, TX 78704

\$20.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/08/2012 Frisch, Elizabeth (Ms.)

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

Contributor address; City; State; Zip Code  
5732 Gorham Glen Ln  
Austin, TX 78739

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 18/56 Report: 20/72	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  05/02/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Gage, Leslie (Mr.)  <b>6 Contributor address; City; State; Zip Code</b> P.O. Box 5816 Austin, TX 78763	<b>7 Amount of contribution (\$)</b>  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b> Retired		<b>10 Employer (See Instructions)</b> N/A	
<b>Date</b>  04/24/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Gammon, Regan (Ms.)  <b>Contributor address; City; State; Zip Code</b> 3125 Hemphill Pk Austin, TX 78705	<b>Amount of contribution (\$)</b>  \$100.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/24/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Gammon, William (Mr.)  <b>Contributor address; City; State; Zip Code</b> 3125 Hemphill Pk Austin, TX 78705	<b>Amount of contribution (\$)</b>  \$100.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/01/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Geiger, Carol (Ms.)  <b>Contributor address; City; State; Zip Code</b> 2513 Nottingham Ln Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$100.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/01/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Geismar-Bowman, Anna (Ms.)  <b>Contributor address; City; State; Zip Code</b> 2308 Canterbury St Austin, TX 78702	<b>Amount of contribution (\$)</b>  \$25.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 PAGE # Schedule: 19/56 Report: 21/72
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2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (Ethics Commission filers) 00006000
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4 Date  04/21/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George, Mary (Ms.) ..... 6 Contributor address; City; State; Zip Code 4314 Ave G Austin, TX 78751	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) German, Light (Ms.) ..... Contributor address; City; State; Zip Code 3803 Willowbrook Dr. Austin, TX 78722	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date  04/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi (Ms.) ..... Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi (Ms.) ..... Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillis, Julie (Ms.) ..... Contributor address; City; State; Zip Code 1425 Cloverleaf Dr. Austin, TX 78723	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/56 Report: 23/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.)  6 Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	7 Amount of contribution (\$)  \$65.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  04/07/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.)  6 Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.)  6 Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	7 Amount of contribution (\$)  \$35.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Whitney (Ms.)  6 Contributor address; City; State; Zip Code 1603 Taylor Gaines Austin, TX 78741	7 Amount of contribution (\$)  \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  04/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hansen, Ingrid (Ms.)  6 Contributor address; City; State; Zip Code 1510 Garner Ave Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/56 Report: 24/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/05/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanson Correa, Kathy (Ms.)  6 Contributor address; City; State; Zip Code 7809 Gault St Austin, TX 78757	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/13/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hardin, Kathy (Ms.)  Contributor address; City; State; Zip Code 9501 Rolling Oaks Tr Austin, TX 78750	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harkey, Beverley (Ms.)  Contributor address; City; State; Zip Code 2601 Albata Ave Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Gayla (Ms.)  Contributor address; City; State; Zip Code 411 B West Johanna St Austin, TX 78704	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hauwert, Nico (Mr.)  Contributor address; City; State; Zip Code 2401 Bahama Austin, TX 78733	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/56 Report: 26/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hinze, Kathy (Ms.)  6 Contributor address; City; State; Zip Code 11406 Boulder Ln Austin, TX 78726	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holland, Jim (Mr.)  Contributor address; City; State; Zip Code 110 West Elizabeth St Austin, TX 78704	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holland, Simon (Mr.)  Contributor address; City; State; Zip Code 10044 Circleview Dr Austin, TX 78733	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Investor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holm, Reid (Mr.)  Contributor address; City; State; Zip Code 9101 La Cresada Dr #2036 Austin, TX 78749	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Horne, K. Angel (Ms.)  Contributor address; City; State; Zip Code P.O. Box 684954 Austin, TX 78768	Amount of contribution (\$)  \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/56 Report: 27/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howell, Marie (Ms.)  6 Contributor address; City; State; Zip Code 4521 Heritage Well Ln Round Rock, TX 78665	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Paralegal		10 Employer (See Instructions) Nassour Law Firm	
Date  04/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Amy (Ms.)  Contributor address; City; State; Zip Code 2408 Bluffview Dr. Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutchison, Janet (Ms.)  Contributor address; City; State; Zip Code 2602 Caviteer Ave Austin, TX 78757	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Issa, Michel (Mr.)  Contributor address; City; State; Zip Code 4017 Greystone Dr Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner/Manager		Employer (See Instructions) University Realty	
Date  04/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackman, Merl (Mr.)  Contributor address; City; State; Zip Code 1000 West 39th St Austin, TX 78756	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Self	





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/56 Report: 30/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kemp, Shannon (Ms.)  6 Contributor address; City; State; Zip Code 2113 A Montclair St Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kerr, Kathleen (Ms.)  Contributor address; City; State; Zip Code 1503 Wildcat Hollow Austin, TX 78746	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Environmental Engineering and Consulting		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Environmental Engineering and Consulting		Employer (See Instructions) RPS	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khan, Sophia (Ms.)  Contributor address; City; State; Zip Code 6905 Crosby Circle #31 Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Housewife		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khan, Tahseen (Mr.)  Contributor address; City; State; Zip Code 6905 Crosby Circle #31 Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Soccer City	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirkpatrick, Mark (Mr.)  Contributor address; City; State; Zip Code 718 Patterson Ave Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/56 Report: 31/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Koetz, Maureen (Ms.)  6 Contributor address; City; State; Zip Code 355 S. End Ave New York, NY 10280	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  04/19/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kralj, Elliot (Mr.)  6 Contributor address; City; State; Zip Code 3809 Gaines Ct Austin, TX 78735	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kramer, Kenneth (Mr.)  6 Contributor address; City; State; Zip Code 4204 Sinclair Ave Austin, TX 78756	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) Sierra Club	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kyle, Barbara (Ms.)  6 Contributor address; City; State; Zip Code 50 Santa Marina St San Francisco, CA 94110	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ladd, Lurleen (Ms.)  6 Contributor address; City; State; Zip Code 4606 Ridge Oak Dr. Austin, TX 78731	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) The Shade Project	





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/56 Report: 34/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Nora (Ms.)  6 Contributor address; City; State; Zip Code 3302 Lafayette Ave Austin, TX 78722	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxwell, Mary Gay (Ms.)  Contributor address; City; State; Zip Code 111 Laurel Ln Austin, TX 78705	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McAfee, Mark (Mr.)  Contributor address; City; State; Zip Code 1170 Ridgeway Dr. Austin, TX 78702	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCandless, Helen (Ms.)  Contributor address; City; State; Zip Code 2101 Wilson St Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCollough, Scott (Mr.)  Contributor address; City; State; Zip Code 2290 Gatlin Creek Rd. Dripping Springs, TX 78620	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McCollough/Henry PC	









# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 37/56 Report: 39/72	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  04/19/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Murphy, Michael Adam (Mr.)  ..... <b>6 Contributor address; City; State; Zip Code</b> 1200 East 11th St Austin, TX 78702	<b>7 Amount of contribution (\$)</b>  \$50.00	<b>8 In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  04/21/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Niekamp, Patricia (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 9321 Edwardson Ln Austin, TX 78749	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/19/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Norton, Shana (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 910 Post Oak Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Musician		<b>Employer (See Instructions)</b> Self	
<b>Date</b>  04/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Oakey, William (Mr.)  ..... <b>Contributor address; City; State; Zip Code</b> 1507 B Elton Ln Austin, TX 78703	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/02/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) O'Brien, Elizabeth (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 2101 Oxford Ave. Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$200.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Public Affairs		<b>Employer (See Instructions)</b> Pattern Energy	





