

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

8973

**FORM C/OH  
COVER SHEET PG 1**

The C/OH instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 36
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	<b>OFFICE USE ONLY</b> Date Received	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE	Date Hand-delivered or Date Postmarked	
	2604 Geraghty Ave Austin, TX 78757	Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Received	
	NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
	4509 Edgemont, Austin, TX 78731	Receipt #	Amount
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed	
8 REPORT TYPE	Date Imaged		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) County Commissioner, Pct. 2	12 OFFICE SOUGHT (if known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2


2 of 36

13 C / OH NAME Shea, Brigid	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,225.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	10,136.12
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,101.50
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00

17 AFFDAVIT



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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Krysta Flores, this the 11th day of January, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering	Printed name of officer administering	Title of officer administering oath
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# SUBTOTALS - C/OH

<b>18 FILER NAME</b> Shea, Brigid	<b>19 Filer ID</b>
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,225.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,136.12
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/16 Rpt: 4/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 08/31/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentrout, Nathan (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 3625 S 1st St Apt 115  Austin, TX 78704	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baer, Therese (Ms.) <hr/> Contributor address; City; State; Zip Code 5710 Misty Hill Cv  Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Professional Engineer		Employer (See Instructions) Baer Engineer
Date 09/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Harris <hr/> Contributor address; City; State; Zip Code 5000 Ridge Oak Dr  Austin, TX 78731-4728	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Energy		Employer (See Instructions) JP Energy
Date 08/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Ben (Mr.) <hr/> Contributor address; City; State; Zip Code 1003 Rio Grande St  Austin, TX 78701-2013	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Jonathon <hr/> Contributor address; City; State; Zip Code 8000 Copano Dr  Austin, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Texas PACE Authority

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/16 Rpt: 5/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 07/26/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwell, Betty (Ms.)	<b>7</b> Amount of Contribution (\$)  \$250.00
	<b>6</b> Contributor address; City; State; Zip Code 1306 Nueces St  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self-Employed
Date 08/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bottoms, Shirley (Ms.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code 3903 Ridgelea Dr  Austin, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Caitlin (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code 3411 Lynridge Dr #A  Austin, TX 78723	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self-Employed
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Nicholas (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code 4403 Avenue C  Austin, TX 78751	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 08/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chundru, Satish	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code 801 W 5th St #1808  Austin, TX 78703	
Principal occupation / Job title (See Instructions) Forensic Pathologist		Employer (See Instructions) Travis County Medical Examiners Office

