

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00078704	2 PAGE # 1 of 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Shaun		OFFICE USE ONLY Date Received 2014 JUL 15 PM 3 28 AUSTIN CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX Ireland		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 41064 Austin, TX 78704		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Matthew		Receipt # Amount
	NICKNAME LAST SUFFIX Martinez		Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3715 South 1st St., Apt. 136 Austin, TX 78704		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 522-3103		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 01/30/2014 THROUGH 06/30/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City of Austin, City Council District 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Ireland, Shaun

14 ACCOUNT # (Ethics Commission filers)
0007870415 NOTICE
FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS1. 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)

\$ 1,175.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,990.24

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1,175.00

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 6,970.00

17 AFFIDAVIT



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

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shaun Ireland, this the 15th day of July, 2014, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Jennifer Richardson

Print name of officer administering oath

Notary Public

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: 1/5 Report: 3/15	
2 FILER NAME Ireland, Shaun		3 ACCOUNT # (Ethics Commission filers) 00078704	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adah-Bush, Ardia 6 Contributor address; City; State; Zip Code 1112 E 45th Street Chicago, IL 60653	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Chicago Public Schools	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bates, Nathaniel Contributor address; City; State; Zip Code 144 W 118th St., Apt. #3 New York, NY 10026	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Film Set Electrician		Employer (See Instructions) Broadwalk Empire	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cocca-Bates, Kathrine Contributor address; City; State; Zip Code 114 W 118th St., Apt. #3 New York, NY 10026	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Union Community Health Center	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cohen, Jason Contributor address; City; State; Zip Code 1128 Maple Ave., Apt. 2D Evanston, IL 60202	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Little City Foundation	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James Contributor address; City; State; Zip Code 11405 Pradera Drive Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self-Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/5 Report: 4/15	
2 FILER NAME Ireland, Shaun				3 ACCOUNT # (Ethics Commission filers) 00078704	
4 Date 06/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurwitz, Alice		7 Amount of contribution (\$) \$25.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6 Lancaster Street Cherry Valley, NY 10003			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions) Not Employed		
Date 06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ireland, Conrad		Amount of contribution (\$) \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4724 Rose Road Durham, NC 27712			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions) Retired		
Date 06/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ireland, Debra		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1005 Longsport Nacogdoches, TX 75963			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Owner/Principal			Employer (See Instructions) Self-Employed		
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCarty, Larry		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 142 Bellville, TX 77418			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions) Retired		
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murphy, Leah		Amount of contribution (\$) \$10.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9406A Kempler Austin, TX 78748			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Medical Tech			Employer (See Instructions) Seton Healthcare		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/5 Report: 5/15	
2 FILER NAME Ireland, Shaun				3 ACCOUNT # (Ethics Commission filers) 00078704	
4 Date 06/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nesterova, Nataliya		7 Amount of contribution (\$) \$10.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 542 West 112 St., Apt. 3E New York, NY 10025		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) Investment Banker			10 Employer (See Instructions) Aegis Capital		
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oblock, Rachel		Amount of contribution (\$) \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1100 West Montrose Chicago, IL 60625		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Sales Director			Employer (See Instructions) Seeking Alpha		
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ornelas, Jill		Amount of contribution (\$) \$20.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3708 Buckingham Drive Nacogdoches, TX 75965		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Interior Designer			Employer (See Instructions) Self-Employed		
Date 06/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perea, Anthony		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1100 W Montrose #404 Chicago, IL 60613		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Patient Tech			Employer (See Instructions) Fresenius Medical Care		
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petree, Jane		Amount of contribution (\$) \$10.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 436 Parade Newport Beach, CA 92660		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Marriage Family Therapist/Life Coach			Employer (See Instructions) Self-Employed		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 6/15	
2 FILER NAME Ireland, Shaun		3 ACCOUNT # (Ethics Commission filers) 00078704	
4 Date 05/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanderson, Kent 6 Contributor address; City; State; Zip Code 151 Remsen St., Apt. 2A Brooklyn, NY 11201	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Vice Pres. Distribution & Merchandising		10 Employer (See Instructions) GoDigital, Inc.	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Aja Contributor address; City; State; Zip Code 4120 W Creek Court Dallas, TX 75287	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Neiman Marcus	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Fred Contributor address; City; State; Zip Code 1103 Jon Modisette Pollok, TX 75969	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Forester		Employer (See Instructions) Fred Smith Forestry	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Szkariat, Bradley Contributor address; City; State; Zip Code 4301 S Komensky Chicago, IL 60632	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Health Care Tech		Employer (See Instructions) Hines VA	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van de Carr, Kedric Contributor address; City; State; Zip Code 3208 Pierce St., Unit 204 San Francisco, CA 94123	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Exitround	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/15	
2 FILER NAME Ireland, Shaun		3 ACCOUNT # (Ethics Commission filers) 00078704	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimmerman, Don 6 Contributor address; City; State; Zip Code 13492 Research Blvd Austin, TX 78750	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) Triple Crown Consulting	

