

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

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	32,849.99
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	850.08
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4. TOTAL POLITICAL EXPENDITURES	\$	55,008.63
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CONTRIBUTION BALANCE

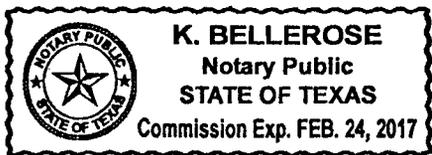
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	94.69
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	27,096.98
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17 AFFIDAVIT

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



Brigid Shea
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brigid Shea, this the 15TH day of JULY, 2014, to certify which, witness my hand and seal of office.

K. Bellerose Signature of officer administering oath
 K BELLEROSE Print name of officer administering oath
 NOTARY STATE OF TEXAS 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: 2/23 Report: 4/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Heather 6 Contributor address; City; State; Zip Code 1500 Raleigh Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) executive director		10 Employer (See Instructions) city of boulder	
Date 06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Linda Contributor address; City; State; Zip Code 4104 Turkey Creek Dr Austin, TX 78730	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired	
Date 05/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Harris Contributor address; City; State; Zip Code 5000 Ridge Oak Dr Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Utilities		Employer (See Instructions) HBH Operations	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beall, Jon Contributor address; City; State; Zip Code 2503 Flora Cv Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) TDI	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bednar, Deaton Contributor address; City; State; Zip Code 4103 Avenue G Austin, TX 78751	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Texas Bike Tours	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/23 Report: 5/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beers, Stephen 6 Contributor address; City; State; Zip Code 3201 Darnell Dr Austin, TX 78745	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boozer, Martin Contributor address; City; State; Zip Code 6107 Marquesa Dr Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyt, Jeb Contributor address; City; State; Zip Code 5423 Shoalwood Ln Austin, TX 78756	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bulla, Dale & Pat Contributor address; City; State; Zip Code 7202 Foxtree Cv Austin, TX 78750-7932	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) None	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buoy, Savy Contributor address; City; State; Zip Code 514 Ladin Ln Lakeway, TX 78734	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/23 Report: 6/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 05/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bury, Paul III 6 Contributor address; City; State; Zip Code 221 W 6th St Ste 600 Austin, TX 78701	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byrne, Dan Contributor address; City; State; Zip Code 989 San Jacinto Ste 2000 Austin, TX 78704	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) FBHH	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carroll, David Contributor address; City; State; Zip Code 2000 Homedale Dr Austin, TX 78704	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chan, Raymond Contributor address; City; State; Zip Code 1605 Churchwood Cv Austin, TX 78746	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang Sheppard, Jade Contributor address; City; State; Zip Code 12425 Dorsett Rd Austin, TX 78727	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) <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: 5/23 Report: 7/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 04/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chen, Sarah 6 Contributor address; City; State; Zip Code 3906 Dry Creek Dr Austin, TX 78731	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Childress, Rafael Contributor address; City; State; Zip Code 2809 W Fresco Dr Austin, TX 78731	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Sparkovation IT LLC	
Date 03/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cofer, George Contributor address; City; State; Zip Code 3306 Gentry Dr Rollingwood, TX 78746	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CROW, STEVE Contributor address; City; State; Zip Code 3018 WEST Ave Austin, TX 78705	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) PEOPLE'S COMMUNITY CLINIC	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DasGupta, Sumit Contributor address; City; State; Zip Code 5900 Bluegrass Dr Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/23 Report: 8/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deyoung, Claire 6 Contributor address; City; State; Zip Code PO Box 284236 Austin, TX 78728	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) Retired		10 Employer (See Instructions) N/A	
Date 02/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dobbs, David Contributor address; City; State; Zip Code 9702 Swansons Ranch Rd Austin, TX 78748	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, Brian Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751	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) Executive Director		Employer (See Instructions) Austin Cooperative Business Association	
Date 06/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunkelberg, Anne Contributor address; City; State; Zip Code 2606 Little John Ln Austin, TX 78704	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) Assoc. Director		Employer (See Instructions) Center for Public Policy Priorities	
Date 03/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Facebook Contributor address; City; State; Zip Code	Amount of contribution (\$) \$19.12	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: 7/23 Report: 9/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Facebook 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$10.87	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Erin Contributor address; City; State; Zip Code 1215 W Slaughter Ln #918 Austin, TX 78748	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self	
Date 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fox, Marilyn Contributor address; City; State; Zip Code 6400 Zaddock Woods Dr Austin, TX 78749	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Fox, Smolen & Associates, Inc.	
Date 02/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fraser, Susan Contributor address; City; State; Zip Code 4603 Depew Ave Austin, TX 78751	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) LAN	