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/16 Rpt: 6/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 07/28/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claunch, David (Mr.) ----- <b>6</b> Contributor address; City; State; Zip Code 305 McConnell Dr  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, Mary Elizabeth (Ms.) ----- Contributor address; City; State; Zip Code 3306 Gentry Dr  Austin, TX 78746	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Mutual of Omaha
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordes, Helen (Ms.) ----- Contributor address; City; State; Zip Code 1702 Knight St  Georgetown, TX 78626-7949	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Joe (Mr.) ----- Contributor address; City; State; Zip Code 1606 Rockmoor Ave  Austin, TX 78703	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Crews law Firm PC
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David for AISD Campaign ----- Contributor address; City; State; Zip Code 2499 S Capital of Tx Hwy Ste A102  Austin, TX 78746-7757	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/16 Rpt: 7/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 08/30/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Dick (Mr.) <b>6</b> Contributor address; City; State; Zip Code 2609 Sherwood Ln  Austin, TX 78704	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Land Steward		<b>9</b> Employer (See Instructions) University of Texas
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delozier, Abbe <b>Contributor address; City; State; Zip Code</b> 10708 Regal Oaks Dr  Austin, TX 78737	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deyoung, Claire <b>Contributor address; City; State; Zip Code</b> 4612 Red River St  Austin, TX 78751-3227	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickie, Martha <b>Contributor address; City; State; Zip Code</b> 503 Brookhaven Trl  Austin, TX 78746	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Almanza Blackburn Dickie and Mitchell LLP
Date 08/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferchill, Cary <b>Contributor address; City; State; Zip Code</b> 2524 Tanglewood Trl  Austin, TX 78703	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Reed & Scardino LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/16 Rpt: 8/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 08/31/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, David (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 404 Ridgewood Rd  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredriksen, Pete (Mr.) <hr/> Contributor address; City; State; Zip Code 5211 Valley Oak Dr  Austin, TX 78731-5410	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Getter, Kerry <hr/> Contributor address; City; State; Zip Code 9301 Johnny Morris Rd  Austin, TX 78724	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Balcones Resources
Date 08/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Bob (Mr.) <hr/> Contributor address; City; State; Zip Code 2939 Westlake Cv  Austin, TX 78746	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas Disposal Systems
Date 08/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthikonda, Gopal <hr/> Contributor address; City; State; Zip Code PO Box 200388  Austin, TX 78720-0388	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self-Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/16 Rpt: 9/38
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 08/30/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Bryan (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 1300 Windsor Rd  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired Chemist		<b>9</b> Employer (See Instructions) Retired
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holderness, Mary (Mrs.) <hr/> Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr  Austin, TX 78746	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code 1203A Elm St  Austin, TX 78703	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Eileen (Ms.) <hr/> Contributor address; City; State; Zip Code 3905 Ridgelea Dr  Austin, TX 78731	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ideality.com
Date 08/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keys, Jerry <hr/> Contributor address; City; State; Zip Code 2310 Tower Dr  Austin, TX 78703	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Matheson Keys Daffer & Kordzik PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/36
2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 09/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keys, Jerry	7 Amount of Contribution (\$)  \$150.00
	6 Contributor address; City; State; Zip Code 2310 Tower Dr  Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Matheson Keys Daffer & Kordzik PLLC
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilventon, David (Mr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code 3702 Home Ln Apt B  Austin, TX 78705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimmelman, Tamara	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code 4304 Kimberly Ln  Austin, TX 78727	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) AISD
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David (Mr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code 1808 Kerr St  Austin, TX 78704	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langmore, John (Mr.)	Amount of Contribution (\$)  \$75.00
	Contributor address; City; State; Zip Code 1408 Preston Ln  Austin, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/36
2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 08/24/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Dawn (Mrs.) 6 Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Program Director		9 Employer (See Instructions) Austin Partners In Education
