CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID	· · · · · · · · · · · · · · · · · · ·	2 Total pages fi	led:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Jimmy		MI	:	USE ONLY	
	NICKNAME	LAST Flannigan		SUFFIX	DCC I JAN 1	RECEIVED AT 7'19 pm1:59	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT P.O. Box 2649	F / SUITE #; CITY	<i>(</i> ;	ZIP CODE	Date Hand-delivered of Receipt #	r Date Postmarked	
Change of Address	Austin, TX 78768				Date Processed Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Noel		MI	I		
	NICKNAME	LAST Landuyt		SUFFIX	······································		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO 10100 Lachlan Dr. Austin, TX 78717	D BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	- Table 1 - Tabl	NE NUMBER E 3-8437	XTENSION			,	
8 REPORT TYPE	X January 15 [30th day before 8th day before e		Runoff Exceeded \$500 limit	15th day after ca appointment (offi Final Report (Att		
9 PERIOD COVERED	Month Day Year 07/01/2018	ТН	ROUGH	Month Day 12/31/201	Year 8		
10 ELECTION	ELECTION DATE Month Day Year		imary eneral	ELECTION TYPE Runoff Special	Other		
11 OFFICE	OFFICE HELD (if any) Austin City Council Distri	c 6		12 OFFICE SOUGHT	(if known)	·	
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Flannigan, Jimmy		14 Filer ID			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of p candidate / officeholder. consent. Candidates and	holder's kno	wiedge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC	i e				
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>		<u></u>	
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	-		
16 CONTRIBUTION TOTALS	TOTAL POLITIC LOANS, OR GU	I AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES.	\$	0.00	
	2. TOTAL POLITION (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL POLITIC	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	3,458.87	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$	17.31	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$	1,515.00	
17 AFFADAVIT						
	ALEJANDRO MED Notery Public, State of Comm. Expires 08-15 Notery ID 1316845	-2022 514	all information required t	o be reporte	report is ed by me	
AFFIX NO	OTARY STAMP / SEAL AB	OVE		14		
Sworn to and subs	scribed before me, by the s	ertify which, witness my hand and seal of office.	, this the	<u> </u>	day	
100		ALC. In as Bo	n / /			
Signature of off	icer administering	Alejando Medina Printedname of officer administering	Title of office	r administer	ing oath	

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

		3 of 14
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		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE E: LOANS		\$ 1,515.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s	\$ 3,458.87
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
	·	

	LOANS					SCHEDULE E
	The Instructio	n Guide explains how to complet	te this f	orm.		ges Schedule E: 4 Rpt: 4/14
2	FILER NAME Flannigan, Jimm	у			3 Filer ID	
4	TOTAL OF UN	\$				
5	Date of loan 12/28/2018	7 Name of lender out-	of-state PA	C (ID#:		9 Loan Amount (\$) \$200.00
6	Is lender a financial institution?	8 Lender address; City; 12304 B Cahone Trl	State;	Zip Code		10 Interest Rate
	No	Austin, TX 78729			÷	11 Maturity Date
12	Principal occupation Council Member	on / Job title (See Instructions)	<u> </u>	13 Employer (See Instructions Austin City Council	s)	
14	Description of Coll X None	ateral .		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code	······································	
20	Principal occupation	on .		21 Employer (See Instructions	s)	
	Date of loan 11/05/2018	Name of lender	of-state PA	C (ID#:)	Loan Amount (\$) \$250,00
	Is lender a financial institution?	Lender address; City; 12304 B Cahone Trl	State;	Zip Code		Interest Rate
	No	Austin, TX 78729				Maturity Date
	Principal occupation Council Member	on / Job title (See Instructions)		Employer (See Instructions Austin City Council	5)	
	Description of Coll X None	ateral		Check if personal funds we	ere deposited	l into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor	-			Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
		·				
	Principal occupation	on .		Employer (See Instructions	s)	
						Vorsion V1 1 29ab6156