Date 03/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frey, Peg Contributor address; City; State; Zip Code 8309 Kromer St Austin, TX 78757	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/23 Report: 10/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Gretchen 6 Contributor address; City; State; Zip Code 1909 S 5th Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Artist		10 Employer (See Instructions) Self	
Date 04/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi Contributor address; City; State; Zip Code 613 Hearn St Austin, TX 78703	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Council on at-risk youth	
Date 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glass, Bill Contributor address; City; State; Zip Code 1701 Pheasant Roost Austin, TX 78758	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanna, Samir Contributor address; City; State; Zip Code 9528 Big View Dr Austin, TX 78730	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hansen, Ingrid Contributor address; City; State; Zip Code 1221 S Congress Ave #1226 Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/23 Report: 11/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 02/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harkey, Beverly 6 Contributor address; City; State; Zip Code 2601 Albata Ave Austin, TX 78757	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Beverly Childress Harkey Child Care	
Date 03/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Hal Contributor address; City; State; Zip Code 919 Congress Suite 250 Austin, TX 78701	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) Business Manager - Media Editor,		Employer (See Instructions) CDM Media	
Date 05/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harrison Pearson and Associates Contributor address; City; State; Zip Code 4014 Medical Pkwy #100 Austin, TX 78756	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) Half of last month's rent credited (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Head, Bill Contributor address; City; State; Zip Code 1104 Enfield Rd Austin, TX 78703	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heinen, Anne & Dirk Contributor address; City; State; Zip Code 3010 Washington Sq Austin, TX 78705	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) writer/editor		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: 10/23 Report: 12/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 06/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Higgins, Hugh Jr. 6 Contributor address; City; State; Zip Code 8115 East Ct Austin, TX 78759	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hines, Vick Contributor address; City; State; Zip Code 3104 Mohawk Rd Apt A Austin, TX 78757	Amount of contribution (\$) \$50.00	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) Retired		Employer (See Instructions) Texas Senate	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holland, Leon and Peggy Contributor address; City; State; Zip Code 10705 Leafwood Ln Austin, TX 78750	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) N/A		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holtz, Katherine Contributor address; City; State; Zip Code 2505 Enfield Rd Apt 8 Austin, TX 78703	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Robert Contributor address; City; State; Zip Code 2315 Westforest Dr Austin, TX 78704	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/23 Report: 13/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hudkins, Mike 6 Contributor address; City; State; Zip Code 1300 E 5th St Austin, TX 78702	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) General Manager		10 Employer (See Instructions) Texas Office Products	
03/30/2014	Keeling, Linda 3700 Steck Ave Austin, TX 78759	\$25.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
03/30/2014	Kelly, Michael 4806 Timberline Dr Austin, TX 78746	\$100.00	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	
04/23/2014	Khataw, Ali 7914 Bee Caves Rd Austin, TX 78746	\$250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
02/24/2014	King, Dana 420 Santa Alicia Solana Beach, CA 92075	\$100.00	
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Good Company Associates	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/23 Report: 14/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krull, Kaleta 6 Contributor address; City; State; Zip Code 4009 Ramsey Ave Austin, TX 78756	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) At home Mom		10 Employer (See Instructions) N/A	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lam, Frank Contributor address; City; State; Zip Code 508 W 16th St Austin, TX 78701	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lane, Jodi Contributor address; City; State; Zip Code 1217 Alegria Rd Austin, TX 78757	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architecture		Employer (See Instructions) Taniguchi Architects	
Date 04/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lan-PAC Contributor address; City; State; Zip Code 2925 BriarparkDr Floor 4 Houston, TX 77042	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/27/2014	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) mom		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: 13/23 Report: 15/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 04/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Linwen 6 Contributor address; City; State; Zip Code 5303 Pommel Cv Austin, TX 78759	7 Amount of contribution (\$) \$200.00	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) Liquid Environmental Solutions	
Date 02/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leib, Richard and Sharon Contributor address; City; State; Zip Code 455 Barbara Ave Solana Beach, CA 92075	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Li, Li Contributor address; City; State; Zip Code 2900 Lakeline Blvd #411 Cedar Park, TX 78613	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lin, Paul and Lisa Contributor address; City; State; Zip Code 5404 Rain Creek Prkwy Austin, TX 78759	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/23 Report: 16/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Perry 6 Contributor address; City; State; Zip Code 1311-a E 6th St Austin, TX 78702	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Self (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marquardt, Anthony Contributor address; City; State; Zip Code 9001 Scotland Well Cv Austin, TX 78750	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Paramedic		Employer (See Instructions) City of Austin (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 03/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathias, Deborah & Matt Contributor address; City; State; Zip Code 2915 Regents Park Dr Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Mathias Partners (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathis, Mary Nell Contributor address; City; State; Zip Code 6300 Mercedes Bnd Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self-employed (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 03/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matus, Mary Jean Contributor address; City; State; Zip Code 2507 Addison Ave Austin, TX 78757	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Medical Writer		Employer (See Instructions) self-employed (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/23 Report: 17/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 02/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCown, Richard 6 Contributor address; City; State; Zip Code 607 Blanco St Austin, TX 78703	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McIver, Diana Contributor address; City; State; Zip Code 4101 Parkstone Hts Suite 310 Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate development		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) DMA Companies			
Date 04/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meade, Nikelle Contributor address; City; State; Zip Code 5363 Austral Loop Austin, TX 78739	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Husch Blackwell, LLP			
Date 06/27/2014	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 (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) professor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) UT Austin			
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milne, Robert Contributor address; City; State; Zip Code 3916 Knollwood Dr Austin, TX 78731	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) consulting		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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: 16/23 Report: 18/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) mmungia, rose-michel 6 Contributor address; City; State; Zip Code 1810 ohlen Rd austin, TX 78757	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Self	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mohamed, Selvi Contributor address; City; State; Zip Code 8303 Canola Bend Austin, TX 78729	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moriarty, William Contributor address; City; State; Zip Code 1004 jousting Pl Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) King engineering	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moss, Fran Contributor address; City; State; Zip Code 5907 Shoalwood Ave Austin, TX 78757	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self employed	
Date 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, Barbara Contributor address; City; State; Zip Code 2103 Robinhood Trl Austin, TX 78703	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/23 Report: 19/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nazor, Craig 6 Contributor address; City; State; Zip Code 11701 Barchetta Dr Austin, TX 78758	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Adjunct Professor		10 Employer (See Instructions) Austin Community College	
Date 03/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neely, Mary Ann Contributor address; City; State; Zip Code 1908 Barton Parkway Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nqzor, Craig Contributor address; City; State; Zip Code 11701 Barchetta Dr Austin, TX 78758	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) Austin Community College	
Date 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) powell, lisa Contributor address; City; State; Zip Code 6108 Janey Dr austin, TX 78757	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Farmer/Rancher		Employer (See Instructions) self	
Date 02/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reilly, Patrick Contributor address; City; State; Zip Code 11714 Alderhill Ter San Diego, CA 92131	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Liquid Environmental Solutions	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/23 Report: 20/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 02/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reis, Brian 6 Contributor address; City; State; Zip Code 6516 Rotan Dr Austin, TX 78749	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) engineer		10 Employer (See Instructions) RPS Espey	
Date 04/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santiago, Gwendolyn Contributor address; City; State; Zip Code 5915 Northwest Pl Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 02/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scardino, Daniel Contributor address; City; State; Zip Code 1203 Newning Ave Austin, TX 78704	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Reed & Scardino LLP	
Date 02/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schenker, Melissa Contributor address; City; State; Zip Code 1500 Scenic Dr #200 Austin, TX 78703	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) WorkLife	
Date 04/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Selby, Henry Contributor address; City; State; Zip Code 2000 Sharon Ln Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/23 Report: 21/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 02/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sepulveda, Eugene 6 Contributor address; City; State; Zip Code 3114 Wheeler St Austin, TX 78705	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) CEO		10 Employer (See Instructions) Entrepreneurs Foundation	
Date 05/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sexton, Michael Contributor address; City; State; Zip Code 11212 Real Quiet Dr 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 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sloan, Mike & Susan Contributor address; City; State; Zip Code 4306 Ramsey Austin, TX 78756	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) energy		Employer (See Instructions) VERA / AWEA	
Date 04/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Soeur, Channy Contributor address; City; State; Zip Code 7906 Cameron Rd Austin, TX 78754	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)		Employer (See Instructions)	
Date 03/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steiner, Frederick Contributor address; City; State; Zip Code 3132 Eanes Cir Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Del Valle High School	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/23 Report: 22/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strecker, Barbara 6 Contributor address; City; State; Zip Code 6611 Jamaica Ct Austin, TX 78757	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Adjunct Professor		10 Employer (See Instructions) ACC	
Date 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swafford, Robert Contributor address; City; State; Zip Code 1715 Nash Ave Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self- Employed Strike For Cause	
