

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8320

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
00008056

2 PAGE #  
1 of 47

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Ms. Brigid  
NICKNAME LAST SUFFIX  
Shea

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Ms. Dawn  
NICKNAME LAST SUFFIX  
Lewis

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
4509 Edgemont Dr.  
Austin, TX 78731

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 467-0452

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
01/24/2014 02/22/2014

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
03/04/2014

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

County Commissioner, Pct. 2

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)  
00008056

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

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

\$ 37,989.15

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 68,754.83

CONTRIBUTION BALANCE

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

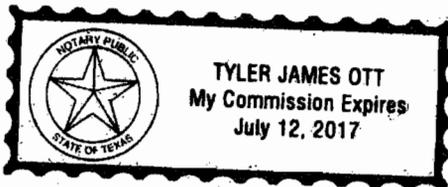
\$ 23,181.73

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 Brigid Shea, this the 24<sup>th</sup> day of February, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

**1** PAGE #  
Schedule: 1/22 Report: 3/47

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

**3** ACCOUNT # (Ethics Commission filers)  
00008056

**4** Date  
02/22/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
3423 Holdings LLC

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

Contributor address; City; State; Zip Code  
3306 Windsor Rd  
Austin, TX 78703

\$1,000.00

(If travel outside of Texas, complete Schedule T)

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

**10** Employer (See Instructions)

Date  
02/11/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Akers, Robert

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

Contributor address; City; State; Zip Code  
2311 Ridgeview  
Austin, TX 78704

\$20.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
software engineer

Employer (See Instructions)  
Semantic Designs Inc

Date  
02/21/2014

Full name of contributor  out-of-state PAC (ID# C00011114 )  
American Federation of State, County and Municipal Employees - PEOPLE

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

Contributor address; City; State; Zip Code  
1625 L St NW  
Washington, DC 20036

\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/19/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Armbrust & Brown PLLC

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

Contributor address; City; State; Zip Code  
100 Congress Ave  
Ste 1300  
Austin, TX 78701

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/13/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Austin Firefighters Association PAC

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

Contributor address; City; State; Zip Code  
7537 Cameron Rd  
Austin, TX 78752

\$500.00

(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: 2/22 Report: 4/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 02/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Roger ..... 6 Contributor address; City; State; Zip Code 1303 Bentwood Austin, TX 78722	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 02/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ballouz, Hala ..... Contributor address; City; State; Zip Code 3405 Bee Creek Rd Spicewood, TX 78669	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Electric Power Engineers, Inc.	
Date 02/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Ben ..... Contributor address; City; State; Zip Code 901 S Mopac Expwy Ste 1-100 Austin, TX 78746	Amount of contribution (\$) \$1,000.00	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 02/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnett, Charles ..... Contributor address; City; State; Zip Code 3999 Westlake Dr 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) Board Chair		Employer (See Instructions) Seton Healthcare Family	
Date 02/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beasley, Roger ..... Contributor address; City; State; Zip Code 6503 Santolina Cv Austin, TX 78731	Amount of contribution (\$) \$1,000.00	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	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/22 Report: 6/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  02/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bulla, Dale  6 Contributor address; City; State; Zip Code 7202 Foxtree Cv Austin, TX 78750	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) None	
4 Date  02/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chimenti, Danette  6 Contributor address; City; State; Zip Code 200 The Circle Austin, TX 78704	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self	
4 Date  02/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cirar, Charles  6 Contributor address; City; State; Zip Code 2404 Pemberton Parkway Austin, TX 78703	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) CBRE	
4 Date  02/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Stephen  6 Contributor address; City; State; Zip Code 301 Congress Ave Ste 500 Austin, TX 78701	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Copp, Dana  6 Contributor address; City; State; Zip Code 305 Briarwood Trl Austin, TX 78746	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Builder Architect		10 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: 5/22 Report: 7/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  02/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Costello, Betty  6 Contributor address; City; State; Zip Code 5620 Parade Rd Austin, TX 78731	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  02/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cravens, Paul  Contributor address; City; State; Zip Code 8909 N Plaza Ct Austin, TX 78753	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) UT System	
Date  02/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Dan  Contributor address; City; State; Zip Code 2803 Down Cv Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed	
Date  02/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, Ben  Contributor address; City; State; Zip Code 2923 Bushnell Dr Austin, TX 78745	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney mediator		Employer (See Instructions) Galton Cunningham & Bourgeois	
Date  02/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dobson, Lynne  Contributor address; City; State; Zip Code 2208 Far Gallant Dr Austin, TX 78746	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Photographer		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: 7/22 Report: 9/47

