

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) | 2 Total pages filed: 5 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST MI Mr. SHAUN | OFFICE USE ONLY Date Received APR 14 5 01 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 6800 West Gate Blvd 132 Box 562 Austin, TX, 78745 | | Date Hand-delivered or Postmarked |
| | 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 809-2627 | | Receipt # Amount |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MI Mr. Matthew | Date Processed | |
| | NICKNAME LAST SUFFIX Willis | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 3014 W. William Cannon Dr. # 1131 Austin, TX, 78745 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (830) 377-1897 | | |
| 9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 4 / 2 / 2012 5 / 4 / 2012 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 12 / 12 | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Austin City Council Place 6 | |

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

SHAUN IRELAND

15 ACCOUNT # (Ethics Commission Filers)

16 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. 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 45.21

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 595.12

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 4,729.47

CONTRIBUTION
BALANCE

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

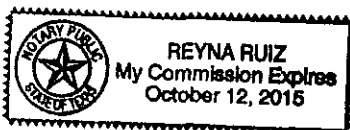
\$ 603.53

OUTSTANDING
LOAN TOTALS

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

\$ 8,505.00

18 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 Ireland Shaun Dylan, this the 4 day of MAY, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Reyna Ruiz
Printed name of officer administering oath

Admin Specialist
Title of officer administering oath

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 4/5/2012 | Carol Biedrzycki Contributor address: City: State: Zip Code 78758 1141 Graey Farms Ln, #23, Austin, TX | 25.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Executive Director | | Texas Ratepayers Organization to save energy | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4/26/2012 | Texas For Accountable Government Contributor address: City: State: Zip Code | 350.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4/22/2012 | Jason Cohen Contributor address: City: State: Zip Code 11245 3rd Ave NE Seattle, WA | 20.12 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Student / Speech Language Pathologist | | Student | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4/23/2012 | Kelly Leininger Contributor address: City: State: Zip Code 607 North St Nacogdoches, TX 75961 | 200.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Mud-logger | | Geo-tech | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address: City: State: Zip Code | | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule F: 2 | | 2 FILER NAME SHAUN IRELAND | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/2/2012 | | 5 Payee name Worlay Printing | | | |
| 6 Amount (\$) 4,000.00 | | 7 Payee address; City; State; Zip Code 3217 N. 2-35, Austin, TX, 78725 | | | |
| 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) Campaign Signs | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/3/2012 | | Payee name Blue Utopia | | | |
| Amount (\$) 125.00 | | Payee address; City; State; Zip Code P.O. Box 4486, Seattle, WA, 98194 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Office Overhead | | Description (If travel outside of Texas, complete Schedule T) Service Fee | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/4/2012 | | Payee name STAPLES | | | |
| Amount (\$) 154.72 | | Payee address; City; State; Zip Code 4301 W. William Cannon, Austin, TX, 78735 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) Business Cards | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/11/2012 | | Payee name Sign Express | | | |
| Amount (\$) 324.75 | | Payee address; City; State; Zip Code 8400 Brodie Ln. Austin, TX, 78745 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) Car Wrap | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 2 | SHAWN IRELAND | |
| 4 Date | 5 Payee name | |
| 4/18/2012 | Bobby Vega | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 1,500.00 | 818 Craters of the Moon Blvd Pflugerville, TX, 78660 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| | Advertising Expense | Sign distribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date | Payee name | |
| 5/1/2012 | Blue Utopia | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 185.00 | P.O. Box 4486, Seattle, WA, 98194 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Office Overhead | Service Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date | Payee name | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date | Payee name | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXEMPTION STATEMENT PER 2-2-26
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

IRELAND SHAWN
(Last) (First) (Middle)

ADDRESS: 6800 West Gate Blvd 132, Box 562, Austin, TX, 78745

DATE OF FILING: May 4, 2012

STATEMENT

I/we, Shawn Ireland for Austin (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of April 3, 2012 through May 4, 2012. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.



Signed by Candidate or Campaign Committee

5/4/2012

Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.