Date 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Talley, Arthur Contributor address; City; State; Zip Code 4005 Greenhill Pl Austin, TX 78759	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) TCEQ	
Date 04/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terkel, Thomas Contributor address; City; State; Zip Code 3105 Bowman Ave Austin, TX 78703	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate development		Employer (See Instructions) FourT Realty	
Date 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Stephanie Contributor address; City; State; Zip Code 1208 Marshall Ln Austin, TX 78703	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: 21/23 Report: 23/52	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 03/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sheriff's Law Enforcement Association PAC 6 Contributor address; City; State; Zip Code 4706 Snake Eagle Cv Austin, TX 78735	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sheriff's Officers Association PAC Contributor address; City; State; Zip Code 400 W 14th St Ste 220 Austin, TX 78701	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Triplett, Jan Contributor address; City; State; Zip Code 4605 Chappero Tr Austin, TX 78731	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) turner, joe Contributor address; City; State; Zip Code 1504 W ave austin tx 78701 austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 04/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vanaja Associates MD, PA Contributor address; City; State; Zip Code PO Box 203128 Austin, TX 78720-3128	Amount of contribution (\$) \$250.00	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: 22/23 Report: 24/52	
2 FILER NAME Shea, Brigid (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 02/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VanMiddlesworth, Rex 6 Contributor address; City; State; Zip Code 1201 Claire Ave Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Andrews Kurth LLP	
Date 02/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Viterbi, Alan Contributor address; City; State; Zip Code 4650 Rancho Del Mar Trl San Diego, CA 92130	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) CEO			Employer (See Instructions) Liquid Environmental Solutions	
Date 03/30/2014	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			Employer (See Instructions) Retired	
Date 03/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Kimberly Contributor address; City; State; Zip Code 307 Bulian Ln Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 05/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Windsor, Stephan Contributor address; City; State; Zip Code 4101 N Hills Dr Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Residential Landlord			Employer (See Instructions) Self	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/24 Report: 27/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 02/26/2014	5 Payee name ADP Financial Services
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6 Amount (\$) \$1,978.99	7 Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730
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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"/> Payroll tax
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/26/2014	Payee name ADP Financial Services
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Amount (\$) \$1,695.20	Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730
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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"/> Payroll tax
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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 02/28/2014	Payee name ADP Financial Services
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Amount (\$) \$87.68	Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730
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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"/> Payroll Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/07/2014	Payee name ADP Financial Services
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Amount (\$) \$87.68	Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730
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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"/> Payroll fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 2/24 Report: 28/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 03/18/2014	5 Payee name ADP Financial Services
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6 Amount (\$) \$207.60	7 Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730
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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"/> Payroll tax
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/19/2014	Payee name ADP Financial Services
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Amount (\$) \$975.22	Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730
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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"/> Payroll tax
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/28/2014	Payee name ADP Financial Services
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Amount (\$) \$80.49	Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730
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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"/> Payroll 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 04/11/2014	Payee name ADP Financial Services
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Amount (\$) \$124.37	Payee address City; State; Zip Code 8601 RR 2222 Austin, TX 78730
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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"/> Payroll 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: 3/24 Report: 29/52		2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00008056	
4 Date 03/03/2014	5 Payee name Aetna				
6 Amount (\$) \$1,695.20	7 Payee address City; State; Zip Code PO Box 14079 Lexington, KY 40512				
8 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"/> Employee Healthcare		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/28/2014	Payee name Annie's List				
Amount (\$) \$150.00	Payee address City; State; Zip Code 7th St Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/24/2014	Payee name Annie's List				
Amount (\$) \$200.00	Payee address City; State; Zip Code 7th St Austin, TX 78701				
PURPOSE OF EXPENDITURE	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 event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/26/2014	Payee name Armentrout, Nathan				
Amount (\$) \$881.75	Payee address City; State; Zip Code 6704 Clubway Ln Austin, TX 78745				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
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.