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

**3** ACCOUNT # (Ethics Commission filers)  
00008056

**4** Date  
02/13/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Friedman, Jeff

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

**6** Contributor address; City; State; Zip Code  
3500 Jefferson St  
Ste 110  
Austin, TX 78731

\$200.00

(If travel outside of Texas, complete Schedule T)

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

**10** Employer (See Instructions)  
Capra & Cavelli

Date  
02/04/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Gaertner, Shari Anne

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

Contributor address; City; State; Zip Code  
6305 Nasco  
Austin, TX 78757

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/19/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Gammon, William

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

Contributor address; City; State; Zip Code  
3125 Hemphill Park  
Austin, TX 78705

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/15/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Garza, Jesus

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

Contributor address; City; State; Zip Code  
5904 Quernus Cv  
Austin, TX 78735

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Healthcare Administration

Employer (See Instructions)  
Seton Healthcare Family

Date  
02/22/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Gibbons, Heidi

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

Contributor address; City; State; Zip Code  
613 Hearn St  
Austin, TX 78703

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Development Director

Employer (See Instructions)  
Council on at-risk youth



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 9/22 Report: 11/47	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00008056	
<b>4</b> Date  02/19/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hale, Bryan  ..... <b>6</b> Contributor address; City; State; Zip Code 1300 Windsor Rd Austin, TX 78703	<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) Chemist		<b>10</b> Employer (See Instructions) SACHEM, Inc.	
Date  02/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hansen, Yvonne  ..... Contributor address; City; State; Zip Code 6206 Hillston Dr Austin, TX 78745	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) Retired		Employer (See Instructions) N/A	
Date  02/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hatch, Thomas  ..... Contributor address; City; State; Zip Code 1102 E 8th St B Austin, TX 78702	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) Architect		Employer (See Instructions) Huo Architects	
Date  02/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Andrew  ..... Contributor address; City; State; Zip Code 2116 Paramount 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) Attorney		Employer (See Instructions) Texas General Land Office	
Date  02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herzele, Charlotte  ..... Contributor address; City; State; Zip Code 3916 Avenue H Austin, TX 78751-4721	Amount of contribution (\$)  \$1,000.00	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: 10/22 Report: 12/47	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00008056	
<b>4</b> Date 02/22/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hess, Myron  <b>6</b> Contributor address; City; State; Zip Code 1705 Margaret St 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		Employer (See Instructions) National Wildlife Federation	
<b>4</b> Date 02/21/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hines, Vick  <b>6</b> Contributor address; City; State; Zip Code 3104 Mohawk Rd #A Austin, TX 78757	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
<b>4</b> Date 02/18/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hohmann Taube & Summers LLP  <b>6</b> Contributor address; City; State; Zip Code 100 Congress Ave Ste 1800 Austin, TX 78701	<b>7</b> Amount of contribution (\$) \$1,000.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date 02/21/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houghton, Dudley  <b>6</b> Contributor address; City; State; Zip Code 3219 Bridle Path Austin, TX 78703-2749	<b>7</b> Amount of contribution (\$) \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date 02/22/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hulting, Jane  <b>6</b> Contributor address; City; State; Zip Code 8130 Cedar Road Elkins Park, PA 19027	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher, musician		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: 12/22 Report: 14/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  01/26/2014	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 Court Austin, TX 78735	7 Amount of contribution (\$)  \$86.60	8 In-kind contribution description (if applicable) Food and beverage for campaign brunch    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Kralj Consulting Inc	
Date  02/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kralj, Elliot (Mr.) ..... Contributor address; City; State; Zip Code 3809 Gaines Court Austin, TX 78735	Amount of contribution (\$)  \$88.58	In-kind contribution description (if applicable) Food and beverage for campaign brunch    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Kralj Consulting Inc	
Date  02/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kralj, Elliot (Mr.) ..... Contributor address; City; State; Zip Code 3809 Gaines Court Austin, TX 78735	Amount of contribution (\$)  \$59.51	In-kind contribution description (if applicable) Food and beverage for campaign brunch    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Kralj Consulting Inc	