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 40/56 Report: 42/72	
<b>2</b> FILER NAME    Shea, Brigid (Ms.)		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00006000	
<b>4</b> Date  04/28/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pearsall, Madeleine (Ms.)  ..... <b>6</b> Contributor address;    City; State; Zip Code 4606 Richmond Ave Austin, TX 78745	<b>7</b> Amount of contribution (\$)  \$70.90	<b>8</b> In-kind contribution description (if applicable)  {  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  04/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peel, Deborah (Ms.)  ..... Contributor address;    City; State; Zip Code P.O. Box 248 Austin, TX 78767	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)  {  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Advocate		Employer (See Instructions) Self	
Date  04/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peel, Larry (Mr.)  ..... Contributor address;    City; State; Zip Code P.O. Box 248 Austin, TX 78767	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)  {  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Builder/Developer		Employer (See Instructions) Self	
Date  04/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez-Wisely, Teresa (Ms.)  ..... Contributor address;    City; State; Zip Code 909 Theresa Ave Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)  {  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perkins, Jerry (Mr.)  ..... Contributor address;    City; State; Zip Code 4128 Lawless Dr. Austin, TX 78723	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)  {  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 41/56 Report: 43/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peters, Kendra (Ms.)  6 Contributor address; City; State; Zip Code 2203 East 20th St Austin, TX 78722	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pierce, Paula (Ms.)  Contributor address; City; State; Zip Code 6105 Gena Ct Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pingree, Dianne (Ms.)  Contributor address; City; State; Zip Code 1501 Crested Butte Dr. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pingree, Harlan (Mr.)  Contributor address; City; State; Zip Code 1501 Crested Butte Dr. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pipkin, Stan (Mr.)  Contributor address; City; State; Zip Code 2100 B Wordsworth Austin, TX 78704	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Lighthouse Solar	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/56 Report: 44/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  04/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prisant, Caroline (Ms.)  6 Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Student		10 Employer (See Instructions) None	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prisant, Caroline (Ms.)  Contributor address; City; State; Zip Code 508 Newhall Cove Austin, TX 78746	Amount of contribution (\$)  \$330.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) None	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Redman, Steve (Mr.)  Contributor address; City; State; Zip Code 633 Twelve Oaks Ln Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rittenhouse, Ryan (Mr.)  Contributor address; City; State; Zip Code 1603 B Morgan Ln Austin, TX 78704	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Nita (Ms.)  Contributor address; City; State; Zip Code 301 E Broadway Ave Bismarck, ND 58501	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 43/56 Report: 45/72	
<b>2</b> FILER NAME    Shea, Brigid (Ms.)		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00006000	
<b>4</b> Date  04/13/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Steve (Mr.) ..... <b>6</b> Contributor address;    City; State; Zip Code 11823 Eubank Dr. Austin, TX 78758	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rockwell, Brad (Mr.) ..... Contributor address;    City; State; Zip Code 1910 Edgeware Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lowerre, Frederick, Perales, Allmon & Rockwell	
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogers, Mark (Mr.) ..... Contributor address;    City; State; Zip Code 1104 E 10th St Austin, TX 78702	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Affordable Housing Developer		Employer (See Instructions) GNDC	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Romero, Ron (Mr.) ..... Contributor address;    City; State; Zip Code 6211 Woodhue Dr Austin, TX 78745	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, Lauren (Ms.) ..... Contributor address;    City; State; Zip Code 1405 Hillmont Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Glenrose Engineering	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 44/56 Report: 46/72	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  05/01/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, Shirley (Ms.) <hr/> <b>6 Contributor address;    City; State; Zip Code</b> 6603 Mesa Hollow Dr Austin, TX 78750	<b>7 Amount of contribution (\$)</b>  \$100.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8 In-kind contribution description (if applicable)</b>   
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  04/05/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sak, Catherine (Ms.) <hr/> <b>Contributor address;    City; State; Zip Code</b> 1416 Berkshire Dr. Austin, TX 78723	<b>Amount of contribution (\$)</b>  \$50.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>   
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/28/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary (Ms.) <hr/> <b>Contributor address;    City; State; Zip Code</b> 704 Carolyn Ave Austin, TX 78705	<b>Amount of contribution (\$)</b>  \$250.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>   
<b>Principal occupation / Job title (See Instructions)</b> Research		<b>Employer (See Instructions)</b> Self	
<b>Date</b>  04/07/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sawhill, Steve (Mr.) <hr/> <b>Contributor address;    City; State; Zip Code</b> 1906 Frazier Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$20.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>   
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Peter (Mr.) <hr/> <b>Contributor address;    City; State; Zip Code</b> 3506 Far View Dr Austin, TX 78730	<b>Amount of contribution (\$)</b>  \$100.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>   
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/56 Report: 47/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schagen, Tracy (Ms.)  6 Contributor address; City; State; Zip Code 8319 Haskel Dr Austin, TX 78736	7 Amount of contribution (\$)  \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Searcy, Judith (Ms.)  Contributor address; City; State; Zip Code 821 Harris Ave. Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Searcy, Seth (Mr.)  Contributor address; City; State; Zip Code 821 Harris Ave. Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sedwick, Shannon (Ms.)  Contributor address; City; State; Zip Code 350 King Arthur Court Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Theatre Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Esther's Follies	
Date  04/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Selby, Tom (Mr.)  Contributor address; City; State; Zip Code 2013 North Roosevelt St Arlington, VA 22205	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Williams and Connolly, LLP	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 46/56 Report: 48/72	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  04/06/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Senor, Robin (Ms.)  ..... <b>6</b> Contributor address; City; State; Zip Code 2607 Geraghty Ave Austin, TX 78757	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  04/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharpe, Susanna (Ms.)  ..... Contributor address; City; State; Zip Code 1302 Karen Ave. Austin, TX 78757	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelton, Kaley (Ms.)  ..... Contributor address; City; State; Zip Code 4105 Great Plains Dr Austin, TX 78735	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Sherry (Ms.)  ..... Contributor address; City; State; Zip Code 700 Windsong Tr Austin, TX 78746	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Marketing Strategist		Employer (See Instructions) Sherry Smith Marketing Partner	
Date  04/13/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smolen, Paul (Mr.)  ..... Contributor address; City; State; Zip Code 3812 Cherrywood Rd Austin, TX 78722	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>			<b>1 PAGE #</b> Schedule: 47/56 Report: 49/72	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)			<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  04/24/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Solmon, Marty (Mr.)  <b>6 Contributor address; City; State; Zip Code</b> 12044 County Hwy 17 Detroit Lakes, MN 56501	<b>7 Amount of contribution (\$)</b>  \$150.00	<b>8 In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>		
<b>Date</b>  04/24/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Solmon, Mary (Ms.)  <b>Contributor address; City; State; Zip Code</b> 12044 County Hwy 17 Detroit Lakes, MN 56501	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>Date</b>  04/11/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sosa, Guadalupe (Ms.)  <b>Contributor address; City; State; Zip Code</b> P.O. Box 40205 Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>Date</b>  04/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Souhami, Gloria (Ms.)  <b>Contributor address; City; State; Zip Code</b> 802 Norwalk Ln Austin, TX 78703	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>Date</b>  04/28/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Speights, Sara (Ms.)  <b>Contributor address; City; State; Zip Code</b> 2701 West 49 1/2 St Austin, TX 78731	<b>Amount of contribution (\$)</b>  \$75.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 48/56 Report: 50/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen (Mr.) ..... 6 Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sperry, Teri (Ms.) ..... Contributor address; City; State; Zip Code 2213 Willow St Austin, TX 78702	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Starche, Paula (Ms.) ..... Contributor address; City; State; Zip Code 3215 Breeze Terrace Austin, TX 78722	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sterzing, Philip (Mr.) ..... Contributor address; City; State; Zip Code 1407 W 51st St Austin, TX 78756	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevens, Jean (Ms.) ..... Contributor address; City; State; Zip Code 1619 West 14th St Austin, TX 78703	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 49/56 Report: 51/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevens, Steve (Mr.)  6 Contributor address; City; State; Zip Code 1619 West 14th St Austin, TX 78703	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) UT Austin	
Date  04/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strover, Sharon (Ms.)  Contributor address; City; State; Zip Code 5104 Beverly Skyline Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin	
Date  04/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sundaralingam, Manjula (Ms.)  Contributor address; City; State; Zip Code 7903 Cheno Cortina Tr Austin, TX 78749	Amount of contribution (\$)  \$27.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sussman, Soll (Mr.)  Contributor address; City; State; Zip Code 6117 Mountain Villa Cove Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Grant (Mr.)  Contributor address; City; State; Zip Code 4106 Ave F Austin, TX 78751	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 50/56 Report: 52/72	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Margot (Ms.)  6 Contributor address: City; State; Zip Code 4106 Ave F Austin, TX 78751	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trejo, Naomi (Ms.)  Contributor address: City; State; Zip Code 1002 Olive Street Austin, TX 78702	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  04/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trusty, Robbin (Ms.)  Contributor address: City; State; Zip Code 2630 Barton Hills Dr. Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Project Manager		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Austin Energy			
Date  04/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tulis, Jeffrey (Mr.)  Contributor address: City; State; Zip Code 7105 Running Rope Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tuttrup, Neal (Mr.)  Contributor address: City; State; Zip Code 4204 Speedway #204 Austin, TX 78751	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 51/56 Report: 53/72

**2** FILER NAME Shea, Brigid (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00006000

**4** Date  
04/23/2012

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Umphress, Dorothy (Ms.)

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

\$100.00

(If travel outside of Texas, complete Schedule T)

**6** Contributor address; City; State; Zip Code  
2057 Rosebud Dr.  
Irving, TX 75060

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date  
05/02/2012

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Waller, Kathryn (Ms.)

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

\$5.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code  
P.O. Box 201394  
Austin, TX 78720

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/02/2012

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Walton, Marsha (Ms.)

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code  
1701 Bouldin Ave  
Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/02/2012

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Walton, Marsha (Ms.)

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

\$20.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code  
1701 Bouldin Ave  
Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/02/2012

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Warner, Angel (Mr.)

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

\$10.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code  
520 Palo Duro  
Joshua, TX 76058

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 53/56 Report: 55/72	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  04/08/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitley, Tracey (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 908 Payne Ave Austin, TX 78757	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wickert, Julie (Ms.)  Contributor address; City; State; Zip Code 8303 Polar Dr Austin, TX 78757	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Chad (Mr.)  Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williamson, Tina (Ms.)  Contributor address; City; State; Zip Code 525 Barton Blvd Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Jack (Mr.)  Contributor address; City; State; Zip Code 4803 Ave H Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 55/56 Report: 57/72	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  04/26/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yates, Roxanne (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 5711 State Hwy 45 Austin, TX 78739	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Retired		<b>10</b> Employer (See Instructions) N/A	
<b>4</b> Date  04/04/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yevich, Elizabeth (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 2105 B Ann Arbor Ave. Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Management		<b>10</b> Employer (See Instructions) State Department of Housing	
<b>4</b> Date  05/01/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yevich, Elizabeth (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 2105 B Ann Arbor Ave. Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Management		<b>10</b> Employer (See Instructions) State Department of Housing	
<b>4</b> Date  04/20/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) York, Carrie (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 4804 Philco Austin, TX 78745	<b>7</b> Amount of contribution (\$)  \$5.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  04/21/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Young, Don (Mr.)  <b>6</b> Contributor address; City; State; Zip Code P.O. Box 684331 Austin, TX 78768	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Internet Marketing		<b>10</b> Employer (See Instructions) Young & Associates	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 56/56 Report: 58/72

**2** FILER NAME Shea, Brigid (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00006000

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
05/01/2012 Young, Don (Mr.)

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

\$150.00

(If travel outside of Texas, complete Schedule T)

**6** Contributor address; City; State; Zip Code  
P.O. Box 684331  
Austin, TX 78768

**9** Principal occupation / Job title (See Instructions)  
Internet Marketing

**10** Employer (See Instructions)  
Young & Associates

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/06/2012 Zamrazil, Kristie (Ms.)

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

\$75.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code  
1819 Piedmont Ave.  
Austin, TX 78757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
05/01/2012 Zaretsky, Janel (Ms.)