1 PAGE # Schedule: 4/24 Report: 30/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 03/18/2014	5 Payee name Armentrout, Nathan
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6 Amount (\$) \$55.41	7 Payee address City; State; Zip Code 6704 Clubway Ln Austin, TX 78745
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8 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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/26/2014	Payee name AT&T
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Amount (\$) \$106.77	Payee address City; State; Zip Code PO Box 537105 Atlanta, GA 30353
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign internet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/17/2014	Payee name AT&T
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Amount (\$) \$106.77	Payee address City; State; Zip Code PO Box 537105 Atlanta, GA 30353
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign internet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/10/2014	Payee name Austin Energy
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Amount (\$) \$576.57	Payee address City; State; Zip Code 721 Barton Springs Austin, TX 78783-2267
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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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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: 5/24 Report: 31/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 04/07/2014	5 Payee name Austin Energy
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6 Amount (\$) \$272.21	7 Payee address City; State; Zip Code 721 Barton Springs Austin, TX 78783-2267
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2014	Payee name Burnt Orange Report LLC
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Amount (\$) \$250.00	Payee address City; State; Zip Code Austin, TX 78768
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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"/> Sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2014	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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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/30/2014	Payee name Chase Bank
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Amount (\$) \$12.00	Payee address City; State; Zip Code 7600 Burnet Rd #100 Austin, TX 78757
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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"/> Banking fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 6/24 Report: 32/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 05/28/2014	5 Payee name Chase Bank
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6 Amount (\$) \$76.75	7 Payee address City; State; Zip Code 7600 Burnet Rd #100 Austin, TX 78757
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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"/> Check supply fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/30/2014	Payee name Chase Bank
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Amount (\$) \$12.00	Payee address City; State; Zip Code 7600 Burnet Rd #100 Austin, TX 78757
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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"/> Banking fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/26/2014	Payee name Chase Bank
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Amount (\$) \$34.00	Payee address City; State; Zip Code 7600 Burnet Rd #100 Austin, TX 78757
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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"/> Banking 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 06/30/2014	Payee name Chase Bank
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Amount (\$) \$12.00	Payee address City; State; Zip Code 7600 Burnet Rd #100 Austin, TX 78757
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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"/> Banking fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 7/24 Report: 33/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 05/07/2014	5 Payee name Council on At-Risk Youth
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6 Amount (\$) \$150.00	7 Payee address City; State; Zip Code 3710 Cedar St #220 Austin, TX 78705
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/01/2014	Payee name Counts, Diane
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Amount (\$) \$528.00	Payee address City; State; Zip Code 1508 Arcadia Ave Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 06/26/2014	Payee name Counts, Diane
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Amount (\$) \$300.00	Payee address City; State; Zip Code 1508 Arcadia Ave Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 02/26/2014	Payee name Democracy Engine LLC
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Amount (\$) \$11.64	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: 8/24 Report: 34/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 03/05/2014	5 Payee name Democracy Engine LLC
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6 Amount (\$) \$43.96	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 03/12/2014	Payee name Democracy Engine LLC
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Amount (\$) \$3.95	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 03/19/2014	Payee name Democracy Engine LLC
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Amount (\$) \$7.70	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 03/26/2014	Payee name Democracy Engine LLC
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Amount (\$) \$2.07	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	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: 9/24 Report: 35/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 04/02/2014	5 Payee name Democracy Engine LLC
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6 Amount (\$) \$27.05	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 04/16/2014	Payee name Democracy Engine LLC
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Amount (\$) \$37.90	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 04/30/2014	Payee name Democracy Engine LLC
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Amount (\$) \$37.70	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 05/14/2014	Payee name Democracy Engine LLC
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Amount (\$) \$3.95	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: 10/24 Report: 36/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 05/28/2014	5 Payee name Democracy Engine LLC
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6 Amount (\$) \$9.57	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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/04/2014	Payee name Democracy Engine LLC
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Amount (\$) \$15.59	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 06/11/2014	Payee name Democracy Engine LLC
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Amount (\$) \$3.95	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 06/18/2014	Payee name Democracy Engine LLC
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Amount (\$) \$9.57	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	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: 11/24 Report: 37/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 06/26/2014	5 Payee name Democracy Engine LLC
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6 Amount (\$) \$6.42	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 06/30/2014	Payee name Democracy Engine LLC
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Amount (\$) \$131.04	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 02/25/2014	Payee name Emmons, Joe
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Amount (\$) \$193.23	Payee address City; State; Zip Code 3311 Red River St Austin, TX 78705
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/08/2014	Payee name Emmons, Joe
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Amount (\$) \$286.45	Payee address City; State; Zip Code 3311 Red River St Austin, TX 78705
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PURPOSE OF EXPENDITURE	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
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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.

