

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8423

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00008056	<b>2 PAGE #</b> 1 of 8
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Ms. Brigid NICKNAME LAST SUFFIX Shea	<b>OFFICE USE ONLY</b> Date Received: 2014 OCT -6 AM 9:44 Date Hand-delivered or Date Postmarked: Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2604 Geraghty Ave. Austin, TX 78757		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Ms. Dawn NICKNAME LAST SUFFIX Lewis		
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4509 Edgemont Dr. Austin, TX 78731		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (512) 467-0452		
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>9 PERIOD COVERED</b>	Month Day Year      Month Day Year 07/01/2014      THROUGH      09/25/2014		
<b>10 ELECTION</b>	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> County Commissioner, Pct. 2	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)  
00008056

15 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE	COMMITTEE NAME
<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)	\$ 4,130.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 357.67
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4. TOTAL POLITICAL EXPENDITURES	\$ 4,238.17
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CONTRIBUTION BALANCE

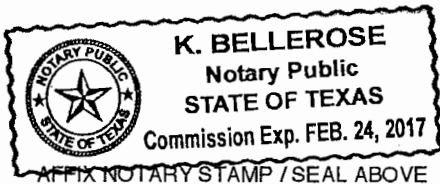
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,240.48
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OUTSTANDING LOAN TOTALS

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

Sworn to and subscribed before me, by the said M. BRIGID SHEA, this the 6<sup>TH</sup> day of OCTOBER 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

TEXAS NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/8	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  07/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Travis County Emergency Medical Services Employee PAC  6 Contributor address; City; State; Zip Code 5817 Wilcab Rd Ste 3 Austin, TX 78721	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capra & Cavelli  Contributor address; City; State; Zip Code 3500 Jefferson St Ste 110 Austin, TX 78731-6220	Amount of contribution (\$)  \$360.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CP & Y Inc PAC  Contributor address; City; State; Zip Code 1820 Regal Row Ste 200 Dallas, TX 75235	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerra, Luis  Contributor address; City; State; Zip Code 1808 Kerr Austin, TX 78704	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Guerra Ranches, LTD	
Date  09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guthikonda, Wasumathi  Contributor address; City; State; Zip Code PO Box 684942 Austin, TX 78768-4942	Amount of contribution (\$)  \$1,000.00	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: 2/3 Report: 4/8	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  07/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harding, Tesa  6 Contributor address; City; State; Zip Code 7704 Robalo Rd 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) Exhibits Manager		10 Employer (See Instructions) TMEA	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hudkins, Mike  Contributor address; City; State; Zip Code 1300 E 5th St Austin, TX 78702	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Texas Office Products	
Date  09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Glen  Contributor address; City; State; Zip Code 13908 Ashton Woods Cir Austin, TX 78727-3013	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karagas, Paul  Contributor address; City; State; Zip Code 6009 Club Ter Austin, TX 78741	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mennucci, William  Contributor address; City; State; Zip Code 2102 Paisano Rd Austin, TX 78748	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 5/8	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date  08/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary  6 Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Meredith  Contributor address; City; State; Zip Code 6818 Daugherty St Austin, TX 78757	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) Conspirare	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 6/8	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 08/03/2014	5 Payee name Austin AFL-CIO Council
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6 Amount (\$) \$310.00	7 Payee address City; State; Zip Code PO Box 301074 Austin, TN 78703
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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"/> Advertising
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/12/2014	Payee name Capital of Texas Media Foundation Austin Monitor
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Amount (\$) \$216.50	Payee address City; State; Zip Code PO Box 867 Austin, TX 78767
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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"/> News subscription
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/16/2014	Payee name Council on At-Risk Youth
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Amount (\$) \$100.00	Payee address City; State; Zip Code 3710 Cedar St #220 Austin, TX 78705
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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"/> Contribution
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/03/2014	Payee name Counts, Diane
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Amount (\$) \$294.00	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
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/3 Report: 7/8		<b>2</b> FILER NAME Shea, Brigid (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00008056	
<b>4</b> Date 07/02/2014	<b>5</b> Payee name Sage Payment Solutions				
<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking			<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 08/04/2014	Payee name Sage Payment Solutions				
Amount (\$) \$45.00	Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 09/02/2014	Payee name Sage Payment Solutions				
Amount (\$) \$45.00	Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 08/22/2014	Payee name Texas Democratic Party				
Amount (\$) \$100.00	Payee address City; State; Zip Code 4818 E Ben White Ste 104 Austin, TX 78741				
<b>8</b> 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"/> Contribution	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/3 Report: 8/8	<b>2</b> FILER NAME Shea, Brigid (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00008056
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<b>4</b> Date 08/27/2014	<b>5</b> Payee name Travis County Democratic Party
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<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address City; State; Zip Code 1311 E 6th St Ste B Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/19/2014	Payee name Vitale, Catharine
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Amount (\$) \$150.00	Payee address City; State; Zip Code 7610 Cameron Rd #2055 Austin, TX 78752
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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