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

\$50.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code  
13110 Bayfield Dr  
Austin, TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/12 Report: 60/72	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 04/04/2012	<b>5</b> Payee name Arriba News
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 12865 Austin, TX 78711
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/28/2012	Payee name Atherton, Leeann (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 3600 S. 2nd St Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Music Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2012	Payee name Blue Utopia
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Amount (\$) \$42.97	Payee address City; State; Zip Code P.O. Box 4486 Seattle, WA 98194
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative donation processing fees for reporting period
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/10/2012	Payee name City of Austin Utilities
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Amount (\$) \$459.34	Payee address City; State; Zip Code P.O. Box 2267 Austin, TX 78783
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Office Utilities
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/12 Report: 61/72	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 04/09/2012	<b>5</b> Payee name Constant Contact
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<b>6</b> Amount (\$) \$53.30	<b>7</b> Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/27/2012	Payee name Constant Contact
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Amount (\$) \$2.31	Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Image Hosting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/30/2012	Payee name Cricket Communications
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Amount (\$) \$105.84	Payee address City; State; Zip Code 1030 Norwood Park Blvd. Bldg 4 Ste 406 Austin, TX 78753
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/17/2012	Payee name Crook, Vanessa (Ms.)
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Amount (\$) \$1,200.00	Payee address City; State; Zip Code 2109 Haskell St. Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 3/12 Report: 62/72		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 04/16/2012	<b>5</b> Payee name David Thomas Photography				
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address City; State; Zip Code 2004-B E 9th St Austin, TX 78702				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photo Shoot		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/28/2012	Payee name FedEx Office				
Amount (\$) \$21.65	Payee address City; State; Zip Code 327 Congress Ave Austin, TX 78701				
<b>8</b> 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) <input type="checkbox"/> Postcards		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/01/2012	Payee name Gage Furniture				
Amount (\$) \$2,500.00	Payee address City; State; Zip Code P.O. Box 5816 Austin, TX 78763				
<b>8</b> 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) <input type="checkbox"/> Campaign Office Rent		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/10/2012	Payee name Grande Communications				
Amount (\$) \$131.86	Payee address City; State; Zip Code 1923 E. 7th St STE 100 Austin, TX 78702				
<b>8</b> 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) <input type="checkbox"/> Internet and Phone Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 4/12 Report: 63/72		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 04/25/2012	<b>5</b> Payee name Greenberg, Joel (Mr.)				
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address City; State; Zip Code 6806 Daugherty Austin, TX 78757				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/26/2012	Payee name Harden, Ada (Ms.)				
Amount (\$) \$350.00	Payee address City; State; Zip Code 1700 Meander Drive Austin, TX 78721				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/26/2012	Payee name Harden, Ada (Ms.)				
Amount (\$) \$105.00	Payee address City; State; Zip Code 1700 Meander Drive Austin, TX 78721				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Leafletting Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/03/2012	Payee name In Fact Daily				
Amount (\$) \$108.25	Payee address City; State; Zip Code 305 South Congress Ave Austin, TX 78704				
<b>8</b> 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) <input type="checkbox"/> News Subscription		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/12 Report: 64/72	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 05/02/2012	<b>5</b> Payee name M.J. Ross Group, Inc.
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<b>6</b> Amount (\$) \$197.39	<b>7</b> Payee address City; State; Zip Code P.O. Box 19037 Portland, OR 97280
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/17/2012	Payee name McNally, John (Mr.)
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Amount (\$) \$1,600.00	Payee address City; State; Zip Code 3002 Breeze Terrace Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/17/2012	Payee name Oak Hill Gazette
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Amount (\$) \$270.00	Payee address City; State; Zip Code 7200-B Hwy 71 West Austin, TX 78735
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/10/2012	Payee name Office Depot
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Amount (\$) \$95.24	Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ink for Office Printers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/12 Report: 65/72	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 04/24/2012	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) \$157.60	<b>7</b> Payee address City: State; Zip Code 2620 W Anderson Lane Austin, TX 78757
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Copying Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/30/2012	Payee name Office Depot
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Amount (\$) \$265.97	Payee address City: State; Zip Code 2620 W Anderson Lane Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Copying Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/30/2012	Payee name Office Depot
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Amount (\$) \$59.48	Payee address City: State; Zip Code 2620 W Anderson Lane Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Copying Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2012	Payee name Office Depot
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Amount (\$) \$126.37	Payee address City: State; Zip Code 2620 W Anderson Lane Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Copying Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 7/12 Report: 66/72	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 05/02/2012	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) \$265.97	<b>7</b> Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Copying Services
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2012	Payee name Office Depot
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Amount (\$) \$27.05	Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - paper
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/03/2012	Payee name Office Max
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Amount (\$) \$55.67	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Copying Services
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/04/2012	Payee name Office Max
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Amount (\$) \$23.58	Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copy Service
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****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.

<b>1 PAGE #</b> Schedule: 8/12 Report: 6772		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00006000	
<b>4 Date</b> 04/30/2012	<b>5 Payee name</b> Office Max				
<b>6 Amount (\$)</b> \$8.65	<b>7 Payee address City; State; Zip Code</b> 4615 North Lamar Blvd Austin, TX 78756				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Office Supplies - cards		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/01/2012	<b>Payee name</b> Office Max				
<b>Amount (\$)</b> \$134.20	<b>Payee address City; State; Zip Code</b> 907 West Fifth Street Austin, TX 78703				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Office Supplies - label, printer ink		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 04/13/2012	<b>Payee name</b> Opinion Analysts, Inc.				
<b>Amount (\$)</b> \$7,200.00	<b>Payee address City; State; Zip Code</b> 906 Rio Grande St Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Polling Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Polling		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 04/09/2012	<b>Payee name</b> Parham, Amy (Ms.)				
<b>Amount (\$)</b> \$3,000.00	<b>Payee address City; State; Zip Code</b> P.O. Box 1136 Buda, TX 78610				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Salary		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 9/12 Report: 68/72	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 04/25/2012	<b>5</b> Payee name Parham, Amy (Ms.)
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<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 1136 Buda, TX 78610
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2012	Payee name Paypal
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Amount (\$) \$275.71	Payee address City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative donation processing fees for reporting period
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/17/2012	Payee name Raab, Angela Melina (Ms.)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 2606 Pegram Ave Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/01/2012	Payee name Rindy & Associates, Inc.
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Amount (\$) \$10,000.00	Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

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

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

**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1</b> PAGE # Schedule: 11/12 Report: 70/72		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 04/23/2012	<b>5</b> Payee name The Austin Chronicle				
<b>6</b> Amount (\$) \$1,094.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/27/2012	Payee name The Austin Chronicle				
Amount (\$) \$1,345.00	Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/05/2012	Payee name The Nighthawk Frisco				
Amount (\$) \$31.61	Payee address City; State; Zip Code 6801 Burnet Rd Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff lunch		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/30/2012	Payee name T-Mobile				
Amount (\$) \$55.13	Payee address City; State; Zip Code 4700 W Guadalupe STE 1 Austin, TX 78751				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Services		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 12/12 Report: 71/72	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 04/30/2012	<b>5</b> Payee name United States Postal Service Buda Station
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<b>6</b> Amount (\$) \$810.00	<b>7</b> Payee address City; State; Zip Code 1320 Cabelas Drive Buda, TX 78610
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2012	Payee name United States Postal Service Northcross Station
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Amount (\$) \$225.00	Payee address City; State; Zip Code 7700 Northcross Dr Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/10/2012	Payee name Worley Printing Co., Inc.
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Amount (\$) \$1,098.74	Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Doorhangers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/10/2012	Payee name yousendit
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Amount (\$) \$9.99	Payee address City; State; Zip Code 1919 S Bascom Ave 3rd Floor Campbell, CA 95008
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> File Sharing Subscription Service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# 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: 72/72
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000
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	\$0.20
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 GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00006000	2 PAGE # 1 of 44
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Brigid	MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Shea	SUFFIX	

Date Received

2012 JUL 16  
11 4 AM '12

AUSTIN CITY CLERK  
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #	Amount
-----------	--------

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	2604 Geraghty Ave. Austin, TX 78757				

Change of Address

5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Danette	MI
	NICKNAME	LAST Chimenti	SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	200 The Circle Austin, TX 78704				

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 912-8290		

8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	05/03/2012				06/30/2012		

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
05/12/2012							

11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Mayor
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME <b>Shea, Brigid (Ms.)</b>	14 ACCOUNT # (Ethics Commission filers) <b>00006000</b>
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15 NOTICE FROM POLITICAL COMMITTEE(S)

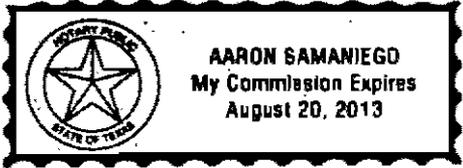
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

additional pages

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER 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 POLITICAL EXPENDITURES	\$	96,880.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,895.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	62,500.00

17 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Brigid Shea*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brigid Shea this the 16<sup>th</sup> day of July, 2012, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Aaron Samaniego  
\_\_\_\_\_  
Print name of officer administering oath

ARE / Notary Public  
\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule. 1/26 Report: 3/44	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date 05/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Stephen (Mr.) ..... 6 Contributor address; City; State; Zip Code 6406 Wilbur Dr Austin, TX 78757	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alsop, Marion (Ms.) ..... Contributor address; City; State; Zip Code 2311 Pruett Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews, Will (Mr.) ..... Contributor address; City; State; Zip Code P.O. Box 684154 Austin, TX 78760	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Archer, Sam (Mr.) ..... Contributor address; City; State; Zip Code 1511 A West 10th St Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aroian, Karen (Ms.) ..... Contributor address; City; State; Zip Code 3005 McElroy Dr Austin, TX 78757	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/26 Report: 4/44	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  05/03/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arora, Ash (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 501 Olympic Dr Pflugerville, TX 78660	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/13/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrera, Mari (Ms.)  Contributor address; City; State; Zip Code 7 Tibbetts St Natick, MA 01760	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beasley, Roger (Mr.)  Contributor address; City; State; Zip Code 6503 Santolina Cove Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Roger Beasley Mazda	
Date  05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, Al (Mr.)  Contributor address; City; State; Zip Code 3656 Ranch Creek Dr Austin, TX 78730	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bender, Bob (Mr.)  Contributor address; City; State; Zip Code 406 Sterzing St Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/26 Report: 5/44	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/05/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benner, Jeff (Mr.)  6 Contributor address; City; State; Zip Code 809 Bouldin Austin, TX 78704	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benner, Jennifer (Ms.)  Contributor address; City; State; Zip Code 809 Bouldin Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bottoms, Shirley (Ms.)  Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braun, Carl (Mr.)  Contributor address; City; State; Zip Code 2506 Douglas St Austin, TX 78741	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brooks, Allen (Mr.)  Contributor address; City; State; Zip Code 1817 East Oltorf Apt 1023 Austin, TX 78741	Amount of contribution (\$)  \$5.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/26 Report: 7/44	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  05/04/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cochran, Kevin (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 412 Alpine Rd Apt 5 Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cofer, Rick (Mr.)  Contributor address; City; State; Zip Code 1512 A Pennsylvania Ave Austin, TX 78702	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coleman, Pamela (Ms.)  Contributor address; City; State; Zip Code 10908 Centennial Tr Austin, TX 78726	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corbin, Robert (Mr.)  Contributor address; City; State; Zip Code 608 Cliff Dr Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Creighton, Sondra (Ms.)  Contributor address; City; State; Zip Code 6301 Bon Terra Dr Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/26 Report: 8/44	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  06/23/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Dan (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/03/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, Ben (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2923 Bushnell Dr Austin, TX 78745	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) Law Offices of Ben Cunningham	
<b>4</b> Date  05/08/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Michael (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 3307 Bryker Dr Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$150.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/03/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel, Lee (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2011 EM Franklin Ave Austin, TX 78723	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/29/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeYoung, Claire (Ms.)  <b>6</b> Contributor address; City; State; Zip Code P.O. Box 684236 Austin, TX 78768	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/26 Report: 9/44	
<b>2</b> FILER NAME <i>Shea, Brigid (Ms.)</i>		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  06/27/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dobbs, David (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 9702 Swansons Ranch Rd Austin, TX 78748	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Retired		<b>10</b> Employer (See Instructions) N/A	
Date  05/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doze, Danny (Mr.)  Contributor address; City; State; Zip Code 2210 Enfield Rd #10 Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/13/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dulaney Smith, Karen (Ms.)  Contributor address; City; State; Zip Code 2120 Barton Hills Dr Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Durst, Philip (Mr.)  Contributor address; City; State; Zip Code 4101 Ave C Austin, TX 78751	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eckhardt, Nadine (Ms.)  Contributor address; City; State; Zip Code 2110 La Casa Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/26 Report: 10/44	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date 05/14/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eckhardt, Sarah (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 1001 Lorrain St Austin, TX 78703	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Lawyer		<b>10</b> Employer (See Instructions) Travis County	
<b>4</b> Date 05/03/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferguson, Frances (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 1013 Harwood Pl Austin, TX 78704	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 05/11/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fleckman, Steven (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 515 Congress Ave Suite 1800 Austin, TX 78701	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 05/06/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frederick, David (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 414 Ridgewood Rd Austin, TX 78746	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) Lowerre, Frederick, Perales, Allmon & Rockwell	
<b>4</b> Date 05/08/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gere, Wesley (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 10403 Grand Oak Dr Austin, TX 78750	<b>7</b> Amount of contribution (\$) \$350.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>10</b> Employer (See Instructions) BMC Software	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 10/26 Report: 12/44	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  05/22/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Halverson, Wes (Mr.)  <b>6</b> Contributor address: City: State; Zip Code 430 Mapleridge Dr Stevens Point, WI 54481	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/07/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hansen, Yvonne (Ms.)  <b>6</b> Contributor address: City: State; Zip Code 6206 Hillston Dr Austin, TX 78745	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/28/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Lisa (Ms.)  <b>6</b> Contributor address: City: State; Zip Code 4522 Avenue F Austin, TX 78751	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/03/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartley, Ann (Ms.)  <b>6</b> Contributor address: City: State; Zip Code 2111 Airole Way Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/07/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hemphill, Jim (Mr.)  <b>6</b> Contributor address: City: State; Zip Code 605 E 49th St Austin, TX 78751	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) Graves Dougherty Hearon & Moody	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 11/26 Report: 13/44	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/05/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoegen-Dijkhof, Janet (Ms.)  6 Contributor address; City; State; Zip Code 8405 Old Bee Caves Rd #1621 Austin, TX 78735	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) General Manager		10 Employer (See Instructions) Texas Office Products	
Date  05/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hudkins, Mike (Mr.)  Contributor address; City; State; Zip Code 500 E Riverside #267 Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Texas Office Products	
Date  05/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hulting, Jane (Ms.)  Contributor address; City; State; Zip Code 8130 Cedar Road Elkins Park, PA 19027	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Amy (Ms.)  Contributor address; City; State; Zip Code 2408 Bluffview Dr. Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurt, Tom (Mr.)  Contributor address; City; State; Zip Code 809 W 32nd St Austin, TX 78705	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 13/26 Report: 15/44	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  06/10/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Mary (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 725 Patterson Austin, TX 78703	<b>7 Amount of contribution (\$)</b>  \$75.00	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  05/11/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kendall, Joe (Mr.)  <b>Contributor address; City; State; Zip Code</b> 801 West Gibson Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/29/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kendall, Joe (Mr.)  <b>Contributor address; City; State; Zip Code</b> 801 West Gibson Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/08/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Klee, Rose Marie (Ms.)  <b>Contributor address; City; State; Zip Code</b> 1908 E 18th St Austin, TX 78702	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/08/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Land, Linda (Ms.)  <b>Contributor address; City; State; Zip Code</b> 1106 Upland Dr Austin, TX 78741	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	







# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 17/26 Report: 19/44	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  05/03/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Drew (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1402 Arcadia Ave Austin, TX 78757	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montague, Don (Mr.)  Contributor address; City; State; Zip Code P.O. Box 216 Driftwood, TX 78619	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moorhead, Robert (Mr.)  Contributor address; City; State; Zip Code 4300 Rosedale Austin, TX 78756	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Susan (Ms.)  Contributor address; City; State; Zip Code 4205 Ramsey Ave Austin, TX 78756	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Fowler Law Firm	
Date  05/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrow, Donna (Ms.)  Contributor address; City; State; Zip Code 504 Terrace Dr Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 18/26 Report: 20/44	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  05/11/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Brien, Tia (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 6 McAllister Ave Kentfield, CA 94904	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Connor, Deirdre (Ms.)  Contributor address; City; State; Zip Code 1213 Newning Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Self	
Date  05/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Overton, Linda (Ms.)  Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Overton, Linda (Ms.)  Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perkins, Jerry (Mr.)  Contributor address; City; State; Zip Code 4128 Lawless Dr. Austin, TX 78723	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 19/26 Report: 21/44	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  05/10/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perry, Kenneth (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 405 21st St SW Minot, ND 58701	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phelps, MaryAnne (Ms.)  Contributor address; City; State; Zip Code 1503 Haskell St Austin, TX 78702	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Powell, GW (Mr.)  Contributor address; City; State; Zip Code 4407 Ave H Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reilly, Bruce (Mr.)  Contributor address; City; State; Zip Code 2605 Pegram Ave Austin, TX 78757	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sustaining Engineer Senior Manager		Employer (See Instructions) Buffalo Technology (USA), Inc.	
Date  05/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reveles, Lauro (Ms.)  Contributor address; City; State; Zip Code 400 Radam Ln Austin, TX 78745	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/26 Report: 22/44	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/29/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reveles, Lauro (Ms.)  6 Contributor address; City; State; Zip Code 400 Radam Ln Austin, TX 78745	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Cora (Ms.)  Contributor address; City; State; Zip Code 1109 Space Ln Austin, TX 78758	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Joe (Mr.)  Contributor address; City; State; Zip Code 1109 Space Ln Austin, TX 78758	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richter, Dorothy (Ms.)  Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivers, Irene (Ms.)  Contributor address; City; State; Zip Code 600 Battle Bend Blvd Austin, TX 78745	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/26 Report: 24/44	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  05/08/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schmidli, Lisette (Ms.)  6 Contributor address; City; State; Zip Code 3656 Ranch Creek Dr Austin, TX 78730	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Political Organizer		10 Employer (See Instructions) Texas Campaign for the Environment	
Date  05/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin (Ms.)  Contributor address; City; State; Zip Code 2609 Sherwood Lane Austin, TX 78704	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Political Organizer		Employer (See Instructions) Texas Campaign for the Environment	
Date  05/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Raymond (Mr.)  Contributor address; City; State; Zip Code 7608 Gault St Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sittler, Wolf (Mr.)  Contributor address; City; State; Zip Code 1403 Kenwood Ave. Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Sarah (Ms.)  Contributor address; City; State; Zip Code 5012 Woodview Ave Austin, TX 78756	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 23/26 Report: 25/44	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  05/05/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sprinkle, Patty (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 1114 Fieldcrest Dr Austin, TX 78704	<b>7 Amount of contribution (\$)</b>  \$150.00	<b>8 In-kind contribution description (if applicable)</b>   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  05/05/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sternberg, Bruce (Mr.)  <b>Contributor address; City; State; Zip Code</b> 16807 South Ridge Lane Austin, TX 78734	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/04/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Strand, Christopher (Mr.)  <b>Contributor address; City; State; Zip Code</b> 6503 Delmonico Dr Austin, TX 78759	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/23/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sussman, Soll (Mr.)  <b>Contributor address; City; State; Zip Code</b> 6117 Mountain Villa Cove Austin, TX 78731	<b>Amount of contribution (\$)</b>  \$30.00	<b>In-kind contribution description (if applicable)</b>   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  05/05/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Tepfer, Tav (Mr.)  <b>Contributor address; City; State; Zip Code</b> 919 E 53rd St Austin, TX 78751	<b>Amount of contribution (\$)</b>  \$40.00	<b>In-kind contribution description (if applicable)</b>   <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.			<b>1 PAGE #</b> Schedule: 24/26 Report: 26/44		
<b>2 FILER NAME</b> Shea, Brigid (Ms.)			<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000		
<b>4 Date</b>  05/09/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Helen (Ms.)		<b>7 Amount of contribution (\$)</b>  \$25.00	<b>8 In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>6 Contributor address; City; State; Zip Code</b> 2304 Tower Dr Austin, TX 78703					
<b>9 Principal occupation / Job title (See Instructions)</b>			<b>10 Employer (See Instructions)</b>		
<b>Date</b>  05/05/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Tjepkema, Tamara (Ms.)		<b>Amount of contribution (\$)</b>  \$35.00	<b>In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Contributor address; City; State; Zip Code</b> 8601 Oakmountain Circle Austin, TX 78759					
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Date</b>  05/03/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Todd, David (Mr.)		<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Contributor address; City; State; Zip Code</b> 1304 Mariposa Dr #211 Austin, TX 78704					
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Date</b>  05/05/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Tschurr, Betsy (Ms.)		<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Contributor address; City; State; Zip Code</b> 3701 River Road Austin, TX 78703					
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Date</b>  05/05/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Tschurr, Mark (Mr.)		<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Contributor address; City; State; Zip Code</b> 3701 River Road Austin, TX 78703					
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 25/26 Report: 27/44	
<b>2</b> FILER NAME <i>Shea, Brigid (Ms.)</i>		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  05/11/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, Robert (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 10194 Vistadale Dr Dallas, TX 75238	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valentine, Doryne (Ms.)  Contributor address; City; State; Zip Code 4306 Kilgore Ln Austin, TX 78727	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Rooyan, Gary (Mr.)  Contributor address; City; State; Zip Code 6154 Piping Rock Ln Houston, TX 77057	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Special Legal Counsel		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Ed (Mr.)  Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Developer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Werbner, Stuart (Mr.)  Contributor address; City; State; Zip Code 2118 Glendale Pl Austin, TX 78704	Amount of contribution (\$)  \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/15 Report: 29/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00006000	
<b>4 Date</b> 05/11/2012		<b>5 Payee name</b> CiCi's Pizza			
<b>6 Amount (\$)</b> \$46.48		<b>7 Payee address</b> City; State; Zip Code 2525 W Anderson Ln Bldg 3 Ste 132 Austin, TX 78757			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dinner for Office Workers	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/03/2012		<b>Payee name</b> City of Austin Utilities			
<b>Amount (\$)</b> \$442.45		<b>Payee address</b> City; State; Zip Code P.O. Box 2267 Austin, TX 78783			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Office Utilities	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/23/2012		<b>Payee name</b> City of Austin Utilities			
<b>Amount (\$)</b> \$456.68		<b>Payee address</b> City; State; Zip Code P.O. Box 2267 Austin, TX 78783			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Office Utilites	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/09/2012		<b>Payee name</b> Constant Contact			
<b>Amount (\$)</b> \$58.63		<b>Payee address</b> City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/15 Report: 30/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00006000	
<b>4 Date</b> 06/09/2012	<b>5 Payee name</b> Constant Contact				
<b>6 Amount (\$)</b> \$5.33	<b>7 Payee address</b> City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/11/2012	<b>Payee name</b> Crestview Minimax				
<b>Amount (\$)</b> \$5.75	<b>Payee address</b> City; State; Zip Code 7108 Woodrow Ave Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Snacks for Office Workers		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/03/2012	<b>Payee name</b> Crook, Vanessa (Ms.)				
<b>Amount (\$)</b> \$1,200.00	<b>Payee address</b> City; State; Zip Code 2109 Haskell St. Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/23/2012	<b>Payee name</b> Crook, Vanessa (Ms.)				
<b>Amount (\$)</b> \$1,200.00	<b>Payee address</b> City; State; Zip Code 2109 Haskell St. Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/15 Report: 31/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00006000	
<b>4 Date</b> 05/14/2012		<b>5 Payee name</b> Curry, Michael (Mr.)			
<b>6 Amount (\$)</b> \$50.00		<b>7 Payee address</b> City; State; Zip Code 211 E 7th St Ste 920 Austin, TX 78701			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation Refund	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/11/2012		Payee name Discount Electronics			
Amount (\$) \$8.12		Payee address City; State; Zip Code 1011 W Anderson Ln Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/03/2012		Payee name Dominguez, Gabriela (Ms.)			
Amount (\$) \$50.00		Payee address City; State; Zip Code 2212 Pearl Street Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography Services	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/17/2012		Payee name Facebook			
Amount (\$) \$20.33		Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION Guide explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/15 Report: 32/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00006000	
<b>4 Date</b> 05/23/2012	<b>5 Payee name</b> Facebook				
<b>6 Amount (\$)</b> \$3.13	<b>7 Payee address</b> City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/11/2012	<b>Payee name</b> Grande Communications				
<b>Amount (\$)</b> \$131.86	<b>Payee address</b> City; State; Zip Code 1923 E. 7th St STE 100 Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone/Internet Services		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/10/2012	<b>Payee name</b> Harden, Ada (Ms.)				
<b>Amount (\$)</b> \$250.00	<b>Payee address</b> City; State; Zip Code 1700 Meander Drive Austin, TX 78721				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Services		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/04/2012	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$32.58	<b>Payee address</b> City; State; Zip Code 5808 Burnet Rd Austin, TX 78756				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Beverages for Office Workers		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/15 Report: 33/44	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 05/12/2012	<b>5</b> Payee name HEB
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<b>6</b> Amount (\$) \$47.30	<b>7</b> Payee address City; State; Zip Code 5808 Burnet Rd Austin, TX 78756
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Drinks for Office volunteers
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/12/2012	Payee name HEB
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Amount (\$) \$13.20	Payee address City; State; Zip Code 5808 Burnet Rd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ice, Stamps for Office
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/03/2012	Payee name JPMorgan Chase Bank, N.A.
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Amount (\$) \$34.00	Payee address City; State; Zip Code 7600 Burnet Road Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/07/2012	Payee name JPMorgan Chase Bank, N.A.
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Amount (\$) \$30.00	Payee address City; State; Zip Code 7600 Burnet Road Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Wire Transfer Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/15 Report: 34/44	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 05/14/2012	<b>5</b> Payee name Little Deli
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<b>6</b> Amount (\$) \$45.73	<b>7</b> Payee address City; State; Zip Code 7101-A Woodrow Ave. Austin, TX 78757
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for Campaign Workers
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/11/2012	Payee name Lowe's
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Amount (\$) \$128.86	Payee address City; State; Zip Code 8000 Shoal Creek Blvd. Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Signs
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/07/2012	Payee name M.J. Ross Group, Inc.
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Amount (\$) \$102.85	Payee address City; State; Zip Code P.O. Box 19037 Portland, OR 97280
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/10/2012	Payee name M.J. Ross Group, Inc.
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Amount (\$) \$3,000.00	Payee address City; State; Zip Code P.O. Box 19037 Portland, OR 97280
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/15 Report: 35/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00006000	
<b>4 Date</b> 05/15/2012		<b>5 Payee name</b> M.J. Ross Group, Inc.			
<b>6 Amount (\$)</b> \$2,969.79		<b>7 Payee address</b> City; State; Zip Code P.O. Box 19037 Portland, OR 97280			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/03/2012		<b>Payee name</b> McNally, John (Mr.)			
<b>Amount (\$)</b> \$1,600.00		<b>Payee address</b> City; State; Zip Code 3002 Breeze Terrace Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/23/2012		<b>Payee name</b> McNally, John (Mr.)			
<b>Amount (\$)</b> \$1,600.00		<b>Payee address</b> City; State; Zip Code 3002 Breeze Terrace Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/03/2012		<b>Payee name</b> Mexitas			
<b>Amount (\$)</b> \$450.00		<b>Payee address</b> City; State; Zip Code 1107 N IH35 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Watch Party Event Rental	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 8/15 Report: 36/44		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 05/04/2012		<b>5</b> Payee name Office Depot			
<b>6</b> Amount (\$) \$88.57		<b>7</b> Payee address      City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing/Copying Services	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
Date 05/04/2012		Payee name Office Depot			
Amount (\$) \$85.51		Payee address      City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757			
<b>8</b> 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) <input type="checkbox"/> Office Supplies	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
Date 05/05/2012		Payee name Office Depot			
Amount (\$) \$180.00		Payee address      City; State; Zip Code 2102 South Lamar Austin, TX 78704			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
Date 05/05/2012		Payee name Office Depot			
Amount (\$) \$70.63		Payee address      City; State; Zip Code 2102 South Lamar Austin, TX 78704			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Services	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/15 Report: 37/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00006000	
<b>4 Date</b> 05/11/2012		<b>5 Payee name</b> Office Depot			
<b>6 Amount (\$)</b> \$50.20		<b>7 Payee address</b> City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer Ink	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/14/2012		Payee name Office Depot			
Amount (\$) \$47.63		Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage, Labels	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/15/2012		Payee name Office Depot			
Amount (\$) \$92.16		Payee address City; State; Zip Code 2102 South Lamar Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copy Services	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/18/2012		Payee name Office Depot			
Amount (\$) \$306.00		Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps/Postage	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 10/15 Report: 38/44	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 05/23/2012	<b>5</b> Payee name Oliver, Bill (Mr.)
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 2728 S Congress #12 Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Musician Services
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/12/2012	Payee name Papa Johns
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Amount (\$) \$50.47	Payee address City; State; Zip Code 5343 Burnet Rd Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for Office Workers
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/30/2012	Payee name Paypal
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Amount (\$) \$127.82	Payee address City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative credit card processing fees for reporting period
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/23/2012	Payee name Pogue, Alan (Mr.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 2104 East Martin Luther King, Jr. Blvd Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photographic Services
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 11/15 Report: 39/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00006000	
<b>4 Date</b> 05/03/2012		<b>5 Payee name</b> Raab, Angela Melina (Ms.)			
<b>6 Amount (\$)</b> \$500.00		<b>7 Payee address</b> City; State; Zip Code 2606 Pegram Ave Austin, TX 78757			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/03/2012		Payee name Rindy & Associates, Inc.			
Amount (\$) \$124.24		Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/07/2012		Payee name Rindy & Associates, Inc.			
Amount (\$) \$60,000.00		Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/07/2012		Payee name Rindy & Associates, Inc.			
Amount (\$) \$9,500.00		Payee address City; State; Zip Code 2401 East 6th Street #1003 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 12/15 Report: 40/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00006000	
<b>4 Date</b> 05/08/2012		<b>5 Payee name</b> Rindy & Associates, Inc.			
<b>6 Amount (\$)</b> \$351.81		<b>7 Payee address City; State; Zip Code</b> 2401 East 6th Street #1003 Austin, TX 78702			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Political Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 06/29/2012		<b>Payee name</b> Shea, Brigid (Ms.)			
<b>Amount (\$)</b> \$2,500.00		<b>Payee address City; State; Zip Code</b> 2604 Geraghty Ave Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Loan Repayment/Reimbursement		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Partial Loan Repayment	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 06/30/2012		<b>Payee name</b> Square			
<b>Amount (\$)</b> \$31.83		<b>Payee address City; State; Zip Code</b> 110 5th Street San Francisco, CA 94103			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Accounting/Banking		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Cumulative credit card processing fees for reporting period	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/04/2012		<b>Payee name</b> The Austin Chronicle			
<b>Amount (\$)</b> \$1,345.00		<b>Payee address City; State; Zip Code</b> P.O. Box 49066 Austin, TX 78765			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Political Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES****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.