LOANS				SCHEDULE E
The Instruction	on Guide explains how to complete this f	orm.	-	ges Schedule E: 4 Rpt: 5/14
2 FILER NAME Flannigan, Jimm	у		3 Filer ID	
4 TOTAL OF UN	IITEMIZED LOANS			\$
5 Date of loan 10/29/2018	7 Name of lender	C (ID#:		9 Loan Amount (\$) \$100.00
6 Is lender a financial institution?	8 Lender address; City; State; 12304 B Cahone Trl	Zip Code		10 Interest Rate
No	Austin, TX 78729			11 Maturity Date
12 Principal occupation Council Member	on / Job title (See Instructions)	13 Employer (See Instructions Austin City Council)	
14 Description of Coll X None	lateral	15 Check if personal funds we	re deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
	·		·	
20 Principal occupation	on	21 Employer (See Instructions)	
Date of loan 10/22/2018	Name of lender out-of-state PA Flannigan, James T.	.C (ID#:		Loan Amount (\$) . \$50.00
Is lender a financial institution?	Lender address; City; State; 12304 B Cahone Trl	Zip Code		Interest Rate
No	Austin, TX 78729			Maturity Date
Principal occupation Council Member	on / Job title (See Instructions)	Employer (See Instructions Austin City Council)	
Description of Coll X None	ateral	Check if personal funds we	re deposited	into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
X not applicable	Guarantor address; City; State;	Zip Code		
Principal occupation	on	Employer (See Instructions)	
				····

LOANS					SCHEDULE E		
The Instruction Guide explains how to complete this form.					1 Total pages Schedule E: Sch: 3/4 Rpt: 6/14		
FILER NAME Flannigan, Jimmy	<i>,</i>			3 Filer ID			
TOTAL OF UN	ITEMIZED LOANS				\$		
Date of loan 10/09/2018	7 Name of lender Flannigan, James T.	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$200.00		
financial institution?	8 Lender address; City; 12304 B Cahone Trl	State;	Zip Code		10 Interest Rate 11 Maturity Date		
140	Austin, TX 78729						
Principal occupatio	n / Job title (See Instructions)						
Description of Colla	ateral		15 Check if personal fund	ds were deposited	d into political account (See Instructions)		
GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)		
X not applicable	18 Guarantor address; City;	State;	Zip Code				
Principal occupation	on .		21 Employer (See Instru	ctions)	<u> </u>		
Date of loan 10/01/2018	Name of lender Flannigan, James T.	out-of-state PA	C (ID#:		Loan Amount (\$) \$250.00		
Is lender a financial institution?	Lender address, City; 12304 B Cahone Trl	State;	Zip Code ,		Interest Rate		
No .	Austin, TX 78729				Maturity Date		
			1				
Description of Coll	ateral		Check if personal fun	ds were deposite	d into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor			· · · ·	Amount Guaranteed (\$)		
X not applicable	Guarantor address; City;	State;	Zip Code		"		
Principal occupation	on		Employer (See Instru	ictions)			
	The Instruction FILER NAME Flannigan, Jimmy TOTAL OF UN Date of loan 10/09/2018 Is lender a financial institution? No Principal occupation Council Member Description of Colla X None GUARANTOR INFORMATION X not applicable Principal occupation Date of loan 10/01/2018 Is lender a financial institution? No Principal occupation Council Member Description of Coll X None GUARANTOR INFORMATION X not applicable	The Instruction Guide explains how to C FILER NAME Flannigan, Jimmy TOTAL OF UNITEMIZED LOANS Date of loan 10/09/2018 Flannigan, James T. Is lender a financial institution? No Austin, TX 78729 Principal occupation / Job title (See Instructions) Council Member Description of Collateral X None GUARANTOR INFORMATION Date of loan Name of lender 10/01/2018 Flannigan, James T. Is lender a financial institution? No Austin, TX 78729 Principal occupation Date of loan Name of lender 10/01/2018 Flannigan, James T. Is lender a financial institution? No Austin, TX 78729 Principal occupation / Job title (See Instructions) Council Member Description of Collateral X None GUARANTOR INFORMATION Name of guarantor Name of guarantor	The Instruction Guide explains how to complete this for FILER NAME Filannigan, Jimmy TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender	The Instruction Guide explains how to complete this form. FILER NAME Filannigan, Jimmy TOTAL OF UNITEMIZED LOANS Date of loan 10/09/2018 7 Name of lender Gut-of-state PAC (ID#: Institution? 12304 B Cahone Trl 12304 B Cahone Trl Institution? 12 Name of guarantor 13 Employer (See Instructions) 13 Employer (See Instructions) 14 Capta	The Instruction Guide explains how to complete this form. Total passes Sch. 3/		