1 PAGE # Schedule: 12/24 Report: 38/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 03/18/2014	5 Payee name Emmons, Joe
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 3311 Red River St Austin, TX 78705
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8 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/28/2014	Payee name Esther's Follies
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Amount (\$) \$232.00	Payee address City; State; Zip Code 525 E 6th St Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/25/2014	Payee name Facebook Inc
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Amount (\$) \$50.03	Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/03/2014	Payee name Facebook Inc
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Amount (\$) \$173.60	Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025
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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
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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.

1 PAGE # Schedule: 13/24 Report: 39/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 03/04/2014	5 Payee name Facebook Inc
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6 Amount (\$) \$254.05	7 Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2014	Payee name Facebook Inc
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Amount (\$) \$87.05	Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025
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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
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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 06/01/2014	Payee name Facebook Inc
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Amount (\$) \$11.49	Payee address City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/06/2014	Payee name Harrison Pearson and Associates
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Amount (\$) \$2,000.00	Payee address City; State; Zip Code 4014 Medical Pkwy #100 Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent
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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.

1 PAGE # Schedule: 14/24 Report: 40/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 03/31/2014	5 Payee name HostMonster
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6 Amount (\$) \$205.81	7 Payee address City; State; Zip Code 560 Timpanogos Pkwy Orem, UT 84097
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website hosting fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/15/2014	Payee name HostMonster
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Amount (\$) \$19.99	Payee address City; State; Zip Code 560 Timpanogos Pkwy Orem, UT 84097
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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"/> Website hosting fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/18/2014	Payee name HostMonster
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Amount (\$) \$49.00	Payee address City; State; Zip Code 560 Timpanogos Pkwy Orem, UT 84097
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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"/> Website hosting fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2014	Payee name Hughes, William
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Amount (\$) \$1,350.00	Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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.

1 PAGE # Schedule: 15/24 Report: 41/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 03/24/2014	5 Payee name Hughes, William
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6 Amount (\$) \$35.41	7 Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Invitation supplies
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/22/2014	Payee name Hughes, William
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Amount (\$) \$100.00	Payee address City; State; Zip Code 1009 Hillside Oaks Dr. Austin, TX 78745
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 02/24/2014	Payee name InFocus Campaigns
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Amount (\$) \$240.33	Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone calls
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2014	Payee name InFocus Campaigns
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Amount (\$) \$1,299.11	Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114
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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"/> Phone calls
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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: 16/24 Report: 42/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 05/14/2014	5 Payee name Mark Udall for Colorado
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6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code PO Box 40158 Denver, CO 80204
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/25/2014	Payee name Office Depot
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Amount (\$) \$56.28	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/26/2014	Payee name Office Depot
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Amount (\$) \$116.88	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/26/2014	Payee name Office Depot
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Amount (\$) \$490.00	Payee address City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps
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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.