Date  02/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kralj, Elliot ..... Contributor address; City; State; Zip Code 3809 Gaines Ct Austin, TX 78735	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Kralj Consulting	
Date  02/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kralj, Elliot (Mr.) ..... Contributor address; City; State; Zip Code 3809 Gaines Court Austin, TX 78735	Amount of contribution (\$)  \$49.46	In-kind contribution description (if applicable) Food and beverage for campaign brunch    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Kralj Consulting Inc	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/22 Report: 15/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  02/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kramer, Diane  6 Contributor address; City; State; Zip Code 4204 Sinclair Ave Austin, TX 78756-3527	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date  02/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langmore, John  Contributor address; City; State; Zip Code 1408 Preston Ave Austin, TX 78703	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  02/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) League, Karrie  Contributor address; City; State; Zip Code 1305 W 22nd St Austin, TX 78705	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Mother		Employer (See Instructions) Self	
Date  02/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leibrock, Eric  Contributor address; City; State; Zip Code 802 Winflo Dr Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Housebuyers, Realtors	
Date  02/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Perry  Contributor address; City; State; Zip Code 1311-A E 6th St Austin, TX 78702	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self-employed	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/22 Report: 17/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  02/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McIntyre, Frances  6 Contributor address; City; State; Zip Code 6305 Treadwell Blvd Austin, TX 78757	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate Broker/Owner		10 Employer (See Instructions) Frances McIntyre Realtors, Inc.	
Date  02/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mehdy, Mona  Contributor address; City; State; Zip Code 5004 Smokey Mountain Dr Austin, TX 78727	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas	
Date  02/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffat, Susan  Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751-4630	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Researcher writer		Employer (See Instructions) Self	
Date  02/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffat, Susan  Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751-4630	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Researcher writer		Employer (See Instructions) Self	
Date  02/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moorhead, Barbara  Contributor address; City; State; Zip Code 4300 Rosedale Austin, TX 78756	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: 16/22 Report: 18/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  02/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nassour, Jimmy  6 Contributor address; City; State; Zip Code 4517 Grand Cypress Dr Austin, TX 78747	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self-employed	
Date  02/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Novy, Forrest  Contributor address; City; State; Zip Code 4712 Avenue G Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None	
Date  02/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pflugerville Firefighters PAC  Contributor address; City; State; Zip Code PO Box 2615 Pflugerville, TX 78691-2615	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Policov, Scott  Contributor address; City; State; Zip Code 3000 Blackburn St Apt 401 Dallas, TX 75204	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Town Planner		Employer (See Instructions) Gateway Planning Group	
Date  02/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reece, Ray  Contributor address; City; State; Zip Code 507 S First St Austin, TX 78704-1207	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 17/22 Report: 19/47	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00008056	
<b>4</b> Date  02/14/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Cyrus  ..... <b>6</b> Contributor address; City; State; Zip Code 4205 Avenue F Austin, TX 78751	<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) Conservation Director		<b>10</b> Employer (See Instructions) Sierra Club	
Date  02/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Scott  ..... Contributor address; City; State; Zip Code PO Box 311 Driftwood, TX 78619	Amount of contribution (\$)  \$1,000.00	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) Salt Lick Barbeque	
Date  02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodman, James  ..... Contributor address; City; State; Zip Code 3303 Hillview Rd 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  02/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roth, Danny  ..... Contributor address; City; State; Zip Code 1503 Wildcat Holw Austin, TX 78746	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) General Partner		Employer (See Instructions) Southwest Strategies Group	
Date  02/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruffing, Therese  ..... Contributor address; City; State; Zip Code 5512 Oakwood Cv 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 INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 18/22 Report: 20/47