LOANS				SCHEDULE E		
The Instruction	The Instruction Guide explains how to complete this form. 1 Total Sch					
2 FILER NAME Flannigan, Jimm	· ·=-					
4 TOTAL OF UN	IITEMIZED LOANS			\$		
5 Date of loan 09/10/2018	7 Name of lender out-of-state PA Flannigan, James T.	AC (ID#:		9 Loan Amount (\$) \$215.00		
6 Is lender a financial institution?	8 Lender address; City; State; 12304 B Cahone Trl Austin, TX 78729	Zip Code		10 Interest Rate 11 Maturity Date		
12 Principal occupation	I on / Job title (See Instructions)	13 Employer (See Instructions Austin City Council				
14 Description of Coll X None	lateral	15 Check if personal funds we	re deposited	into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)		
X not applicable	18 Guarantor address; City; State;	Zip Code				
20 Principal occupation	on	21 Employer (See Instructions)			
Date of loan 08/28/2018	Name of lender out-of-state PA	AC (ID#:)	Loan Amount (\$) \$250.00		
Is lender a financial institution?	Lender address; City; State; 12304 B Cahone Trl	Zip Code		Interest Rate		
No	Austin, TX 78729			Maturity Date		
Principal occupation Council Member	on / Job title (See Instructions) r	Employer (See Instructions Austin City Council				
Description of Col	lateral	Check if personal funds we	re deposited	into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)		
X not applicable	Guarantor address; City; State;	Zip Code				
Principal occupation	on .	Employer (See Instructions)			

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/7 Rpt: 8/14	Flannigan, Jimmy
4	Date	5 Payee name
	12/04/2018	Authorize.net
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 8999
		San Francisco, CA 94128
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		merchant account processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	12/03/2018	Authorize.net
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.90	P.O. Box 8999
		San Francisco, CA 94128
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. 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/OI	H
	Date	Payee name
	11/02/2018	Authorize.net
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.90	P.O. Box 8999
		San Francisco, CA 94128
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. 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/O	н
		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 2/7 Rpt: 9/14	2 FILER NAME Flannigan, Jimmy 3 Filer ID	
4	Date 10/02/2018	5 Payee name Authorize.net	
6	Amount (\$) \$47.90	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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 09/04/2018	Payee name Authorize,net	
	Amount (\$) \$92.01	Payee address; City; State; Zip Code P.O. Box 8999 San Francisco, CA 94128	
	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	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 08/02/2018	Payee name Authorize.net	
	Amount (\$) \$146.90	Payee address; City; State; Zip Code P.O. Box 8999	
	PURPOSE OF EXPENDITURE	San Francisco, CA 94128 (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	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Git/Awards/Memorials Expense Legal Services

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
L Total pages Schedule F1:	2 FILER NAME	, 3 Filer ID
Sch: 3/7 Rpt: 10/14	Flannigan, Jimmy	
Date	5 Payee name	
07/03/2018	Authorize.net	•
Amount (\$)	7 Payee address; City; State; Zip Co	de
\$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 EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense merchant account processing fees
		merchant account processing lees
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		gitt Office held
Date	Payee name	
07/02/2018	Authorize.net	
Amount (\$)	Payee address; City; State; Zip Co	nde .
\$37.90	P.O. Box 8999	· ·
φ37.30	F.O. DOX 0339	•
	Can Francisco CA 04139	
	San Francisco, CA 94128	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
		merchant account processing fees
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
Date	Payee name	
08/15/2018	CFC Consulting	
Amount (\$)	Payee address; City; State; Zip Co	de
\$150.00	PO Box 201074	
	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF SYSTEMS	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	n	

