FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 15 CANDIDATE / MS / MRS / MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Т. James NAME Date Received RECE **NICKNAME** LAST **SUFFIX** Jimmy Flannigan Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** P.O. Box 2649 MAILING Receipt # Amount **ADDRESS** N Change of Address Austin, TX 78768 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST М **TREASURER** Noel NAME NICKNAME LAST **SUFFIX** Landuyt CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE TREASURER **ADDRESS** 10100 Lachlan Dr. Austin, TX 78717 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512)773-8437 PHONE REPORT TYPE 15th day after campaign treasurer Х January 15 30th day before election Runoff appointment (officeholder only) 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) July 15 PERIOD Month Year Month Day Year Day COVERED **THROUGH** 07/01/2017 12/31/2017 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Austin City Council District 6

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15'

13 C / OH NAME	Flannigan, Jimmy	14 F	Filer ID								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures in These expenditures may have been made without the ca I officeholders are required to report this information only	andidate's or officeholder's kno	owledge or							
Additional Pages	COMMITTEE TYPE	GENERAL COMMITTEE ADDRESS									
	<u> </u>										
	SPECIFIC	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER NAME										
		COMMITTEE CAMPAIGN TREASURER ADDRESS									
16 CONTRIBUTION	1. TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	I PLEDGES								
TOTALS	LOANS, OR GU	ARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00							
EXPENDITURE	(OTHER THAN F	AIZED \$	0.00								
TOTALS	4. TOTAL POLITIC	AL EXPENDITURES	\$	6,050.70							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST		7,437.19							
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Swo <u>rn to and subs</u>	TARY STAMP / SEAL ABout the second of the se	T ()	this the 17 th	day							
41	er administering	Printed name of officer administering	Notes administerio	ng oath							
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	Vers	sion V1.0.5389							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 15
18 FILER NAME Flannigan, Jimmy	19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIB	UTIONS	\$ 6,050.70
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR	RIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		s
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR	RIBUTIONS .	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$
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		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Printing Expense Travel in District Travel Out of District
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/12 Rpt: 4/15	Flannigan, Jimmy
4	Date	5 Payee name
	08/02/2017	Authorize.net
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code P.O. Box 8999 San Francisco, CA 94128
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense merchant account processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2017	Authorize.net
-	Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 8999 San Francisco, CA 94128
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SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex	pense opens			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
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SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 5/12 Rpt: 8/15 Flannigan, Jimmy 4 Date 5 Pavee name 07/07/2017 Authorize.net Payee address; 6 Amount (\$) City; State; Zip Code \$10.00 P.O. Box 8999 San Francisco, CA 94128 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking EXPENDITURE merchant account processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/08/2017 Authorize.net Amount (\$) Payee address; City; State; Zip Code \$10.00 P.O. Box 8999 San Francisco, CA 94128 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense merchant account processing fees Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/11/2017 Authorize.net Amount (\$) Payee address: City: State: Zip Code \$10.00 P.O. Box 8999 San Francisco, CA 94128 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense merchant account processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 7/12 Rpt: 10/15 Flannigan, Jimmy 4 Date Payee name 08/01/2017 Facebook Payee address; City; State; Zip Code Amount (\$) 1601 S. California Ave. \$37,49 Palo Alto, CA 94304 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political online advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2017 Facebook Amount (\$) Payee address; City: State; Zip Code \$88.05 1601 S. California Ave. Palo Alto, CA 94304 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Advertising Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Political online advertising Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2017 Facebook Amount (\$) Payee address; State; Zip Code \$55.38 1601 S. California Ave. Palo Alto, CA 94304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political online advertising Complete ONLY if direct · Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

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4	Date [.]	5	Payee name							
	11/29/2017		Nationbuild	er						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de			
	\$259.00		520 S. Gran	nd Ave., 2nd Flo	or					
	•		#200							
			Los Angele	s, CA 90071						
8	PURPOSE	(a)	Category (S	ee Categories listed at I	the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Office Over	head/Rental Ex	pense	.			de of Texas. Complete Schedule T,	
			•					Database softwa	officeholder living expense	
								Database soliwa	ai c	
۴	Complete ONLY if disert	ᆫ	^aadidata!O#	ceholder name		Office sou	ah.		Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	cenoider name		Onice sou	grit		Onice riela	
	Date		Payee name							
	12/29/2017		Nationbuild	er					•	
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$279.00		520 S. Grai	nd Ave., 2nd Flo	oor					
			#200							
			Los Angele	s, CA 90071					•	
_	PURPOSE	(a)	Category (S	ee Categories listed at	the tap of this sch	nedule)	(b)	Description		
	OF EXPENDITURE			head/Rental Ex		·			de of Texas. Complete Schedule T.	
	EXI ENDITORE							_	officeholder living expense	
								Database softwa	are.	
	Complete ONLY if direct	Ц,	Candidata/Off	and alder name		Office cou	aht		Office hold	
	expenditure to benefit C/O		_andidate/On	ceholder name		Office sou	grit		Office held	
	Date		Payee name					,	•	
	08/18/2017		OneTouchF	Point						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$480.91		8410 Tusca	ıny Way B					•	
			Austin, TX	78754		•			·	
	PURPOSE	(a)	Category (S	ee Categories listed at i	the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Printing Exp	oense				-	de of Texas, Complete Schedule T.	
	-							Printing expense	officeholder living expense	
	•	-						Tilling expense	•	
 -	Complete ONLY if direct		Candidate/Off	сеholder пате	(Office sou	ght		Office held	
ŀ	expenditure to benefit C/OI		•							
-			<u> </u>							
L										

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense dift/Awards/Memorials Expense	Office Overhea Polling Expens se Printing Expens Salaries/Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	æ
1 Total pages Schedule F1:	2 FILER NAME	<u> </u>	Is	3 Filer ID	
Sch: 11/12 Rpt: 14/15	Flannigan, Jimmy		·	rijej iD	
· · · · · · · · · · · · · · · · · · ·	E Bassa and				
4 Date 11/27/2017	5 Payee name Rackspace				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$871.63	9001 North I H 35 #150 Austin, TX 78753	State, Zip Code			
8 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b)	Description		
OF EXPENDITURE	Fees			utside of Texas. Complete Schedule T. FX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought		Office held	
Date	Payee name				
11/27/2017	Rackspace				
Amount (\$)	Payee address; City;	State; Zip Code			
\$1,500.00	9001 North I H 35				
	#150	•			
	Austin, TX 78753				
PURPOSE	(a) Category (See Categories listed at the top of	(b)	Description		
OF	Fees	or this schedule)		itside of Texas. Complete Schedule T,	
EXPENDITURE	, , , , ,	j	Check if Austin, 1	TX, officeholder living expense	
			Website fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office held	
				<u> </u>	
Date	Payee name				
07/18/2017	Susan Harry Consulting			· .	
Amount (\$)	Payee address; City;	State; Zip Code			
\$350.00	PO Box 301074				
	Austin, TX 78703				
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b)	Description		
OF EXPENDITURE	Consulting Expense		\blacksquare	rtside of Texas. Complete Schedule T.	
			Compliance C	FX, afficeholder living expense	
			Compliance C	onsuming	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	_	Office held	
expenditure to benefit C/O		Too oodgiit			
<u> </u>		<u>.</u>	`		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 12/12 Rpt: 15/15 Flannigan, Jimmy Date Payee name 07/31/2017 The Center for Popular Democracy 6 Amount (\$) Payee address; City: State; Zip Code \$100.00 449 Troutman St. Suite A Brooklyn, NY 11237 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees Check if Austin, TX, officeholder living expense **EXPENDITURE** Membership Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH