

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID		2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jimmy	MI	OFFICE USE ONLY Date Received DCC RECEIVED AT JAN 17 '19 PM 1:59	
	NICKNAME	LAST Flannigan	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 2649 Austin, TX 78768			ZIP CODE	
	Date Hand-delivered or Date Postmarked			Receipt #	
	Amount			Date Processed	
	Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Noel	MI		
	NICKNAME	LAST Landuyt	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10100 Lachlan Dr. Austin, TX 78717				
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 773-8437	EXTENSION		
8 REPORT TYPE	<input checked="" 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 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 07/01/2018 THROUGH 12/31/2018				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Austin City Council Distric 6			12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

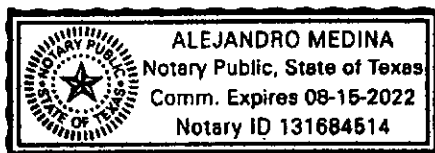
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13 C / OH NAME Flannigan, Jimmy	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. 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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 155.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,458.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,515.00

17 AFFADAVIT



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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jimmy Flannigan, this the 17th day of January, 20 19, to certify which, witness my hand and seal of office.

 _____ Signature of officer administering	<u>Alejandro Medina</u> _____ Printed name of officer administering	<u>Notary</u> _____ Title of officer administering oath
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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Flannigan, Jimmy		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	1,515.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,458.87
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/4 Rpt: 4/14	
2 FILER NAME Flannigan, Jimmy		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 12/28/2018	7 Name of lender Flannigan, James T. <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$200.00	
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 12304 B Cahone Trl Austin, TX 78729	10 Interest Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions) Council Member		13 Employer (See Instructions) Austin City Council	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <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 (See Instructions)	
Date of loan 11/05/2018	Name of lender Flannigan, James T. <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$250.00	
Is lender a financial institution? No	Lender address; City; State; Zip Code 12304 B Cahone Trl Austin, TX 78729	Interest Rate	
		Maturity Date	
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) Austin City Council	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <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 (See Instructions)	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/4 Rpt: 5/14	
2 FILER NAME Flannigan, Jimmy		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 10/29/2018	7 Name of lender Flannigan, James T. <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$100.00	
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 12304 B Cahone Trl Austin, TX 78729	10 Interest Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions) Council Member		13 Employer (See Instructions) Austin City Council	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <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 (See Instructions)	
Date of loan 10/22/2018	Name of lender Flannigan, James T. <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$50.00	
Is lender a financial institution? No	Lender address; City; State; Zip Code 12304 B Cahone Trl Austin, TX 78729	Interest Rate	
		Maturity Date	
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) Austin City Council	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <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 (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	
2 FILER NAME Flannigan, Jimmy				3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS					\$
5 Date of loan 10/09/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Flannigan, James T.			9 Loan Amount (\$) \$200.00	
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 12304 B Cahone Trl Austin, TX 78729			10 Interest Rate	
				11 Maturity Date	
12 Principal occupation / Job title (See Instructions) Council Member			13 Employer (See Instructions) Austin City Council		
14 Description of Collateral <input checked="" type="checkbox"/> None			15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>		
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor ----- 18 Guarantor address; City; State; Zip Code Austin, TX 78729				19 Amount Guaranteed (\$)
20 Principal occupation			21 Employer (See Instructions)		
Date of loan 10/01/2018	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Flannigan, James T.			Loan Amount (\$) \$250.00	
Is lender a financial institution? No	Lender address; City; State; Zip Code 12304 B Cahone Trl Austin, TX 78729			Interest Rate	
				Maturity Date	
Principal occupation / Job title (See Instructions) Council Member			Employer (See Instructions) Austin City Council		
Description of Collateral <input checked="" type="checkbox"/> None			Check if personal funds were deposited into political account (See Instructions) <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 (See Instructions)		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 4/4 Rpt: 7/14	
2 FILER NAME Flannigan, Jimmy		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 09/10/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Flannigan, James T.		9 Loan Amount (\$) \$215.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 12304 B Cahone Trl Austin, TX 78729		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Council Member		13 Employer (See Instructions) Austin City Council	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <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 (See Instructions)	
Date of loan 08/28/2018	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Flannigan, James T.		Loan Amount (\$) \$250.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 12304 B Cahone Trl Austin, TX 78729		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) Austin City Council	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <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 (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 8/14		2 FILER NAME Flannigan, Jimmy		3 Filer ID	
4 Date 12/04/2018		5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 12/03/2018		Candidate/Officeholder name Office sought Office held			
Payee name Authorize.net					
Amount (\$) \$37.90		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees	
Complete ONLY if direct expenditure to benefit C/OH					
Date 11/02/2018		Candidate/Officeholder name Office sought Office held			
Payee name Authorize.net					
Amount (\$) \$47.90		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees	
Complete ONLY if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 08/02/2018		Payee name Authorize.net			
Amount (\$) \$146.90		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 10/14		2 FILER NAME Flannigan, Jimmy		3 Filer ID	
4 Date 07/03/2018		5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name		Office sought		Office held	
Date 07/02/2018		Payee name Authorize.net			
Amount (\$) \$37.90		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name		Office sought		Office held	
Date 08/15/2018		Payee name CFC Consulting			
Amount (\$) \$150.00		Payee address; City; State; Zip Code PO Box 201074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name		Office sought		Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 11/14		2 FILER NAME Flannigan, Jimmy		3 Filer ID	
4 Date 11/01/2018		5 Payee name Facebook			
6 Amount (\$) \$120.10		7 Payee address; City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Online Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/02/2018		Payee name Facebook			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Online Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/02/2018		Payee name Facebook			
Amount (\$) \$2.98		Payee address; City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Online Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 12/14	2 FILER NAME Flannigan, Jimmy	3 Filer ID
4 Date 07/02/2018	5 Payee name Facebook	
6 Amount (\$) \$42.84	7 Payee address; City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Online Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/26/2018	Candidate/Officeholder name McKay, Tom	Office sought Office held
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 201990 Austin, TX 78720	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2018	Candidate/Officeholder name Nationbuilder	Office sought Office held
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 13/14	2 FILER NAME Flannigan, Jimmy	3 Filer ID
4 Date 11/29/2018	5 Payee name Nationbuilder	
6 Amount (\$) \$179.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Floor Los Angeles, CA 90071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2018	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2018	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 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	
6 Amount (\$) \$179.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Floor Los Angeles, CA 90071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete ONLY if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	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 IH 35 #150 Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held