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.						1 PAGE # Schedule: 1/4 Report: 8/15	
2 FILER NAME Ireland, Shaun						3 ACCOUNT # (Ethics Commission filers) 00078704	
4 TOTAL OF UNITEMIZED LOANS:							
5 Date of loan 01/30/2014						9 Loan Amount (\$) \$2,300.00	
7 Name of lender Ireland, Shaun							
6 Is lender a financial institution? No						10 Interest rate	
8 Lender address; City; State; Zip Code P.O. Box 41064 Austin, TX 78704						11 Maturity date	
12 Principal occupation / Job title (See Instructions) Finance & Intergovernmental Affairs						13 Employer (See Instructions) DTI Resources	
14 Description of Collateral <input checked="" type="checkbox"/> none						15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable						17 Name of guarantor	
18 Guarantor address; City; State; Zip Code P.O. Box 41064 Austin, TX 78704						19 Amount Guaranteed (\$)	
20 Principal Occupation						21 Employer	
Date of loan 03/26/2014						Loan Amount (\$) \$300.00	
Name of lender Ireland, Shaun							
Is lender a financial institution? No						Interest rate	
Lender address; City; State; Zip Code P.O. Box 41064 Austin, TX 78704						Maturity date	
Principal occupation / Job title (See Instructions) Finance & Intergovernmental Affairs						Employer (See Instructions) DTI Resources	
Description of Collateral <input checked="" type="checkbox"/> none						Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable						Name of guarantor	
Guarantor address; City; State; Zip Code						Amount Guaranteed (\$)	
Principal Occupation						Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 9/15	
2 FILER NAME Ireland, Shaun		3 ACCOUNT # (Ethics Commission filers) 00078704	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄			\$
5 Date of loan 04/02/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Ireland, Shaun		9 Loan Amount (\$) \$500.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code P.O. Box 41064 Austin, TX 78704		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Finance & Intergovernmental Affairs		13 Employer (See Instructions) DTI Resources	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation		21 Employer	
Date of loan 05/23/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Ireland, Shaun		Loan Amount (\$) \$370.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code P.O. Box 41064 Austin, TX 78704		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions) Finance & Intergovernmental Affairs		Employer (See Instructions) DTI Resources	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 10/15	
2 FILER NAME Ireland, Shaun		3 ACCOUNT # (Ethics Commission filers) 00078704	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄			\$
5 Date of loan 06/04/2014	7 Name of lender Ireland, Shaun <input type="checkbox"/> out-of-state PAC (ID# _____)		9 Loan Amount (\$) \$1,500.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code P.O. Box 41064 Austin, TX 78704		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Finance & Intergovernmental Affairs		13 Employer (See Instructions) DTI Resources	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 06/11/2014	Name of lender Ireland, Shaun <input type="checkbox"/> out-of-state PAC (ID# _____)		Loan Amount (\$) \$500.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code P.O. Box 41064 Austin, TX 78704		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions) Finance & Intergovernmental Affairs		Employer (See Instructions) DTI Resources	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 11/15	
2 FILER NAME Ireland, Shaun		3 ACCOUNT # (Ethics Commission filers) 00078704	
4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨			\$
5 Date of loan 06/30/2014	7 Name of lender Ireland, Shaun <input type="checkbox"/> out-of-state PAC (ID# _____)		9 Loan Amount (\$) \$1,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code P.O. Box 41064 Austin, TX 78704		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Finance & Intergovernmental Affairs		13 Employer (See Instructions) DTI Resources	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 12/15		2 FILER NAME Ireland, Shaun		3 ACCOUNT # (TEC filers) 00078704	
4 Date 03/31/2014	5 Payee name A&F Trophy				
6 Amount (\$) \$32.48	7 Payee address City; State; Zip Code 4619 S Congress Ave., Ste C Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Namebadge(s)		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/21/2014	Payee name AT&T Communications				
Amount (\$) \$125.48	Payee address City; State; Zip Code 208 S Akard Street Dallas, TX 75202				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Communications		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Phone		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/27/2014	Payee name Democracy.com				
Amount (\$) \$19.89	Payee address City; State; Zip Code 411 Lafayette Street New York, NY 10003				
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"/> Service Fees for Online Contributions		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/16/2014	Payee name Target Stores				
Amount (\$) \$62.76	Payee address City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704				
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"/> Printer Ink		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 13/15		2 FILER NAME Ireland, Shaun		3 ACCOUNT # (TEC filers) 00078704	
4 Date 05/07/2014	5 Payee name Texas Democratic Party				
6 Amount (\$) \$125.00	7 Payee address City; State; Zip Code 4818 E Ben White Blvd., Ste. 104 Austin, TX 78741				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Voter File		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Texas Voter Activation Network (Texas VAN)		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/20/2014	Payee name The Rivas Group				
Amount (\$) \$50.00	Payee address City; State; Zip Code 111 Congress, Ste. 400 Austin, TX 78701				
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"/> Social Media Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/20/2014	Payee name The Rivas Group				
Amount (\$) \$54.13	Payee address City; State; Zip Code 111 Congress, Ste. 400 Austin, TX 78701				
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"/> Social Media Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/03/2014	Payee name The Rivas Group				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 111 Congress, Ste. 400 Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter Microtargeting and Opposition Research		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 14/15		2 FILER NAME Ireland, Shaun		3 ACCOUNT # (TEC filers) 00078704	
4 Date 05/28/2014		5 Payee name United States Post Office			
6 Amount (\$) \$220.50		7 Payee address City; State; Zip Code 3903 S Congress Ave. Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 15/15		2 FILER NAME Ireland, Shaun		3 ACCOUNT # (TEC filers) 00078704	
4 Date 02/07/2014		5 Payee name Shoehorn Graphic Design			
6 Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 808 Waller Street Austin, TX 78702			
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"/> Graphic Design		