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

**3** ACCOUNT # (Ethics Commission filers)  
00008056

**4** Date  
02/22/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Salazar, Elaine

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

**6** Contributor address; City; State; Zip Code  
1618 Pennsylvania  
Austin, TX 78702

\$100.00

(If travel outside of Texas, complete Schedule T)

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

**10** Employer (See Instructions)  
Ampersand art supply

Date  
02/14/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Santiago, Gwendolyn

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

Contributor address; City; State; Zip Code  
5915 Northwest Pl  
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
02/21/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Scott, John

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

Contributor address; City; State; Zip Code  
11036 Arroyo Canyon Dr  
Austin, TX 78736

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/21/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Shapiro, Carrie

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

Contributor address; City; State; Zip Code  
108 Woodview Ct  
Austin, TX 78746

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/21/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Shapiro, Ike

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

Contributor address; City; State; Zip Code  
2306 Indian Trl  
Austin, TX 78703

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
VP

Employer (See Instructions)  
Austin Iron and Metal

# 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: 19/22 Report: 21/47	
<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00008056	
<b>4</b> Date  02/21/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shapiro, Robert  ..... <b>6</b> Contributor address; City; State; Zip Code 42 Sundown Parkway Austin, TX 78746	<b>7</b> Amount of contribution (\$)  \$500.00	<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  02/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaughness, Jane  ..... Contributor address; City; State; Zip Code 3905 Avenue B Austin, TX 78751	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) Retired		Employer (See Instructions) Retired	
Date  02/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shocket, Richard  ..... Contributor address; City; State; Zip Code 6611 Jamaica Ct 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) Retired		Employer (See Instructions) Retired	
Date  02/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skerpan-Wheeler, Elizabeth  ..... Contributor address; City; State; Zip Code 8707 Donna Gail Drive 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) Professor		Employer (See Instructions) Texas State University	
Date  02/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smolen, Paul  ..... Contributor address; City; State; Zip Code 3812 Cherrywood Rd 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) Consultant		Employer (See Instructions) Fox, Smolen & Associates	