Date 08/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Lisa (Ms.) Contributor address; City; State; Zip Code 5404 Rain Creek Pkwy Austin, TX 78759	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggen Blair & Sampson LLP Contributor address; City; State; Zip Code P.O. Box17428 Austin, TX 78760	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohr, John (Mr.) Contributor address; City; State; Zip Code 2205 Quarry Rd Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-Aguilar, Isabel (Ms.) Contributor address; City; State; Zip Code 6113 Meadow Lane Blvd Austin, TX 78744	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) Latino Health Forum

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/16 Rpt: 12/36
2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 08/31/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquardt, Anthony (Mr.) 6 Contributor address; City; State; Zip Code 9001 Scotland Well Cv  Austin, TX 78750	7 Amount of Contribution (\$)  \$25.00
8 Principal occupation / Job title (See Instructions) Paramedic		9 Employer (See Instructions) City of Austin
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAfee, Mark (Mr.) Contributor address; City; State; Zip Code 2602 Rae Dell Ave  Austin, TX 78704	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCann, Emily (Ms.) Contributor address; City; State; Zip Code 1702 Ross Ave  Carrollton, TX 75006	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary, Lou (Mr.) Contributor address; City; State; Zip Code 901 S Mopac Expy Bldg 1 Ste 300  Austin, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf Wolff Stuart & Williams LLP Contributor address; City; State; Zip Code 221 W 6th St Ste 1300  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/36
2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 09/27/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Anne A (Ms.) 6 Contributor address; City; State; Zip Code 1722 San Remo Dr  Pacific Palisades, CA 90272	7 Amount of Contribution (\$)  \$5,000.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Self-Employed
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffat, Susan (Ms.) Contributor address; City; State; Zip Code 4112 Speedway  Austin, TX 78751	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Editor/Researcher		Employer (See Instructions) Self-Employed
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Basheer Contributor address; City; State; Zip Code 407 Hurst Creek Rd  Lakeway, TX 78734	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Quality Power LLC
Date 08/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Margaret (Ms.) Contributor address; City; State; Zip Code 618 Rocky Ledge Rd  Austin, TX 78746	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) N/A
Date 07/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Karen Ann (Ms.) Contributor address; City; State; Zip Code 2217 Onion Creek Pkwy  Austin, TX 78747	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/36
2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 07/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peel, Larry	7 Amount of Contribution (\$)  \$1,000.00
	6 Contributor address; City; State; Zip Code PO Box 248  Austin, TX 78767	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Larry Peel Co
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Placek, Beth (Ms.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code 2311 Indian Trl  Austin, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Jill (Ms.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 5309 Presidio Rd  Austin, TX 78745	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan Sr., William (Mr.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code 4100 McBrine Pl  Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reis, Brian (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code 6516 Rotan Dr  Austin, TX 78749	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) RPS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/16 Rpt: 15/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 08/22/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberg, Richard (Mr.)	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 6200 Mountain Villa Dr  Austin, TX 78731		
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Consultant		<b>9</b> Employer (See Instructions) DPFG, Inc
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothe, Gail (Ms.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 1705 Margaret St  Austin, TX 78704		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sallis, Lance	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 3105 Crowheart Cv  Austin, TX 78746		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self-Employed
Date 08/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Robin (Ms.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 2609 Sherwood Ln  Austin, TX 78704		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Campaign for the Environment
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Sally (Ms.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 4906 Beverly Hills Dr  Austin, TX 78731-4702		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/16 Rpt: 16/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 08/31/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sesil, Joseph (Mr.)	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 80 Red River St #317  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00007922) Southwest Laborers District Council PAC	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 11720 E 21st St Ste D  Tulsa, OK 74129		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprute, Dana	Amount of Contribution (\$)  \$350.00
Contributor address; City; State; Zip Code 5109 Turnabout Ln  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Seton
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Blake (Mr.)	Amount of Contribution (\$)  \$1,250.00
Contributor address; City; State; Zip Code 4906 Tortuga Pl  Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratton, James (Mr.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 218 904 W 21st  Austin, TX 78705		
Principal occupation / Job title (See Instructions) Editorial and Research Assistant		Employer (See Instructions) University of Texas