<b>1 PAGE #</b> Schedule: 13/15 Report: 41/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (TEC filers) 00006000	
<b>4 Date</b> 05/11/2012		<b>5 Payee name</b> The Austin Chronicle			
<b>6 Amount (\$)</b> \$1,845.00		<b>7 Payee address</b> City; State; Zip Code P.O. Box 49066 Austin, TX 78765			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/17/2012		<b>Payee name</b> The Frisco Shop			
<b>Amount (\$)</b> \$18.44		<b>Payee address</b> City; State; Zip Code 6801 Burnet Rd Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for Office Workers	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/11/2012		<b>Payee name</b> Thunderbird Coffee			
<b>Amount (\$)</b> \$23.50		<b>Payee address</b> City; State; Zip Code 1401 Koenig Ln Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Beverages for Campaign Staff	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/03/2012		<b>Payee name</b> United States Postal Service Northcross Station			
<b>Amount (\$)</b> \$135.00		<b>Payee address</b> City; State; Zip Code 7700 Northcross Dr Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 14/15 Report: 42/44		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00006000	
<b>4 Date</b> 05/04/2012		<b>5 Payee name</b> United States Postal Service Northcross Station			
<b>6 Amount (\$)</b> \$360.00		<b>7 Payee address City; State; Zip Code</b> 7700 Northcross Dr Austin, TX 78757			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Solicitation/Fundraising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Stamps	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: _____ Office held: _____	
<b>Date</b> 05/07/2012		<b>Payee name</b> United States Postal Service Northcross Station			
<b>Amount (\$)</b> \$180.00		<b>Payee address City; State; Zip Code</b> 7700 Northcross Dr Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Solicitation/Fundraising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Stamps	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: _____ Office held: _____	
<b>Date</b> 05/06/2012		<b>Payee name</b> United States Postal Service South Congress Station			
<b>Amount (\$)</b> \$16.20		<b>Payee address City; State; Zip Code</b> 3903 S Congress Ave Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Stamps	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: _____ Office held: _____	
<b>Date</b> 05/06/2012		<b>Payee name</b> United States Postal Service South Congress Station			
<b>Amount (\$)</b> \$16.20		<b>Payee address City; State; Zip Code</b> 3903 S Congress Ave Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Stamps	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: _____ Office held: _____	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 15/15 Report: 43/44	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 05/03/2012	<b>5</b> Payee name Worley Printing Co., Inc.
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<b>6</b> Amount (\$) \$3,258.33	<b>7</b> Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Signs
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/03/2012	Payee name Worley Printing Co., Inc.
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Amount (\$) \$926.62	Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Doorhangers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/11/2012	Payee name Worley Printing Co., Inc.
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Amount (\$) \$356.03	Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Posters
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/07/2012	Payee name yousendit
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Amount (\$) \$9.99	Payee address City; State; Zip Code 1919 S Bascom Ave 3rd Floor Campbell, CA 95008
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> File Sharing Subscription Service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

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

**VERIFICATION FOR ELECTRONIC FILING**

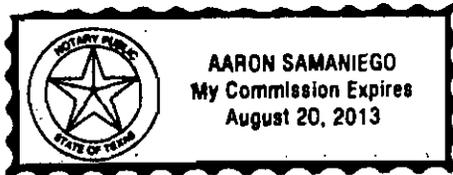
**AFFIDAVIT**

I, Brigid Shea; swear or affirm, that the accompanying report filed on electronic disk is true and correct and includes all information required to be reported by me under Title 15, Election Code.