# 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: 20/22 Report: 22/47	
<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00008056	
<b>4 Date</b>  02/11/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Stanbery, Billy  <b>6 Contributor address; City; State; Zip Code</b> 2101 Exposition Blvd Austin, TX 78703	<b>7 Amount of contribution (\$)</b>  \$100.00	<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> CEO		<b>10 Employer (See Instructions)</b> HelioVolt Corporation	
<b>Date</b>  02/18/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Stanford, Blake  <b>Contributor address; City; State; Zip Code</b> 4906 Tortuga Pl Austin, TX 78731	<b>Amount of contribution (\$)</b>  \$500.00	<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> President/CEO		<b>Employer (See Instructions)</b> Southwest Human Development	
<b>Date</b>  02/19/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Stewart, Elizabeth  <b>Contributor address; City; State; Zip Code</b> 6801 Valburn Dr Austin, TX 78731	<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>  02/22/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Suits, Stacy  <b>Contributor address; City; State; Zip Code</b> 7807 Doncaster Austin, TX 78745	<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> Realtor		<b>Employer (See Instructions)</b> Self	
<b>Date</b>  02/11/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sussman, Soll  <b>Contributor address; City; State; Zip Code</b> 6117 Mountian Villa Cv Austin, TX 78731	<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> Consultant		<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: 21/22 Report: 23/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  02/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sw LIUNA PAC  6 Contributor address; City; State; Zip Code 5555 N Lamar Blvd Ste E121 Austin, TX 78751	7 Amount of contribution (\$)  \$1,500.00	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) Vice President		10 Employer (See Instructions) Stratus Properties	
Date  02/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swan, Laurie  Contributor address; City; State; Zip Code 1611 Northwood Rd Austin, TX 78703	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  02/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weigand, Ingrid  Contributor address; City; State; Zip Code 704 W Gibson St Austin, TX 78704	Amount of contribution (\$)  \$100.00	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) Deputy Branch Manager		Employer (See Instructions) Texas RioGrande Legal Aid	
Date  02/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitley, Tracey  Contributor address; City; State; Zip Code 908 Payne Ave Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Deputy Branch Manager		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Deputy Branch Manager		Employer (See Instructions) Texas RioGrande Legal Aid	
Date  02/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wickert, Julie  Contributor address; City; State; Zip Code 8303 Polar Dr Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Writer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) 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: 22/22 Report: 24/47	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  02/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wier, Kevin  6 Contributor address; City; State; Zip Code 8707 Donna Gail Dr Austin, TX 78757	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Marketing Director		10 Employer (See Instructions) TMLT	
Date  02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Christine  Contributor address; City; State; Zip Code 6 Cloverbrook Ct The Hills, TX 78738	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Windsor, Stephan  Contributor address; City; State; Zip Code 4101 North Hills Dr Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Landlord		Employer (See Instructions) Self	
Date  02/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Young, Helen  Contributor address; City; State; Zip Code 5700 Shoalwood Ave Austin, TX 78756	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) University of Texas at Austin	
Date  02/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zamrazil, Kristie  Contributor address; City; State; Zip Code 1819 Piedmont Ave Austin, TX 78757	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
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/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: 1/23 Report: 25/47		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00008056	
<b>4</b> Date 02/18/2014		<b>5</b> Payee name 7-Eleven			
<b>6</b> Amount (\$) \$40.00		<b>7</b> Payee address City; State; Zip Code Austin, TX			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff travel	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/28/2014		Payee name ADP Financial Services			
Amount (\$) \$1,058.26		Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730			
<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"/> Payroll taxes	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/07/2014		Payee name ADP Financial Services			
Amount (\$) \$92.48		Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730			
<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"/> Payroll fees	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/13/2014		Payee name ADP Financial Services			
Amount (\$) \$1,089.60		Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730			
<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"/> Payroll Taxes	
<b>9</b> 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: 2/23 Report: 26/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/21/2014	<b>5 Payee name</b> ADP Financial Services				
<b>6 Amount (\$)</b> \$75.69	<b>7 Payee address City; State; Zip Code</b> 8601 RR 2222 Austin, TX 78730				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Accounting/Banking		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Payroll fees		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 02/03/2014	<b>Payee name</b> Aetna				
<b>Amount (\$)</b> \$1,695.20	<b>Payee address City; State; Zip Code</b> PO Box 14079 Lexington, KY 40512				
<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)</b> <input type="checkbox"/> Employee healthcare		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/27/2014	<b>Payee name</b> Amazon.com				
<b>Amount (\$)</b> \$34.64	<b>Payee address City; State; Zip Code</b> 440 Terry Ave N Seattle, WA 98109				
<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"/> Printer ink		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 02/05/2014	<b>Payee name</b> Amazon.com				
<b>Amount (\$)</b> \$26.88	<b>Payee address City; State; Zip Code</b> 440 Terry Ave N Seattle, WA 98109				
<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"/> Printer ink		
<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 PAGE #</b> Schedule: 3/23 Report: 27/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/11/2014		<b>5 Payee name</b> Amazon.com			
<b>6 Amount (\$)</b> \$29.98		<b>7 Payee address</b> City; State; Zip Code 440 Terry Ave N Seattle, WA 98109			
<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"/> Office supplies	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/12/2014		<b>Payee name</b> Amazon.com			
<b>Amount (\$)</b> \$103.94		<b>Payee address</b> City; State; Zip Code 440 Terry Ave N Seattle, WA 98109			
<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"/> Printer ink	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/14/2014		<b>Payee name</b> Amazon.com			
<b>Amount (\$)</b> \$29.98		<b>Payee address</b> City; State; Zip Code 440 Terry Ave N Seattle, WA 98109			
<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"/> Printer ink	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/17/2014		<b>Payee name</b> Amazon.com			
<b>Amount (\$)</b> \$43.17		<b>Payee address</b> City; State; Zip Code 440 Terry Ave N Seattle, WA 98109			
<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"/> Printer ink	
<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: 4/23 Report: 28/47	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00008056
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<b>4</b> Date 02/18/2014	<b>5</b> Payee name Amazon.com
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<b>6</b> Amount (\$) \$22.98	<b>7</b> Payee address City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
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<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"/> Printer ink
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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 02/21/2014	Payee name Amazon.com
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Amount (\$) \$30.60	Payee address City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
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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"/> Printer ink
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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 01/28/2014	Payee name Armentrout, Nathan
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Amount (\$) \$216.00	Payee address City; State; Zip Code 6704 Clubway Ln Austin, TX 78745
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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 02/14/2014	Payee name Armentrout, Nathan
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Amount (\$) \$684.00	Payee address City; State; Zip Code 6704 Clubway Ln Austin, TX 78745
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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: 5/23 Report: 29/47	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00008056
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<b>4</b> Date 02/13/2014	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$63.54	<b>7</b> Payee address City; State; Zip Code PO Box 537105 Atlanta, GA 30353	