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/16 Rpt: 17/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 08/31/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strecker, Barbara (Ms.)	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code 6611 Jamaica Ct  Austin, TX 78757		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summerville, Patti	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 1822 W 10th St  Austin, TX 78703		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taniguchi, Evan (Mr.)	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 2905 Pearl St  Austin, TX 78705		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self-Employed
Date 07/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tavakkol, Peggy (Ms.)	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code 1510 W North Loop Blvd #521  Austin, TX 78756		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AISD
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsao, Eric (Mr.)	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code 4808 Mont Blanc Dr  Austin, TX 78738-4018		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/16 Rpt: 18/36
<b>2</b> FILER NAME Shea, Brigid		<b>3</b> Filer ID
<b>4</b> Date 08/31/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urrutia, Bradley (Mr.) <b>6</b> Contributor address; City; State; Zip Code 11809 ANatole Ct  Austin, TX 78748	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Lee <b>6</b> Contributor address; City; State; Zip Code 4006 Avenue H  Austin, TX 78751	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Self-Employed
Date 08/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waxler, Mel (Mr.) <b>6</b> Contributor address; City; State; Zip Code 3920 Glengarry Dr  Austin, TX 78731	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney/College Administrator		Employer (See Instructions) Blinn College
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weed, Elizabeth (Ms.) <b>6</b> Contributor address; City; State; Zip Code 2218 Alta Vista Ave  Austin, TX 78704-5227	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendler Jr., Ed (Mr.) <b>6</b> Contributor address; City; State; Zip Code 4803 Balcones Dr  Austin, TX 78731	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/36
2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 08/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yznaga, Mary (Ms.)	7 Amount of Contribution (\$)  \$25.00
	6 Contributor address; City; State; Zip Code 1912 Goodrich Ave  Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) Metal Artist		9 Employer (See Instructions) Self-Employed
Date 08/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeller, Charles	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code 811 N Tumbleweed Trl  Austin, TX 78733	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/17 Rpt: 20/36		2 FILER NAME Shea, Brigid		3 Filer ID	
4 Date 09/17/2016		5 Payee name 1400 Miles			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 350 Convention Way #200  Redwood City, CA 94063			
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/13/2016		Payee name ActBlue			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/15/2016		Payee name ActBlue			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/17 Rpt: 21/36	<b>2</b> FILER NAME Shea, Brigid	<b>3</b> Filer ID
<b>4</b> Date 10/19/2016	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 366 Summer St  Somerville, MA 02144	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/18/2016	Payee name Austin Ale House	
Amount (\$) \$18.15	Payee address; City; State; Zip Code 301 W 6th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 11/15/2016	Payee name Austin Ale House	
Amount (\$) \$28.65	Payee address; City; State; Zip Code 301 W 6th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 22/36		2 FILER NAME Shea, Brigid		3 Filer ID	
4 Date 09/18/2016		5 Payee name Austin Convention Center			
6 Amount (\$) \$10.00		7 Payee address; City; State; Zip Code 601 E 5th St  Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/07/2016		Payee name Austin Convention Center			
Amount (\$) \$6.00		Payee address; City; State; Zip Code 601 E 5th St  Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/03/2016		Payee name Austin NAACP			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 1709 E 12th St  Austin, TX 78702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/17 Rpt: 23/36		2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 09/04/2016		5 Payee name Brown, Caitlin (Ms.)		
6 Amount (\$) \$160.23		7 Payee address; City; State; Zip Code 3411 Lynridge Dr #A  Austin, TX 78723		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 09/04/2016		Payee name Brown, Caitlin (Ms.)		
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 3411 Lynridge Dr #A  Austin, TX 78723		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 09/20/2016		Payee name Capital Area Progressive Democrats		
Amount (\$) \$250.00		Payee address; City; State; Zip Code P.O. Box 413  Austin, TX 78767		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/17 Rpt: 24/36		2 FILER NAME Shea, Brigid		3 Filer ID	
4 Date 07/29/2016		5 Payee name Chase Bank			
6 Amount (\$) \$12.00		7 Payee address; City; State; Zip Code 221 W Sixth St  Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/31/2016		Payee name Chase Bank			
Amount (\$) \$12.00		Payee address; City; State; Zip Code 221 W Sixth St  Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking service fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/16/2016		Payee name Clean Water Action			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 600 W 28th St Ste 202  Austin, TX 78705			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/17 Rpt: 25/36		2 FILER NAME Shea, Brigid		3 Filer ID	
4 Date 09/15/2016		5 Payee name Council on At-Risk Youth			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code 3710 Cedar St Box 23  Austin, TX 78705			
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 07/27/2016		Payee name Democracy Engine LLC			
Amount (\$) \$0.57		Payee address; City; State; Zip Code 850 Quincy St  Washington, DC 20011			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 08/03/2016		Payee name Democracy Engine LLC			
Amount (\$) \$79.56		Payee address; City; State; Zip Code 850 Quincy St  Washington, DC 20011			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/17 Rpt: 26/36	<b>2</b> FILER NAME Shea, Brigid	<b>3</b> Filer ID
<b>4</b> Date 08/17/2016	<b>5</b> Payee name Democracy Engine LLC	
<b>6</b> Amount (\$) \$37.90	<b>7</b> Payee address; City; State; Zip Code 850 Quincy St  Washington, DC 20011	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2016	Payee name Democracy Engine LLC	
Amount (\$) \$31.37	Payee address; City; State; Zip Code 850 Quincy St  Washington, DC 20011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2016	Payee name Democracy Engine LLC	