7/16/12  
Date

Brigid Shea  
Signature - Candidate or Officeholder

Sworn to and subscribed before me, by the said Brigid Shea, this the 16<sup>th</sup> day of July, 2012, to certify which, witness my hand and seal.



SEAL

[Signature]  
Signature - officer administering oath



# 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 POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	197.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,000.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	19,898.35
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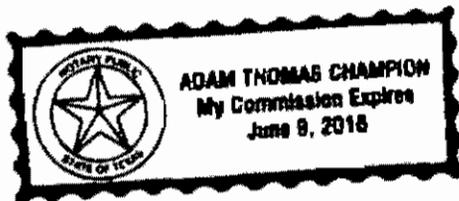
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	265.01
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	44,340.00
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17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Brigid Shea*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brigid Shea, this the 15 day of JAN, 2013, to certify which, witness my hand and seal of office.

*Adam Thomas Champion*  
Signature of officer administering oath

Adam Thomas Champion  
Print name of officer administering oath

PB-SBS  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 1/40 Report: 3/49

**2** FILER NAME Shea, Brigid (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

00006000

**4** Date

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Abbot, Stephen (Mr.)

**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 occupation / Job title (See Instructions)

Programmer

**10** Employer (See Instructions)

IBM

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ahern, Linda (Ms.)

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 occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Aika, Suvi (Ms.)

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 occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Aleshire, Bill (Mr.)

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 occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Riggs, Aleshire & Ray PC

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Arnold, Mary (Ms.)

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 travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 2/40 Report: 4/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/13/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Atherton, Lorraine (Ms.)  6 Contributor address; City; State; Zip Code 2009 Arpdale Austin, TX 78704	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Copy Editor		10 Employer (See Instructions) Self	
Date  11/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Brooke (Ms.)  Contributor address; City; State; Zip Code 1801 West 10th St Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Harris (Mr.)  Contributor address; City; State; Zip Code 5000 Ridge Oak Dr Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Alternative Energy		Employer (See Instructions) HBH Operations	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Roger (Mr.)  Contributor address; City; State; Zip Code 1303 Bentwood Austin, TX 78722	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Roger (Mr.)  Contributor address; City; State; Zip Code 1303 Bentwood Austin, TX 78722	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 3/40 Report: 5/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/03/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbaro, Niccolo (Mr.)  6 Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Publisher		10 Employer (See Instructions) Austin Chronicle	
Date  07/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barber, Donna (Ms.)  Contributor address; City; State; Zip Code 1502 Madison Ave Austin, TX 78757	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barry, Claire (Ms.)  Contributor address; City; State; Zip Code 1505 Brentwood Austin, TX 78757	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bauer, Steve (Mr.)  Contributor address; City; State; Zip Code 4813 Canyonbend Cir Austin, TX 78735	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betancourt, Carl (Mr.)  Contributor address; City; State; Zip Code 1505 Travis Hts Blvd Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sheet Metal Worker		Employer (See Instructions) Dynamic Systems Inc	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/40 Report: 6/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blinn, John (Mr.) ..... 6 Contributor address; City; State; Zip Code 5512 Oakwood Cove #181 Austin, TX 78731	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  11/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blizzard, Michael (Mr.) ..... 6 Contributor address; City; State; Zip Code 2100 Southern Oaks Austin, TX 78745	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  08/30/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyt, Jeff (Mr.) ..... 6 Contributor address; City; State; Zip Code 5423 Shoalwood Austin, TX 78756	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  11/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brodnax, Pat (Ms.) ..... 6 Contributor address; City; State; Zip Code 1105 West Annie Austin, TX 78704	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/13/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Maurya (Ms.) ..... 6 Contributor address; City; State; Zip Code 20 Chestnut Hill Road Trumbull, CT 06611	7 Amount of contribution (\$)  \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/40 Report: 7/49	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date 07/14/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bunch, Bill (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704	<b>7</b> Amount of contribution (\$) \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) SOS Alliance	
<b>4</b> Date 11/04/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bunch, Bill (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) SOS Alliance	
<b>4</b> Date 07/14/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burton, Scott (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 4509 Sinclair Ave Austin, TX 78756	<b>7</b> Amount of contribution (\$) \$20.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 10/29/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butler, Joy (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 2028 Emma Long St Austin, TX 78723	<b>7</b> Amount of contribution (\$) \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		<b>10</b> Employer (See Instructions) N/A	
<b>4</b> Date 07/05/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carbone, Kata (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 2710 West 49th 1/2 St Austin, TX 78731	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 6/40 Report: 8/49	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  11/04/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Carbone, Kata (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 2710 West 49th 1/2 St Austin, TX 78731	<b>7 Amount of contribution (\$)</b>  \$20.00	<b>8 In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  07/12/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Chimenti, Danette (Ms.)  <b>Contributor address; City; State; Zip Code</b> 200 The Circle Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$10.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Computer Consultant		<b>Employer (See Instructions)</b> Self	
<b>Date</b>  07/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Chimenti, Danette (Ms.)  <b>Contributor address; City; State; Zip Code</b> 200 The Circle Austin, TX 78704	<b>Amount of contribution (\$)</b>  \$340.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Computer Consultant		<b>Employer (See Instructions)</b> Self	
<b>Date</b>  07/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Pamela (Ms.)  <b>Contributor address; City; State; Zip Code</b> 4100 Bluffridge Dr Austin, TX 78759	<b>Amount of contribution (\$)</b>  \$20.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  07/04/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Clarke, Margot (Ms.)  <b>Contributor address; City; State; Zip Code</b> 5106 Evergreen Ct. Austin, TX 78731	<b>Amount of contribution (\$)</b>  \$40.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 7/40 Report: 9/49	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  07/14/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton, Nan (Ms.)  <b>6 Contributor address; City; State; Zip Code</b> 2909 Oaklane Dr Austin, TX 78704	<b>7 Amount of contribution (\$)</b>  \$40.00	<b>8 In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  07/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Clements, Amy (Ms.)  <b>Contributor address; City; State; Zip Code</b> 1735 Spyglass Dr #113 Austin, TX 78746	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  07/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Clements, Andrew (Mr.)  <b>Contributor address; City; State; Zip Code</b> 1735 Spyglass Dr #113 Austin, TX 78746	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  11/01/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cofer, George (Mr.)  <b>Contributor address; City; State; Zip Code</b> 3306 Gentry Dr Austin, TX 78746	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  08/02/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cofer, Mary (Ms.)  <b>Contributor address; City; State; Zip Code</b> 3306 Gentry Austin, TX 78746	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 8/40 Report: 10/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cofer, Rick (Mr.) ..... 6 Contributor address; City; State; Zip Code 1611 W 5th St #232 Austin, TX 78703	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Marketing Director		10 Employer (See Instructions) Community Techknowledge Inc.	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cronk, Tom (Mr.) ..... Contributor address; City; State; Zip Code 2406 Westover Rd Austin, TX 78703	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Director		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Community Techknowledge Inc.	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cronk, Tom (Mr.) ..... Contributor address; City; State; Zip Code 2406 Westover Rd Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Director		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Community Techknowledge Inc.	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curtis, Linda (Ms.) ..... Contributor address; City; State; Zip Code 150 S Shore Rd Austin, TX 78702	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Czajkowski, Ronald (Mr.) ..... Contributor address; City; State; Zip Code 1707 Spyglass Dr #77 Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Civil Engineer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) City of Austin	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 11/40 Report: 13/49	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date 07/13/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferchill, Cary (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2524 Tanglewood Trail Austin, TX 78703	<b>7</b> Amount of contribution (\$) \$350.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		<b>10</b> Employer (See Instructions) Self	
<b>4</b> Date 08/01/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, David (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date 11/04/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Virginia (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date 07/14/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gage, Winnie (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 705 Windsong Trail Austin, TX 78746	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date 11/05/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gage, Winnie (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 705 Windsong Trail Austin, TX 78746	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 12/40 Report: 14/49	
<b>2</b> FILER NAME    Shea, Brigid (Ms.)		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00006000	
<b>4</b> Date  07/16/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geiger, Carol (Ms.) ..... <b>6</b> Contributor address;    City; State; Zip Code 2613 Nottingham Ln Austin, TX 78704	<b>7</b> Amount of contribution (\$)   \$100.00	<b>8</b> In-kind contribution description (if applicable)   
<b>9</b> Principal occupation / Job title (See Instructions) Office Manager		<b>10</b> Employer (See Instructions) Public Citizen	
Date  11/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geiger, Carol (Ms.) ..... Contributor address;    City; State; Zip Code 2613 Nottingham Ln Austin, TX 78704	Amount of contribution (\$)   \$100.00	In-kind contribution description (if applicable)   
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Public Citizen	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Robert (Mr.) ..... Contributor address;    City; State; Zip Code 613 Hearn St Austin, TX 78703	Amount of contribution (\$)   \$50.00	In-kind contribution description (if applicable)   
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Robert (Mr.) ..... Contributor address;    City; State; Zip Code 613 Hearn St Austin, TX 78703	Amount of contribution (\$)   \$25.00	In-kind contribution description (if applicable)   
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Carol (Ms.) ..... Contributor address;    City; State; Zip Code 1602 Roberts Ave Austin, TX 78704	Amount of contribution (\$)   \$50.00	In-kind contribution description (if applicable)   
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 13/40 Report: 15/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goff, Gayle (Ms.) ..... 6 Contributor address; City; State; Zip Code 1106 Upland Austin, TX 78741	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  11/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, William (Mr.) ..... Contributor address; City; State; Zip Code 6103 Cary Dr Austin, TX 78757	Amount of contribution (\$)  \$80.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Ann (Ms.) ..... Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Joel (Mr.) ..... Contributor address; City; State; Zip Code 6806 Daugherty Austin, TX 78757	Amount of contribution (\$)  \$1.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.) ..... Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 14/40 Report: 16/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda (Ms.)  6 Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hadden, Karen (Ms.)  Contributor address; City; State; Zip Code 605 Carismatic Ln Austin, TX 78746	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  11/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hadden, Karen (Ms.)  Contributor address; City; State; Zip Code 605 Carismatic Ln Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hagey, Donna (Ms.)  Contributor address; City; State; Zip Code 3906 Cherrywood Austin, TX 78722	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hansen, Yvonne (Ms.)  Contributor address; City; State; Zip Code 6206 Hillston Dr Austin, TX 78745	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/40 Report: 17/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harkey, Beverley (Ms.)  6 Contributor address; City; State; Zip Code 2601 Albata Ave Austin, TX 78757	7 Amount of contribution (\$)  \$40.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heinen, Anne (Ms.)  Contributor address; City; State; Zip Code 3010 Washington Square Austin, TX 78705	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hersh, Matt (Mr.)  Contributor address; City; State; Zip Code 1409 Gorham Austin, TX 78758	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herzele, Charlotte (Ms.)  Contributor address; City; State; Zip Code 3916 Ave H Austin, TX 78751	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lecturer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UT Austin	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hetrick, Kathleen (Ms.)  Contributor address; City; State; Zip Code 4406 B Bennett Ave Austin, TX 78751	Amount of contribution (\$)  \$7.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/40 Report: 18/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hetrick, Kathleen (Ms.) ..... 6 Contributor address; City; State; Zip Code 4406 B Bennett Ave Austin, TX 78751	7 Amount of contribution (\$)  \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hirsch, Mike (Mr.) ..... Contributor address; City; State; Zip Code 1600 Texas Ave Austin, TX 78705	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hohengarten, Nancy (Ms.) ..... Contributor address; City; State; Zip Code 4114 Avenue H Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holderness, Earl (Mr.) ..... Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holderness, Earl (Mr.) ..... Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/40 Report: 19/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/20/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holderness, Macy (Ms.)  6 Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746	7 Amount of contribution (\$)  \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holderness, Macy (Ms.)  Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr Austin, TX 78746	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howie, VelAnne (Ms.)  Contributor address; City; State; Zip Code 604 North Llano Fredericksburg, TX 78624	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huber, Karen (Ms.)  Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trl Spicewood, TX 78669	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunsaker, Merle (Ms.)  Contributor address; City; State; Zip Code 8580 Woodway Houston, TX 77063	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 18/40 Report: 20/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hyatt, Diane (Ms.) ..... 6 Contributor address; City; State; Zip Code 400 North Lowell Lane Austin, TX 78733	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) Texas Water Development Board	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Isgur, Lea (Ms.) ..... Contributor address; City; State; Zip Code 1504 Madison Ave Austin, TX 78757	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Iverson, Richard (Mr.) ..... Contributor address; City; State; Zip Code 506 W 34th St Austin, TX 78705	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack, Jeff (Mr.) ..... Contributor address; City; State; Zip Code 2008 B Rabb Glen Rd Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack, Jeff (Mr.) ..... Contributor address; City; State; Zip Code 2008 B Rabb Glen Rd Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/40 Report: 21/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/06/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Charlie (Mr.)  6 Contributor address; City; State; Zip Code 11900 Metric Blvd Austin, TX 78758	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Tech Consultant		10 Employer (See Instructions) Acceleros	
Date  07/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kallerman, Dick (Mr.)  Contributor address; City; State; Zip Code 2510 Cedarview Dr Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kallerman, Dick (Mr.)  Contributor address; City; State; Zip Code 2510 Cedarview Dr Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kass, James (Mr.)  Contributor address; City; State; Zip Code 1511 Garnaas Dr Austin, TX 78758	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendall, Joe (Mr.)  Contributor address; City; State; Zip Code 801 West Gibson Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 20/40 Report: 22/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/12/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Knight, Robert (Mr.)  6 Contributor address; City; State; Zip Code 307 East 2nd Austin, TX 78701	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Knight Realty	
Date  10/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kralj, Elliot (Mr.)  Contributor address; City; State; Zip Code 3809 Gaines Ct Austin, TX 78735	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kreps, Karen (Ms.)  Contributor address; City; State; Zip Code 1711 Spyglass Dr #229 Austin, TX 78746	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lehman, Chris (Mr.)  Contributor address; City; State; Zip Code 1914 Larchmont Dr Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Appraiser		Employer (See Instructions) Self	
Date  07/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Long, Andrew (Mr.)  Contributor address; City; State; Zip Code 2112 Willow St Austin, TX 78702	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 21/40 Report: 23/49

