

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

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

14 ACCOUNT # (Ethics Commission filers)
00008056

15 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	23,175.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	148.54
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4. TOTAL POLITICAL EXPENDITURES	\$	18,286.97
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,546.04
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,796.98
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17 AFFIDAVIT



KATYA BEATRIZ GREEN
My Commission Expires
March 22, 2017

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 Katya B. Greene, this the 15 day of January, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/12	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 12/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Attal, Charles 6 Contributor address; City; State; Zip Code 300 W 6th St Ste 2100 Austin, TX 78701	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Concert Promotor		10 Employer (See Instructions) C3 Presents	
Date 12/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Robert Contributor address; City; State; Zip Code 2408 Keating Lane Austin, TX 78703	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Land Steward		Employer (See Instructions) Shield Ranch	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baer, Therese Contributor address; City; State; Zip Code 5904 Mountainclimb Dr Apt 1 Austin, TX 78731	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beck, Ken Contributor address; City; State; Zip Code 15911 Booth Cir Volente, TX 78641	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 11/02/2014	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: 2/4 Report: 4/12	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackwell, Betty	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2700 Townes Ln Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, George	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13401 Wyoming Valley Dr Austin, TX 78727		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claunch, Dave	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 305 McConnell Drive West Lake, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Liaison Resources	
Date 12/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crews, Joe	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1606 Rockmoor Ave Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Jim	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 360 Nueces St Apt 2701 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Duncan Associates	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/12	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 12/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farmer, Gary 6 Contributor address; City; State; Zip Code 309 Lake Cliff Trl Austin, TX 78746	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getter, Kerry Contributor address; City; State; Zip Code 9301 Johnny Morris Rd Austin, TX 78724	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Balcones Resources	
Date 12/31/2014	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 12/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffat, Susan Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751-4630	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Researcher writer		Employer (See Instructions) Self	
Date 10/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705	Amount of contribution (\$) \$350.00	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: 4/4 Report: 6/12	
2 FILER NAME Shea, Brigid (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00008056	
4 Date 12/22/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00004036</u>) Service Employees International Union COPE 6 Contributor address; City; State; Zip Code 1800 Massachusetts Ave NW Washington, DC 20036	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 12/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stowell, Albert Contributor address; City; State; Zip Code 606 W 11th St Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swan, Laurie Contributor address; City; State; Zip Code 1611 Northwood Rd Austin, TX 78703	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Stratus Properties	
Date 12/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Chad Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) IBM	
Date 12/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yacktman, Eilyn Contributor address; City; State; Zip Code 3571 Far West Blvd Austin, TX 78731	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none	

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: 1/5 Report: 8/12	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 11/03/2014	5 Payee name Democracy Engine LLC
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6 Amount (\$) \$1.13	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 fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/26/2014	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 fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/17/2014	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 fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/24/2014	Payee name Democracy Engine LLC
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Amount (\$) \$206.65	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 fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 9/12	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 12/31/2014	5 Payee name Democracy Engine LLC
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6 Amount (\$) \$93.95	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 fees
	<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 12/31/2014	Payee name Democracy Engine LLC
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Amount (\$) \$13.52	Payee address City; State; Zip Code 850 Quincy St Washington, DC 20011
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8 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 fees
	<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 12/19/2014	Payee name Fine, Kristin
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Amount (\$) \$38.97	Payee address City; State; Zip Code 2901 Barton Skyway Apt. 2001 Austin, TX 78748
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8 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"/> Event materials reimbursement
	<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 12/19/2014	Payee name Fine, Kristin
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Amount (\$) \$500.00	Payee address City; State; Zip Code 2901 Barton Skyway Apt. 2001 Austin, TX 78748
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8 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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 10/12	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 11/16/2014	5 Payee name NationBuilder
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6 Amount (\$) \$588.00	7 Payee address City; State; Zip Code 448 S Hill St Ste 200 Los Angeles, CA 90013
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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 maintenance
	<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 11/03/2014	Payee name Sage Payment Solutions
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Amount (\$) \$50.00	Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102
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8 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 fees
	<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 12/01/2014	Payee name Sage Payment Solutions
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Amount (\$) \$149.80	Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102
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8 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 fees
	<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 12/11/2014	Payee name Sage Payment Solutions
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Amount (\$) \$450.00	Payee address City; State; Zip Code 1750 Old Meadow Rd #300 McLean, VA 22102
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8 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 fees
	<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	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: 4/5 Report: 11/12	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 12/03/2014	5 Payee name Shea, Brigid
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6 Amount (\$) \$300.00	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
	<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 12/22/2014	Payee name Shea, Brigid
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Amount (\$) \$3,000.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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8 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
	<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 12/31/2014	Payee name Shea, Brigid
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Amount (\$) \$11,000.00	Payee address City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757
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8 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
	<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 10/28/2014	Payee name Texas Campaign for the Environment Fund
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Amount (\$) \$300.00	Payee address City; State; Zip Code 611 S Congress Ave #200-B Austin, TX 78704
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8 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"/> Billboard
	<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.

1 PAGE # Schedule: 5/5 Report: 12/12	2 FILER NAME Shea, Brigid (Ms.)	3 ACCOUNT # (TEC filers) 00008056
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4 Date 11/10/2014	5 Payee name Texas Civil Rights Project
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 1405 Montopolis Austin, TX 78741
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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"/> Advertisement at event <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/31/2014	Payee name Travis County Democratic Party
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1311 E 6th St Ste B Austin, TX 78702
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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"/> County coordinated campaign contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/08/2014	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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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/29/2014	Payee name Worley Printing
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Amount (\$) \$582.89	Payee address City; State; Zip Code 3217 N. I.H. 35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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