Amount (\$) \$93.48	Payee address; City; State; Zip Code 850 Quincy St  Washington, DC 20011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/17 Rpt: 27/36		2 FILER NAME Shea, Brigid		3 Filer ID	
4 Date 09/07/2016		5 Payee name Democracy Engine LLC			
6 Amount (\$) \$100.63		7 Payee address; City; State; Zip Code 850 Quincy St  Washington, DC 20011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/28/2016		Payee name Democracy Engine LLC			
Amount (\$) \$18.95		Payee address; City; State; Zip Code 850 Quincy St  Washington, DC 20011			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/05/2016		Payee name Democracy Engine LLC			
Amount (\$) \$193.52		Payee address; City; State; Zip Code 850 Quincy St  Washington, DC 20011			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/17 Rpt: 28/36	<b>2</b> FILER NAME Shea, Brigid	<b>3</b> Filer ID
<b>4</b> Date 12/08/2016	<b>5</b> Payee name Earth Day Texas	
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code 3839 McKinney Ave Ste 155-241  Dallas, TX 75204	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 08/26/2016	Payee name Food Forest Festival	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 25 1/2 Waller St  Austin, TX 78702	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/27/2016	Payee name G'Raj Mahal Cafe	
Amount (\$) \$256.50	Payee address; City; State; Zip Code 73 Rainey St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/17 Rpt: 29/36		2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 09/29/2016		5 Payee name Gloria's Restaurant		
6 Amount (\$) \$19.22		7 Payee address; City; State; Zip Code 300 W 6th St  Austin, TX 78701		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 12/11/2016		Payee name Hill Country Conservancy		
Amount (\$) \$100.00		Payee address; City; State; Zip Code 5524 Bee Cave Rd  Austin, TX 78746		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 09/27/2016		Payee name Hillary for America		
Amount (\$) \$500.00		Payee address; City; State; Zip Code P.O. Box 5256  New York, NY 10185		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/17 Rpt: 30/36		2 FILER NAME Shea, Brigid		3 Filer ID	
4 Date 08/27/2016		5 Payee name Jimmy Flannigan Campaign			
6 Amount (\$) \$350.00		7 Payee address; City; State; Zip Code P.O. Box 2649  Austin, TX 78768			
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/29/2016		Payee name Kirk Watson Campaign			
Amount (\$) \$250.00		Payee address; City; State; Zip Code P.O. Box 2004  Austin, TX 78768			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/24/2016		Payee name Liberal Austin Democrats			
Amount (\$) \$100.00		Payee address; City; State; Zip Code P.O. Box 49712  Austin, TX 78765			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/17 Rpt: 31/36		2 FILER NAME Shea, Brigid		3 Filer ID
4 Date 12/05/2016		5 Payee name Liveable City		
6 Amount (\$) \$320.00		7 Payee address; City; State; Zip Code P.O. Box 5991  Austin, TX 78763		
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought
Date 12/05/2016		Payee name Liveable City		
Amount (\$) \$250.00		Payee address; City; State; Zip Code P.O. Box 5991  Austin, TX 78763		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held
Date 09/29/2016		Payee name Lupe Valdez Campaign		
Amount (\$) \$250.00		Payee address; City; State; Zip Code P.O. Box 227501  Dallas, TX 75222		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/17 Rpt: 32/36		2 FILER NAME Shea, Brigid		3 Filer ID	
4 Date 09/04/2016		5 Payee name Maldonado, Mark (Mr.)			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 3411 Lynridge Dr #A  Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign photography	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/14/2016		Payee name Murphy's Deli			
Amount (\$) \$38.82		Payee address; City; State; Zip Code 700 Lavaca St  Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/14/2016		Payee name Murphy's Deli			
Amount (\$) \$90.18		Payee address; City; State; Zip Code 700 Lavaca St  Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/17 Rpt: 33/36		2 FILER NAME Shea, Brigid		3 Filer ID	
4 Date 08/30/2016		5 Payee name Office Depot			
6 Amount (\$) \$19.25		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/21/2016		Payee name Office Depot			
Amount (\$) \$103.27		Payee address; City; State; Zip Code 2620 W Anderson Ln  Austin, TX 78757			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/21/2016		Payee name Roaring Fork			
Amount (\$) \$186.71		Payee address; City; State; Zip Code 701 Congress Ave  Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/17 Rpt: 34/36	<b>2</b> FILER NAME Shea, Brigid	<b>3</b> Filer ID
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<b>4</b> Date 12/02/2016	<b>5</b> Payee name Save Our Springs Alliance
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 905 W Oltorf #A  Austin, TX 78704
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/29/2016	Payee name Seaholm Power
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Amount (\$) \$9.60	Payee address; City; State; Zip Code 800 W Cesar Chavez  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/11/2016	Payee name South by Southwest Interactive
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Amount (\$) \$1,150.00	Payee address; City; State; Zip Code PO Box 685289  Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Conference ticket	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conference ticket
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/17 Rpt: 35/36	<b>2</b> FILER NAME Shea, Brigid	<b>3</b> Filer ID
<b>4</b> Date 12/14/2016	<b>5</b> Payee name Texas Campaign for the Environment	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 105 W Riverside Dr #120  Austin, TX 78704	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 12/23/2016	Payee name Texas Campaign for the Environment	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 105 W Riverside Dr #120  Austin, TX 78704	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 08/27/2016	Payee name Travis County Democratic Party	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1311 E 6th St Ste B  Austin, TX 78702	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/17 Rpt: 36/36	<b>2</b> FILER NAME Shea, Brigid	<b>3</b> Filer ID
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<b>4</b> Date 07/15/2016	<b>5</b> Payee name Vitale, Catharine (Ms.)
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 909 Payne Ave  Austin, TX 78757
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2016	Payee name Wholefoods Market
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Amount (\$) \$34.58	Payee address; City; State; Zip Code 525 N Lamar  Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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