**2** FILER NAME Shea, Brigid (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

00006000

**4** Date

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
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 occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-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 occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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  
Austin, TX 78741

\$20.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
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 occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-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 occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/40 Report: 24/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McIntosh, Michael (Mr.) ..... 6 Contributor address; City; State; Zip Code 8303 Polar Dr Austin, TX 78757	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNally, John (Mr.) ..... Contributor address; City; State; Zip Code 2031 Peavy Rd Dallas, TX 75228	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  12/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meeker, Jason (Mr.) ..... Contributor address; City; State; Zip Code 6305 Amberly Place Austin, TX 78759	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Freelance Copywriter		Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/13/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meier, Michael (Mr.) ..... Contributor address; City; State; Zip Code 2009 Arpdale Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melder, Bobbie (Ms.) ..... Contributor address; City; State; Zip Code 805 Battle Bend Blvd Austin, TX 78745	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/40 Report: 25/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date 07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meleski, Bruce (Mr.)	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2107 Apricot Circle Dr Austin, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milam, Mary (Ms.)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1211 Quail Park Dr. Austin, TX 78758		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mock, Jeff (Mr.)	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11609 Big Trail Austin, TX 78759		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffat, Susan (Ms.)	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Researcher/Writer		Employer (See Instructions) Self	
Date 11/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffat, Susan (Ms.)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Researcher/Writer		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/40 Report: 26/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moody, Carole (Ms.)  6 Contributor address; City, State; Zip Code 2225 Independence Dr Austin, TX 78745	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moon, Betsy (Ms.)  Contributor address; City, State; Zip Code 1001 Arrowway Tr Austin, TX 78733	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Catherine (Ms.)  Contributor address; City, State; Zip Code 3802 Avenue H Austin, TX 78751	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moriarty, William (Mr.)  Contributor address; City, State; Zip Code 400 North Lowell Lane Austin, TX 78733	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) King Engineering	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Laura (Ms.)  Contributor address; City, State; Zip Code 610 Baylor St Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions) City of Austin	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 25/40 Report: 27/49	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00006000	
<b>4 Date</b>  07/02/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Phil (Mr.)  <b>6 Contributor address; City; State; Zip Code</b> 610 Baylor St Austin, TX 78703	<b>7 Amount of contribution (\$)</b>  \$350.00	<b>8 In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> Professor		<b>10 Employer (See Instructions)</b> UT Austin	
<b>Date</b>  07/08/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Susan (Ms.)  <b>Contributor address; City; State; Zip Code</b> 4205 Ramsey Ave Austin, TX 78756	<b>Amount of contribution (\$)</b>  \$10.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Lawyer		<b>Employer (See Instructions)</b> Fowler Law Firm	
<b>Date</b>  07/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Nazor, Craig (Mr.)  <b>Contributor address; City; State; Zip Code</b> 11701 Barchetta Dr Austin, TX 78758	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Musician/Professor		<b>Employer (See Instructions)</b> Austin Community College	
<b>Date</b>  07/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Oakey, William (Mr.)  <b>Contributor address; City; State; Zip Code</b> 1507 B Elton Ln Austin, TX 78703	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  07/06/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Opyt, Barbara (Ms.)  <b>Contributor address; City; State; Zip Code</b> 4610 Ave B Austin, TX 78751	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/40 Report: 28/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Opyt, Barbara (Ms.)  6 Contributor address; City; State; Zip Code 4610 Ave B Austin, TX 78751	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orr, Lisa (Ms.)  Contributor address; City; State; Zip Code 1502 Alta Vista Ave Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) St. Stephens	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orr, Lisa (Ms.)  Contributor address; City; State; Zip Code 1502 Alta Vista Ave Austin, TX 78704	Amount of contribution (\$)  \$180.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) St. Stephens	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orshalick, David (Mr.)  Contributor address; City; State; Zip Code 2710 West 49th 1/2 Street Austin, TX 78731	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oxford, Denis (Mr.)  Contributor address; City; State; Zip Code 6819 Daugherty Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 27/40 Report: 29/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Page, Susan (Ms.)  6 Contributor address; City; State; Zip Code 5704 Jim Hogg Ave. Austin, TX 78756	7 Amount of contribution (\$)  \$40.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parham, Amy (Ms.)  Contributor address; City; State; Zip Code 226 Witte Blvd Kyle, TX 78640	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  07/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peters, Nicholas (Mr.)  Contributor address; City; State; Zip Code 3820 Reno Road NW Washington, DC 20008	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pipkin, Stan (Mr.)  Contributor address; City; State; Zip Code 2100 B Wordsworth Austin, TX 78704	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Lighthouse Solar			
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pipkin, Stan (Mr.)  Contributor address; City; State; Zip Code 2100 B Wordsworth Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Lighthouse Solar			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/40 Report: 30/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  10/20/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Leslie (Ms.) ..... 6 Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Rancher		10 Employer (See Instructions) Self	
Date  07/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Powell, Lisa (Ms.) ..... Contributor address; City; State; Zip Code 6114 Janey Dr Austin, TX 78757	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Rancher		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date  07/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richards, Karen (Ms.) ..... Contributor address; City; State; Zip Code 500 E Riverside Dr #267 Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Natures Treasures of Texas	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richter, Dorothy (Ms.) ..... Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richter, Dorothy (Ms.) ..... Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 29/40 Report: 31/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rittenhouse, Margaret (Ms.)  6 Contributor address; City; State; Zip Code 915 Ken St Austin, TX 78758	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robbins, Paul (Mr.)  Contributor address; City; State; Zip Code P.O. Box 1374 Austin, TX 78767	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Stephen (Mr.)  Contributor address; City; State; Zip Code 11823 Eubank Dr Austin, TX 78758	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robinson, Justin (Mr.)  Contributor address; City; State; Zip Code 4915 Finley Dr Austin, TX 78731	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian (Mr.)  Contributor address; City; State; Zip Code 1112 West 9th St Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 30/40 Report: 32/49	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  07/14/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogoff, Regina (Ms.) ..... <b>6</b> Contributor address; City; State; Zip Code 1705 Schieffer Austin, TX 78722	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>Date</b>  11/04/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenthal, Chip (Mr.) ..... <b>Contributor address; City; State; Zip Code</b> 8313 Franwood Ln Austin, TX 78757	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  07/11/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Ruiz, Crispin (Ms.) ..... <b>Contributor address; City; State; Zip Code</b> 408 Whitetail Dr. Manchaca, TX 78652	<b>Amount of contribution (\$)</b>  \$40.00	<b>In-kind contribution description (if applicable)</b>
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  07/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Russell, Debbie (Ms.) ..... <b>Contributor address; City; State; Zip Code</b> 2311 Riverside Farms Rd Austin, TX 78741	<b>Amount of contribution (\$)</b>  \$30.00	<b>In-kind contribution description (if applicable)</b>
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  11/04/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Russell, Debbie (Ms.) ..... <b>Contributor address; City; State; Zip Code</b> 2311 Riverside Farms Rd Austin, TX 78741	<b>Amount of contribution (\$)</b>  \$20.00	<b>In-kind contribution description (if applicable)</b>
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 31/40 Report: 33/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Peter (Mr.)  6 Contributor address; City; State; Zip Code 3506 Far View Dr Austin, TX 78730	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, Nancy (Ms.)  Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin, TX 78731	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Political Organizer		Employer (See Instructions) Texas Campaign for the Environment	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin (Ms.)  Contributor address; City; State; Zip Code 2609 Sherwood Lane Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Political Organizer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Political Organizer		Employer (See Instructions) Texas Campaign for the Environment	
Date  11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin (Ms.)  Contributor address; City; State; Zip Code 2609 Sherwood Lane Austin, TX 78704	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Political Organizer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Political Organizer		Employer (See Instructions) Texas Campaign for the Environment	
