

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 25/53 Report: 27/61

2 FILER NAME Shade, Randi

3 ACCOUNT # (Ethics Commission filers)
00022223

4 Date 12/30/2010
5 Full name of contributor out-of-state PAC (ID# _____)
Kargbo, Christy

6 Contributor address; City; State; Zip Code
8834 Honeysuckle Tr.
Austin, TX 78759

7 Amount of contribution (\$) \$350.00
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
business owner / instructor

10 Employer (See Instructions)
TKO Swim School

Date 12/30/2010
Full name of contributor out-of-state PAC (ID# _____)
Kargbo, Edward

Contributor address; City; State; Zip Code
8834 Honeysuckle Tr.
Austin, TX 78759

Amount of contribution (\$) \$350.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Yellow Cab Austin

Date 12/30/2010
Full name of contributor out-of-state PAC (ID# _____)
Keeney, Mary

Contributor address; City; State; Zip Code
2701 Verde Vista
Austin, TX 78703

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/30/2010
Full name of contributor out-of-state PAC (ID# _____)
Keys, Margaret

Contributor address; City; State; Zip Code
1714 W. 10th
Austin, TX 78703

Amount of contribution (\$) \$350.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
consultant

Employer (See Instructions)
self

Date 12/30/2010
Full name of contributor out-of-state PAC (ID# _____)
Kneupper, Julie

Contributor address; City; State; Zip Code
805 Keasbey St.
Austin, TX 78751

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)