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/Award/American

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guid			6/Contract Labor ete this form.	OTHER (enter a d	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID		
	Sch: 4/7 Rpt: 11/14	Flannigan,	Jimmy					·	
4	Date	5 Payee name	•					•	
	11/01/2018	Facebook							
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$120.10	1601 S. Ca	ılifornia Ave.						
		Palo Alto,	CA 94304						
8	PURPOSE OF		See Categories listed at the	top of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	j Expense				outside of Texas. Comp , TX, officeholder living		
	•					_	ne Advertising	•	
							-		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught		Office he	ld .	
	expenditure to benefit C/OI	···							***************************************
	Date	Payee name	•						
	10/02/2018	Facebook							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$50.00	1601 S. Ca	alifornia Ave.						
		•							
		Palo Alto,	CA 94304			•			
	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description	,		
	OF EXPENDITURE	Advertising	j Expense				outside of Texas. Comp , TX, officeholder living		
							ne Advertising	expense	
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught		Office he	ld	
	expenditure to benefit C/Ol					/	,		
	Date	Payee name	?			<u>, </u>			
	08/02/2018	Facebook							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$2.98	1601 S. Ca	alifornia Ave.						
		Palo Alto,	CA 94304					<u> </u>	
	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	j Expense				outside of Texas. Comp , TX, officeholder living		
							ne Advertising	expense	
						. Januar Oilli	uroruonig		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught		Office he	ld	
	expenditure to benefit C/OI		•.		-				
	· 								
		45' C'	:	4				Version V4 1 20	-6460

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		oʻ	OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E .				3 Fi	ler ID	
	Sch: 5/7 Rpt: 12/14	Flannigan,	Jimmy						
4	Date	5 Payee name	•						
	07/02/2018	Facebook							
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Coo	le				
	\$42.84	1601 S. Ca	llifornia Ave.	•					
			•						
		Palo Alto, (CA 94304	_					
8	PURPOSE OF		See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			ابط		of Texas. Complete Schedule T. ceholder living expense	
					l	Political Onlin			
			•						
9	Complete ONLY if direct expenditure to benefit C/OI		liceholder name	Office souç	ght			Office held	
_	Date	Payee name	2						
	10/26/2018	McKay, To							
	Amount (\$)	Payee addre		ate; Zip Coo	de				
	\$150.00	PO Box 20	• •		_				
	4100,00	. 5 20% 20							
		Austin, TX	78720						
	PURPOSE OF		See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE	Solicitation	/Fundraising Expense					of Texas, Complete Schedule T. ceholder living expense	
ł						Return contrib			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office soug	ght			Office held	
L	expenditure to benefit C/O								
	Date	Payee name	<u> </u>						
	12/31/2018	Nationbuild	ler						
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Coo	de				
	\$179.00	520 S. Gra	nd Ave., 2nd Floor					•	
L		Los Angele	es, CA 90071						
	PURPOSE	(a) Category (5	See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	rhead/Rental Expense	İ		_		of Texas. Complete Schedule T. ceholder living expense	
						Database sof			
			•						
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office soug	aht			Office held	
	expenditure to benefit C/Ol			oc 3000	y			5	
									•

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

	Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID		
	Sch: 6/7 Rpt: 13/14	Flannigan, Jimmy		
4	Date	5 Payee name		
	11/29/2018	Nationbuilder		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$179.00	520 S. Grand Ave., 2nd Floor		
		Los Angeles, CA 90071		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPERIENCE	Check if Austin, TX, officeholder living expense Database software		
		Database software		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
3	expenditure to benefit C/OI			
H	Date	Payes name	_	
İ	10/29/2018	Payee name Nationbuilder		
<u> </u>		Payee address; City; State; Zip Code		
	Amount (\$) \$179.00	· ·		
	00.6114	320 3. Grand Ave., 2110 F 1001		
	•	Los Angeles, CA 90071		
L	DVDD 0.0T			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
1	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Database software		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			
	Date	Payee name		
L	10/01/2018	Nationbuilder		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$179.00	520 S. Grand Ave., 2nd Floor		
		Los Angeles, CA 90071		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead (Pental Expanse) Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overhead/Rental Expense Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Database software	1	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	DH		
T				
	•			
1		14.400		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1: Sch: 7/7 Rpt: 14/14	2 FILER NAME Flannigan, Jimmy 3 Filer ID
4 Date 08/29/2018	5 Payee name Nationbuilder
5 Amount (\$) \$179.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Floor Los Angeles, CA 90071
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date 07/30/2018	Payee name Nationbuilder
Amount (\$) \$179.00	Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Floor Los Angeles, CA 90071
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 07/12/2018	Payee name Rackspace
Amount (\$) \$1,283.44	Payee address; City; State; Zip Code 9001 North I H 35 #150 Austin, TX 78753
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held