Date  07/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sedwick, Shannon (Ms.)  Contributor address; City; State; Zip Code 350 King Arthur Court Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Theatre Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Theatre Owner		Employer (See Instructions) Esther's Follies	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/40 Report: 35/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Jeff (Mr.)  6 Contributor address; City; State; Zip Code 4005 Wrightwood Rd Austin, TX 78722	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Tom (Mr.)  6 Contributor address; City; State; Zip Code 1801 Westlake Dr #209 Austin, TX 78746	7 Amount of contribution (\$)  \$60.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speights, Sara (Ms.)  6 Contributor address; City; State; Zip Code 2701 West 49 1/2 St Austin, TX 78731	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/13/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen (Mr.)  6 Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  11/07/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen (Mr.)  6 Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/40 Report: 36/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spoor, Jerry (Mr.)  6 Contributor address; City; State; Zip Code 7904 Woodcroft Dr. Austin, TX 78749	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spradling, Vicky (Ms.)  Contributor address; City; State; Zip Code 3004 Clearview Dr Austin, TX 78703	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spradling, Vicky (Ms.)  Contributor address; City; State; Zip Code 3004 Clearview Dr Austin, TX 78703	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  08/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steinhardt, Peter (Mr.)  Contributor address; City; State; Zip Code 4518 Apache Pass Austin, TX 78745	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/12/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sternberg, Ric (Mr.)  Contributor address; City; State; Zip Code 24815 Hamilton Pool Rd Round Mountain, TX 78663	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/40 Report: 37/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  07/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strecker, Barbara (Ms.)  6 Contributor address; City; State; Zip Code 6611 Jamaica Ct Austin, TX 78757	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  10/30/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sullivan, David (Mr.)  6 Contributor address; City; State; Zip Code 1710 Waterston Ave Austin, TX 78703	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sussman, Soll (Mr.)  6 Contributor address; City; State; Zip Code 6117 Mountain Villa Cove Austin, TX 78731	7 Amount of contribution (\$)  \$45.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sweeney, Paul (Mr.)  6 Contributor address; City; State; Zip Code 1311 Exposition Blvd #6 Austin, TX 78703	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tassin, Kerey (Ms.)  6 Contributor address; City; State; Zip Code 11609 Big Trail Austin, TX 78759	7 Amount of contribution (\$)  \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/40 Report: 38/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date  11/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Melinda (Ms.)  6 Contributor address; City; State; Zip Code 4209 Camacho St Austin, TX 78723	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Council Aide		Employer (See Instructions) City of Austin	
Date  07/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tiemann, Donna (Ms.)  Contributor address; City; State; Zip Code 3203 Cupid Dr Austin, TX 78735	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Council Aide		Employer (See Instructions) City of Austin	
Date  07/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tolleson, Mike (Mr.)  Contributor address; City; State; Zip Code 2106 E MLK Austin, TX 78702	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Austin Energy	
Date  07/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trusty, Robbin (Ms.)  Contributor address; City; State; Zip Code 2630 Barton Hills Dr. Austin, TX 78704	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Austin Energy	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Os, David (Mr.)  Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 37/40 Report: 39/49	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006000	
<b>4</b> Date  07/14/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Os, David (Mr.)  ..... <b>6</b> Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Os, Rachel (Ms.)  ..... Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Os, Rachel (Ms.)  ..... Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Viktorin, Richard (Mr.)  ..... Contributor address; City; State; Zip Code 2005 Exposition Blvd Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waley, Roy (Mr.)  ..... Contributor address; City; State; Zip Code 1301 B Palo Duro Austin, TX 78757	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)         (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/40 Report: 40/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date 07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walton, Cory (Mr.) ..... 6 Contributor address; City; State; Zip Code 1701 Bouldin Ave Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weed, Betty (Ms.) ..... Contributor address; City; State; Zip Code 2218 Alta Vista Avenue Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Texas Education Agency	
Date 07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weldon, Matt (Mr.) ..... Contributor address; City; State; Zip Code 9808 Grand Oak Dr Austin, TX 78750	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Ed (Mr.) ..... Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) EW Development Co	
Date 11/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitaker, Kate (Ms.) ..... Contributor address; City; State; Zip Code 9013 Ovilla Dr Austin, TX 78749	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 39/40 Report: 41/49	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000	
4 Date 07/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wieland, Mark (Mr.) ..... 6 Contributor address; City; State; Zip Code P.O. Box 2743 Austin, TX 78768	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Ellen (Ms.) ..... Contributor address; City; State; Zip Code 802 E 47th St Austin, TX 78751	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions) Self	
Date 10/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Rand (Mr.) ..... Contributor address; City; State; Zip Code 3 Lester Terrace Somerville, MA 02144	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wofford, D.J. (Mrs.) ..... Contributor address; City; State; Zip Code 1701 Duke Ave Austin, TX 78757	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wogan, David (Mr.) ..... Contributor address; City; State; Zip Code 4609 Caswell Ave. Austin, TX 78751	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Austin Energy	



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/6 Report: 43/49	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 07/09/2012	<b>5</b> Payee name Constant Contact
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<b>6</b> Amount (\$) \$37.31	<b>7</b> Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/10/2012	Payee name Constant Contact
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Amount (\$) \$37.31	Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/10/2012	Payee name Constant Contact
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Amount (\$) \$37.31	Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/10/2012	Payee name Constant Contact
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Amount (\$) \$37.31	Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 2/6 Report: 44/49		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 11/13/2012	<b>5</b> Payee name Constant Contact				
<b>6</b> Amount (\$) \$37.31	<b>7</b> Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/10/2012	Payee name Constant Contact				
Amount (\$) \$37.31	Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Automated Marketing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/02/2012	Payee name Einstein Brothers				
Amount (\$) \$25.81	Payee address City; State; Zip Code 2404 Guadalupe Street Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast for workers		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/31/2012	Payee name Facebook				
Amount (\$) \$7.00	Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraiser Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**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.

<b>1 PAGE #</b> Schedule: 3/6 Report: 45/49		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00006000	
<b>4 Date</b> 07/18/2012	<b>5 Payee name</b> Greenberg, Joel (Mr.)				
<b>6 Amount (\$)</b> \$200.00	<b>7 Payee address City, State; Zip Code</b> 6806 Daugherty Austin, TX 78757				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract Labor for Video and Social Media		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 12/31/2012	<b>Payee name</b> Moffat, Susan (Ms.)				
<b>Amount (\$)</b> \$100.00	<b>Payee address City; State; Zip Code</b> 4112 Speedway Austin, TX 78751				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Accounting/Banking		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Donation Refund		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 07/02/2012	<b>Payee name</b> Office Depot				
<b>Amount (\$)</b> \$322.79	<b>Payee address City; State; Zip Code</b> 2620 W Anderson Lane Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Solicitation/Fundraising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Postage and paper		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 11/04/2012	<b>Payee name</b> Oliver, Bill (Mr.)				
<b>Amount (\$)</b> \$300.00	<b>Payee address City; State; Zip Code</b> 2728 S Congress #12 Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Solicitation/Fundraising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Musical Services at Fundraiser		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES****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.

<b>1</b> PAGE # Schedule: 4/6 Report: 46/49		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000	
<b>4</b> Date 12/31/2012		<b>5</b> Payee name Paypal			
<b>6</b> Amount (\$) \$88.67		<b>7</b> Payee address City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Transaction Fees for entire reporting period	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/26/2012		Payee name Shea, Brigid (Ms.)			
Amount (\$) \$10,760.00		Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Partial Loan Repayment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/17/2012		Payee name Shea, Brigid (Ms.)			
Amount (\$) \$3,000.00		Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Partial Loan Repayment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/30/2012		Payee name Shea, Brigid (Ms.)			
Amount (\$) \$200.00		Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Partial Loan Repayment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION Guide explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/6 Report: 47/49	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00006000
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<b>4</b> Date 11/01/2012	<b>5</b> Payee name Shea, Brigid (Ms.)
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Partial Loan Repayment
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/29/2012	Payee name Shea, Brigid (Ms.)
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Amount (\$) \$4,000.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Partial Loan Repayment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/16/2012	Payee name Square
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Amount (\$) \$8.67	Payee address City; State; Zip Code 110 5th Street San Francisco, CA 94103
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/04/2012	Payee name Wood, Cindy (Ms.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 10400 Hill Country Skyline Dripping Springs, TX 78620
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Entertainment at Fundraiser
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/6 Report: 48/49		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00006000
<b>4</b> Date 07/01/2012	<b>5</b> Payee name Worley Printing Co., Inc.			
<b>6</b> Amount (\$) \$361.55	<b>7</b> Payee address City; State; Zip Code 3217 North IH 35 Austin, TX 78722			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Fundraiser Invitations	
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought:                      Office held:

# 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: 49/49
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00006000
4 Date	5 Name of person from whom amount is received Grande Communications	8 Amount (\$) \$77.30
07/18/2012	6 Address of person from whom amount is received; City; State; Zip Code 1923 E. 7th St STE 100 Austin, TX 78702	
	7 Purpose for which amount is received Refund for services not used	
Date	Name of person from whom amount is received JPMorgan Chase Bank, N.A.	Amount (\$) \$0.09
12/06/2012	6 Address of person from whom amount is received; City; State; Zip Code 7600 Burnet Road Austin, TX 78757	
	7 Purpose for which amount is received Interest on Checking Account	