1 PAGE # Schedule: 17/24 Report: 43/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 02/27/2014	5 Payee name Office Depot
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6 Amount (\$) \$34.63	7 Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/28/2014	Payee name Office Depot
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Amount (\$) \$56.28	Payee address City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/02/2014	Payee name Office Depot
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Amount (\$) \$60.58	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/03/2014	Payee name Office Depot
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Amount (\$) \$34.63	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 18/24 Report: 44/52		2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00008056	
4 Date 05/22/2014	5 Payee name Office Depot				
6 Amount (\$) \$67.09	7 Payee address City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/21/2014	Payee name Office Depot				
Amount (\$) \$22.72	Payee address City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/25/2014	Payee name Office Depot				
Amount (\$) \$21.64	Payee address City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/03/2014	Payee name Office Max				
Amount (\$) \$100.64	Payee address City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78756				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies		
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: 19/24 Report: 45/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 02/25/2014	5 Payee name Rindy Miller Associates
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6 Amount (\$) \$14,500.00	7 Payee address City; State; Zip Code 2401 E 6th #1007 Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mail
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/03/2014	Payee name Sage Payment Solutions
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Amount (\$) \$45.00	Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102
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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 04/02/2014	Payee name Sage Payment Solutions
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Amount (\$) \$45.00	Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102
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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 05/02/2014	Payee name Sage Payment Solutions
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Amount (\$) \$45.00	Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102
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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	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: 20/24 Report: 46/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 06/02/2014	5 Payee name Sage Payment Solutions
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6 Amount (\$) \$45.00	7 Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102
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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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/28/2014	Payee name Sap's Fine Thai Cuisine
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Amount (\$) \$38.00	Payee address City; State; Zip Code 5800 Burnet Rd Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/18/2014	Payee name Sap's Fine Thai Cuisine
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Amount (\$) \$58.86	Payee address City; State; Zip Code 5800 Burnet Rd Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2014	Payee name Sap's Fine Thai Cuisine
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Amount (\$) \$394.02	Payee address City; State; Zip Code 5800 Burnet Rd Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for campaign event
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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: 21/24 Report: 47/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 03/04/2014	5 Payee name Scholz Garten
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6 Amount (\$) \$1,152.53	7 Payee address City; State; Zip Code 1607 San Jacinto Blvd Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for campaign event
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/05/2014	Payee name Scholz Garten
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Amount (\$) \$98.00	Payee address City; State; Zip Code 1607 San Jacinto Blvd Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverage for campaign event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/05/2014	Payee name Shea, Brigid
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Amount (\$) \$220.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/08/2014	Payee name Shea, Brigid
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Amount (\$) \$287.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 22/24 Report: 48/52	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 04/14/2014	5 Payee name Shea, Brigid
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6 Amount (\$) \$5,200.00	7 Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/23/2014	Payee name Shea, Brigid
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Amount (\$) \$1,300.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/28/2014	Payee name Shea, Brigid
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/02/2014	Payee name Shea, Brigid
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Amount (\$) \$3,500.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 23/24 Report: 49/52		2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00008056	
4 Date 05/19/2014	5 Payee name Shea, Brigid				
6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/12/2014	Payee name Shea, Brigid				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/26/2014	Payee name Shea, Brigid				
Amount (\$) \$500.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Personal loan repayment		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 03/21/2014	Payee name Texas Democratic Party				
Amount (\$) \$350.00	Payee address City; State; Zip Code 4818 E Ben White Ste 104 Austin, TX 78741				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter files		
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.

1 PAGE # Schedule: 24/24 Report: 50/52		2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00008056	
4 Date 03/30/2014	5 Payee name Vitale, Catharine				
6 Amount (\$) \$772.50	7 Payee address City; State; Zip Code 7610 Cameron Rd #2055 Austin, TX 78752				
8 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		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
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: 1/1 Report: 51/52		2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (TEC filers) 00008056	
4 Date 06/27/2014		5 Payee name Shea, Brigid			
6 Amount (\$) \$200.00		7 Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
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"/> Banking fees	

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

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 52/52

2 FILER NAME Shea, Brigid (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00008056

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
03/03/2014	Amazon.com ----- Address of person from whom amount is received; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109	\$30.60
7 Purpose for which amount is received Refund from billing error		
05/27/2014	Name of person from whom amount is received AT&T ----- Address of person from whom amount is received; City; State; Zip Code PO Box 537105 Atlanta, GA 30353	\$69.05
Purpose for which amount is received Utility refund		
05/22/2014	Name of person from whom amount is received Austin Energy ----- Address of person from whom amount is received; City; State; Zip Code 721 Barton Springs Austin, TX 78783-2267	\$243.81
Purpose for which amount is received Utility refund check		
06/27/2014	Name of person from whom amount is received Chase Bank ----- Address of person from whom amount is received; City; State; Zip Code 7600 Burnet Rd #100 Austin, TX 78757	\$34.00
Purpose for which amount is received Banking fee refund		