

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

8328

1 ACCOUNT #	00008056	2 PAGE #	1 of 7
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Brigid	MI	OFFICE USE ONLY		
	NICKNAME	LAST Shea	SUFFIX			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07/01/2013		THROUGH		12/31/2013	
	Legal	Totals		44		
	Date Processed	Date Imaged				

6 EXPLANATION OF CORRECTION
Includes 3 missing contributions. Credit card processing fees are included.

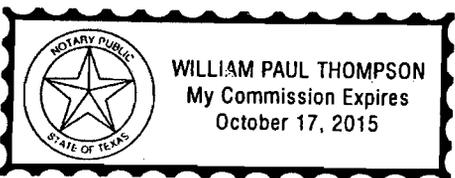
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Brigid Shea this the 26 day of March, 2014,
to certify which, witness my hand and seal of office.

William P. Thompson Signature of officer administering oath
Brigid Shea Signature of Candidate or Officeholder
Personal Banker Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00008056	2 PAGE # 2 of 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Brigid	MI MI
	NICKNAME	LAST Shea	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2604 Geraghty Ave. Austin, TX 78757		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Dawn	MI MI
	NICKNAME	LAST Lewis	SUFFIX
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
07/01/2013		THROUGH	12/31/2013
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
03/04/2014		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	115,390.06
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	1,274.49
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4. TOTAL POLITICAL EXPENDITURES	\$	107,348.16
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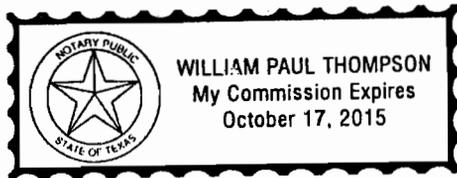
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	86,261.33
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OUTSTANDING LOAN TOTALS

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



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

x 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 26 day of March, 2014, to certify which, witness my hand and seal of office.

William P. Thompson
Signature of officer administering oath

William P Thompson
Print name of officer administering oath

Personal Banker
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: 1/1 Report: 4/7	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 07/13/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Divine, Deda (Ms.) 6 Contributor address; City; State; Zip Code 3267 Bee Cave Rd #107 Austin, TX 78746	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 07/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Marsha Contributor address; City; State; Zip Code 12231 Mosley Ln Austin, TX 78727	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) self		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) self			
Date 09/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shapiro, Carrie Contributor address; City; State; Zip Code 108 Woodview Ct Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Austin Metal & Iron Company, Inc.			

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.

1 PAGE # Schedule: 1/3 Report: 5/7	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 10/30/2013	5 Payee name Democracy Engine LLC
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6 Amount (\$) \$102.45	7 Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) 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 12/17/2013	Payee name Democracy Engine LLC
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Amount (\$) \$107.19	Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 12/25/2013	Payee name Democracy Engine LLC
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Amount (\$) \$203.22	Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 12/31/2013	Payee name Democracy Engine LLC
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Amount (\$) \$173.15	Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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.

1 PAGE # Schedule: 2/3 Report: 6/7 **2** FILER NAME Shea, Brigid (Ms.) **3** ACCOUNT # (TEC filers) 00008056

4 Date 07/01/2013 **5** Payee name Democracy Engine, LLC

6 Amount (\$) \$367.02 **7** Payee address City; State; Zip Code
850 Quincy St
Washington, DC 20011

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (If travel outside of Texas, complete Schedule T) Credit card contribution fee

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

Date 08/02/2013 Payee name Democracy Engine, LLC

Amount (\$) \$210.35 Payee address City; State; Zip Code
850 Quincy St
Washington, DC 20011

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Accounting/Banking Description (If travel outside of Texas, complete Schedule T) Credit card processing fee

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

Date 09/03/2013 Payee name Democracy Engine, LLC

Amount (\$) \$72.47 Payee address City; State; Zip Code
850 Quincy St
Washington, DC 20011

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Accounting/Banking Description (If travel outside of Texas, complete Schedule T) Credit card processing fee

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

Date 10/02/2013 Payee name Democracy Engine, LLC

Amount (\$) \$50.00 Payee address City; State; Zip Code
850 Quincy St
Washington, DC 20011

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Accounting/Banking Description (If travel outside of Texas, complete Schedule T) Credit card processing fee

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 7/7		2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00008056	
4 Date 12/02/2013	5 Payee name Democracy Engine, LLC				
6 Amount (\$) \$144.80	7 Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fee		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/18/2013	Payee name PayPal				
Amount (\$) \$20.44	Payee address City; State; Zip Code 2212 N 1st St San Jose, CA 95132				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fee		
	Candidate / Officeholder name		Office sought:	Office held:	