<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
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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 02/10/2014	Payee name Austin Energy	
Amount (\$) \$398.57	Payee address City; State; Zip Code 721 Barton Springs 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"/> 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 02/14/2014	Payee name Bean, Samuel	
Amount (\$) \$216.00	Payee address City; State; Zip Code 2604 Paramount Ave Austin, TX 78704	

<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 01/28/2014	Payee name Bergmann, William	
Amount (\$) \$936.00	Payee address City; State; Zip Code 2112 Guadalupe St Apt 313 Austin, TX 78705	

<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: 6/23 Report: 30/47	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00008056
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<b>4</b> Date 02/13/2014	<b>5</b> Payee name Bergmann, William
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<b>6</b> Amount (\$) \$144.00	<b>7</b> Payee address City; State; Zip Code 2112 Guadalupe St Apt 313 Austin, TX 78705
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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 02/08/2014	Payee name Best Buy
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Amount (\$) \$27.70	Payee address City; State; Zip Code 1201 Barbara Jordan Blvd Austin, TX 78723
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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"/> Printer ink
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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 01/28/2014	Payee name Caballero, Kristian
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Amount (\$) \$2,000.00	Payee address City; State; Zip Code 1112 E 9th St Unit A 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 02/04/2014	Payee name Caballero, Kristian
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1112 E 9th St Unit A 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 PAGE #</b> Schedule: 7/23 Report: 31/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/04/2014		<b>5 Payee name</b> Caballero, Kristian			
<b>6 Amount (\$)</b> \$77.24		<b>7 Payee address City; State; Zip Code</b> 1112 E 9th St Unit A Austin, TX 78702			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Travel In District		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Staff travel	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 02/13/2014		Payee name Capital Area Democratic Women			
Amount (\$) \$13.00		Payee address City; State; Zip Code PO Box 12962 Austin, TX 78711			
<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"/> Ticket to luncheon	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 01/26/2014		Payee name Corner Store 0557			
Amount (\$) \$38.00		Payee address City; State; Zip Code 2100 Pecan St W Pflugerville, TX 78660			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff travel	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 02/19/2014		Payee name Cricket Wireless			
Amount (\$) \$68.19		Payee address City; State; Zip Code 1030 Norwood Park Blvd Ste.406 Austin, TX 78753			
<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 phones	
<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: 8/23 Report: 32/47	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00008056
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<b>4</b> Date 01/29/2014	<b>5</b> Payee name Democracy Engine LLC
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<b>6</b> Amount (\$) \$316.89	<b>7</b> Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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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"/> Credit card processing fees
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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 02/05/2014	Payee name Democracy Engine LLC
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Amount (\$) \$12.78	Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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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"/> Credit card processing 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 02/12/2014	Payee name Democracy Engine LLC
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Amount (\$) \$9.97	Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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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"/> Credit card processing 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 02/19/2014	Payee name Democracy Engine LLC
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Amount (\$) \$85.09	Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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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"/> Credit card processing 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  
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: 9/23 Report: 33/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/12/2014		<b>5 Payee name</b> El Gallo			
<b>6 Amount (\$)</b> \$22.21		<b>7 Payee address</b> City; State; Zip Code 8701 N Lamar Blvd Austin, TX 78753			
<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"/> Food and beverage for meeting	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/28/2014		<b>Payee name</b> Emmons, Joe			
<b>Amount (\$)</b> \$2,500.00		<b>Payee address</b> City; State; Zip Code 3311 Red River St Austin, TX 78705			
<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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/27/2014		<b>Payee name</b> Facebook Inc			
<b>Amount (\$)</b> \$45.00		<b>Payee address</b> City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
<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"/> Online advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/31/2014		<b>Payee name</b> Facebook Inc			
<b>Amount (\$)</b> \$29.97		<b>Payee address</b> City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
<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"/> Online advertising	
<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 PAGE #</b> Schedule: 10/23 Report: 34/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/03/2014	<b>5 Payee name</b> Facebook Inc				
<b>6 Amount (\$)</b> \$25.79	<b>7 Payee address City; State; Zip Code</b> 1601 Willow Rd. Menlo Park, CA 94025				
<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)</b> <input type="checkbox"/> Online advertising		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/04/2014	Payee name Facebook Inc				
Amount (\$) \$25.25	Payee address City; State; Zip Code 1601 Willow Rd. 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"/> Online advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/06/2014	Payee name Facebook Inc				
Amount (\$) \$26.45	Payee address City; State; Zip Code 1601 Willow Rd. 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"/> Online advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/10/2014	Payee name Facebook Inc				
Amount (\$) \$30.68	Payee address City; State; Zip Code 1601 Willow Rd. 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"/> Online 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</b> PAGE # Schedule: 11/23 Report: 35/47		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00008056	
<b>4</b> Date 02/11/2014		<b>5</b> Payee name Facebook Inc			
<b>6</b> Amount (\$) \$28.91		<b>7</b> Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
<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"/> Online advertising	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/13/2014		Payee name Facebook Inc			
Amount (\$) \$3.66		Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
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"/> Online advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/14/2014		Payee name Facebook Inc			
Amount (\$) \$56.35		Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
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"/> Online advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/18/2014		Payee name Facebook Inc			
Amount (\$) \$48.17		Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
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"/> Online 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</b> PAGE # Schedule: 12/23 Report: 36/47		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00008056	
<b>4</b> Date 02/18/2014		<b>5</b> Payee name Facebook Inc			
<b>6</b> Amount (\$) \$55.02		<b>7</b> Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
<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"/> Online advertising	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/19/2014		Payee name Facebook Inc			
Amount (\$) \$31.27		Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
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"/> Online advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/20/2014		Payee name Facebook Inc			
Amount (\$) \$26.69		Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
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"/> Online advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/22/2014		Payee name Facebook Inc			
Amount (\$) \$26.00		Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025			
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"/> Online 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: 13/23 Report: 37/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 01/25/2014	<b>5 Payee name</b> Fine, Kristin				
<b>6 Amount (\$)</b> \$400.00	<b>7 Payee address City; State; Zip Code</b> 2901 Barton Skyway Apt. 2001 Austin, TX 78748				
<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"/> Salary		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/28/2014	<b>Payee name</b> Fine, Kristin				
<b>Amount (\$)</b> \$3,500.00	<b>Payee address City; State; Zip Code</b> 2901 Barton Skyway Apt. 2001 Austin, TX 78748				
<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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/24/2014	<b>Payee name</b> Harrison Pearson and Associates				
<b>Amount (\$)</b> \$2,000.00	<b>Payee address City; State; Zip Code</b> 4014 Medical Pkwy #100 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"/> Rent		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/24/2014	<b>Payee name</b> Hughes, William				
<b>Amount (\$)</b> \$125.00	<b>Payee address City; State; Zip Code</b> 1009 Hillside Oaks Dr. Austin, TX 78745				
<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		
<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 PAGE #</b> Schedule: 14/23 Report: 38/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 01/28/2014		<b>5 Payee name</b> Hughes, William			
<b>6 Amount (\$)</b> \$2,750.00		<b>7 Payee address City; State; Zip Code</b> 1009 Hillside Oaks Dr. Austin, TX 78745			
<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"/> Salary	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 02/09/2014		Payee name Hughes, William			
Amount (\$) \$85.24		Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745			
<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"/> Office supplies	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 02/15/2014		Payee name Hughes, William			
Amount (\$) \$250.00		Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745			
<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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 02/17/2014		Payee name Ichiban			
Amount (\$) \$82.45		Payee address City; State; Zip Code 7310 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"/> Food and beverage for meeting	
<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 PAGE #</b> Schedule: 15/23 Report: 39/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/04/2014		<b>5 Payee name</b> InFocus Campaigns			
<b>6 Amount (\$)</b> \$3,172.40		<b>7 Payee address City; State; Zip Code</b> PO Box 10726 Fort Worth, TX 76114			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Consulting Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Phone calls	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/06/2014		<b>Payee name</b> Inkgrabber.com			
<b>Amount (\$)</b> \$100.00		<b>Payee address City; State; Zip Code</b> 2205 1st St #103 Simi Valley, CA 93065			
<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"/> Office supplies	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/13/2014		<b>Payee name</b> Inkgrabber.com			
<b>Amount (\$)</b> \$71.40		<b>Payee address City; State; Zip Code</b> 2205 1st St #103 Simi Valley, CA 93065			
<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"/> Printer ink	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/05/2014		<b>Payee name</b> La Voz Newspapers			
<b>Amount (\$)</b> \$600.00		<b>Payee address City; State; Zip Code</b> PO Box 19457 Austin, TX 78760			
<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"/> Print advertisement	
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</b> PAGE # Schedule: 16/23 Report: 40/47	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00008056
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<b>4</b> Date 01/28/2014	<b>5</b> Payee name Menufy.com
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<b>6</b> Amount (\$) \$50.66	<b>7</b> Payee address City; State; Zip Code 1310 N 78th St #12835 Terrace, KS 66112
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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"/> Food and beverage for meeting
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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 01/28/2014	Payee name Meyer, Timothy
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Amount (\$) \$576.00	Payee address City; State; Zip Code 2500 San Jacinto Blvd #245 Austin, TX 78705
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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 02/14/2014	Payee name Meyer, Timothy
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Amount (\$) \$444.00	Payee address City; State; Zip Code 2500 San Jacinto Blvd #245 Austin, TX 78705
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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 01/28/2014	Payee name Miller, Jaimerson
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Amount (\$) \$480.00	Payee address City; State; Zip Code 1009 Hillside Oaks Dr Austin, TX 78745
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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 PAGE #</b> Schedule: 17/23 Report: 41/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/14/2014		<b>5 Payee name</b> Miller, Jaimerson			
<b>6 Amount (\$)</b> \$444.00		<b>7 Payee address</b> City; State; Zip Code 1009 Hillside Oaks Dr Austin, TX 78745			
<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:	
<b>Date</b> 01/28/2014		<b>Payee name</b> Nogay, Amanda			
<b>Amount (\$)</b> \$300.00		<b>Payee address</b> City; State; Zip Code 3506 Speedway Apt 305 Austin, TX 78705			
<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> 02/14/2014		<b>Payee name</b> Nogay, Amanda			
<b>Amount (\$)</b> \$72.00		<b>Payee address</b> City; State; Zip Code 3506 Speedway Apt 305 Austin, TX 78705			
<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> 02/11/2014		<b>Payee name</b> Office Depot			
<b>Amount (\$)</b> \$22.72		<b>Payee address</b> City; State; Zip Code 816 Tirado St Austin, TX 78752			
<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"/> Office supplies	
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: 18/23 Report: 42/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/12/2014		<b>5 Payee name</b> Office Depot			
<b>6 Amount (\$)</b> \$245.00		<b>7 Payee address</b> City; State; Zip Code 816 Tirado St Austin, TX 78752			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 02/21/2014		<b>Payee name</b> Office Depot			
<b>Amount (\$)</b> \$57.35		<b>Payee address</b> City; State; Zip Code 816 Tirado St Austin, TX 78752			
<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"/> Office supplies	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 02/21/2014		<b>Payee name</b> Office Depot			
<b>Amount (\$)</b> \$56.28		<b>Payee address</b> City; State; Zip Code 816 Tirado St Austin, TX 78752			
<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"/> Printer ink	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 02/22/2014		<b>Payee name</b> Office Depot			
<b>Amount (\$)</b> \$57.35		<b>Payee address</b> City; State; Zip Code 816 Tirado St Austin, TX 78752			
<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"/> Printer ink	
<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 PAGE #</b> Schedule: 19/23 Report: 43/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 01/28/2014	<b>5 Payee name</b> Pelaez, Zoraima				
<b>6 Amount (\$)</b> \$72.00	<b>7 Payee address</b> City; State; Zip Code 5609 Woodrow Ave #103 Austin, TX 78756				
<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		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/28/2014	<b>Payee name</b> Ranes, Jim				
<b>Amount (\$)</b> \$81.19	<b>Payee address</b> City; State; Zip Code 1501 Barton Springs Rd #233 Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design services		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/28/2014	<b>Payee name</b> Ranes, Jim				
<b>Amount (\$)</b> \$43.30	<b>Payee address</b> City; State; Zip Code 1501 Barton Springs Rd #233 Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design services		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 02/05/2014	<b>Payee name</b> Rindy Miller Associates				
<b>Amount (\$)</b> \$1,409.30	<b>Payee address</b> City; State; Zip Code 2401 E 6th #1007 Austin, TX 78702				
<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"/> Walk cards		
<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 PAGE #</b> Schedule: 20/23 Report: 44/47		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/11/2014		<b>5 Payee name</b> Rindy Miller Associates			
<b>6 Amount (\$)</b> \$24,254.13		<b>7 Payee address City; State; Zip Code</b> 2401 E 6th #1007 Austin, TX 78702			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Printing Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Mail	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/18/2014		<b>Payee name</b> Rindy Miller Associates			
<b>Amount (\$)</b> \$10,000.00		<b>Payee address City; State; Zip Code</b> 2401 E 6th #1007 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Printing Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Mail	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/03/2014		<b>Payee name</b> Sage Payment Solutions			
<b>Amount (\$)</b> \$45.00		<b>Payee address City; State; Zip Code</b> 1750 Old Meadow Rd #300 McLean, VA 22102			
<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"/> Credit card processing fee	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/28/2014		<b>Payee name</b> Smith, Christian			
<b>Amount (\$)</b> \$348.00		<b>Payee address City; State; Zip Code</b> 2616 Salado St Apt 310 Austin, TX 78705			
<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)</b> <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  
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: 21/23 Report: 45/47.		<b>2 FILER NAME</b> Shea, Brigid (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00008056	
<b>4 Date</b> 02/14/2014		<b>5 Payee name</b> Smith, Christian			
<b>6 Amount (\$)</b> \$360.00		<b>7 Payee address</b> City; State; Zip Code 2616 Salado St Apt 310 Austin, TX 78705			
<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	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
Date 02/10/2014		Payee name SmugMug Online Photos			
Amount (\$) \$1.62		Payee address      City; State; Zip Code 67 E Evelyn Ave Ste 200 Mountain View, CA 94041			
<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"/> Photo prints	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
Date 02/20/2014		Payee name Texas Made Productions			
Amount (\$) \$525.00		Payee address      City; State; Zip Code 3707 Manchaca #177 Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography and videography	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
Date 02/01/2014		Payee name Texas Workforce Commission			
Amount (\$) \$895.81		Payee address      City; State; Zip Code PO Box 149037 Austin, TX 78714-9037			
<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"/> Unemployment Insurance Obligation	
<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: 22/23 Report: 46/47	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00008056
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<b>4</b> Date 02/20/2014	<b>5</b> Payee name The Salt Lick Bar-B-Que
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<b>6</b> Amount (\$) \$56.81	<b>7</b> Payee address City; State; Zip Code 18300 FM 1826 Driftwood, TX 78619
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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"/> Food and beverage for meeting
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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 01/27/2014	Payee name TxProjectCounter.org
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Amount (\$) \$25.00	Payee address City; State; Zip Code Austin, TX
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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"/> Tabling 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 02/12/2014	Payee name USPS
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Amount (\$) \$245.00	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 02/13/2014	Payee name USPS
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Amount (\$) \$49.00	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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# 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: 23/23 Report: 47/47	<b>2 FILER NAME</b> Shea, Brigid (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00008056
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<b>4 Date</b> 02/03/2014	<b>5 Payee name</b> Walgreens
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<b>6 Amount (\$)</b> \$5.39	<b>7 Payee address</b> City; State; Zip Code 4501 Guadalupe St Austin, TX 78751
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<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"/> Supplies for campaign brunch
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/14/2014	<b>Payee name</b> Worley Printing
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<b>Amount (\$)</b> \$1,234.64	<b>Payee address</b> City; State; Zip Code 3217 N. I.H. 35 Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Printing Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign materials
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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