#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00090532 Date Received COMMITTEE Workers Defense In Action **ELECTRONICALLY FILED** NAME 12/10/2020 TREASURER Malfaro, Louis NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 10/26/2020 12/07/2020 **EXPLANATION OF CORRECTION** Errors made in good-faith mistakenly reported administrative support received from corporations as political contributions. This amended report correctly provides that support from Presidium Group LLC and AUS Springdale LLC are administrative and are reported on the correct schedule. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Louis Malfaro Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00090532 3 COMMITTEE NAME **OFFICE USE ONLY** Workers Defense In Action Date Received **ELECTRONICALLY FILED** 12/10/2020 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 140402 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78714 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Louis NAME NICKNAME LAST **SUFFIX** Malfaro STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 140402 STREET **ADDRESS** (Residence or Business) Austin, TX 78714 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 448-0130 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 10/26/2020 12/07/2020 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other X Runoff 12/15/2020 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Workers Defense In Ad	ction				00090532	2
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	James Flannigan	Council Men	nber, District	: 6
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed				
	3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, check here if this report	OR GUARANTE	ES OF LOANS) `		\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		<b>TIONS</b> OR GUARANTEES (	OF LOANS)	\$	29,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES					0.00
						13,550.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN		S MAINTAINED AS C	OF THE LAST	DAY \$	88,690.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE			DANS AS OF 1	THE \$	0.00
<b>16</b> AFFIDAVIT		tru	wear, or affirm, unde le and correct and ind der Title 15, Election	cludes all infori	rjury, that the nation require	accompanying report is ed to be reported by me
				Louis	Malfaro	
		_	Si	ignature of Ca		urer
AFFIX NOTAR	Y STAMP / SEAL ABOVE					
Sworn to and subscribe	d before me, by the said			, tł	nis the	day
of	_, 20, to certify v	which, witness my	y hand and seal of of	fice.		
Signature of officer a	dministering oath	Printed name of	officer administering	oath	Title of off	icer administering oath

## GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PURPOSE  2 COMMITTEE NAME  Workers Defense In Add  4 COMMITTEE  ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	B. Opposed  A. Supported  B. Opposed	Allison Alter	Council Me		13 Filer ID 00090532 strict 10	Page 4 (Ethics Commission F	
Workers Defense In Add COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	B. Opposed  A. Supported  B. Opposed	Allison Alter	Council Me		00090532	(Ethics Commission F	Filers)
4 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	B. Opposed  A. Supported  B. Opposed	Allison Alter	Council Me	mber, Dis			
ACTIVITY  (Attach lists on plain paper to complete this	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	B. Opposed  A. Supported  B. Opposed	Allison Alter	Council Me	mber, Dis	strict 10		
ACTIVITY  (Attach lists on plain paper to complete this	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	B. Opposed  A. Supported  B. Opposed						
(Attach lists on plain paper to complete this report if necessary.)	Measures (Describe by date and location of election and nature of issue.)      Officeholders     Assisted	B. Opposed  A. Supported  B. Opposed						
(Attach lists on plain paper to complete this report if necessary.)	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	A. Supported  B. Opposed						
paper to complete this report if necessary.)	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	B. Opposed						
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	B. Opposed						
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	B. Opposed						
	3. Officeholders Assisted							
	3. Officeholders Assisted							
	Assisted							
	Assisted							
	Assisted							
	Assisted							
	(Identify by name or, if applicable, classify by party.)							
	The second secon	<u>′I</u>						

### **SUBTOTALS - GPAC**

### FORM GPAC **COVER SHEET PG 3**

		5 of 18		
17 COMMIT Workers	TEE NAME Defense In Action	<b>18</b> Filer ID 00090532	(Ethics Co	mmission Filers)
	LE SUBTOTALS - SCHEDULE		SUB	FOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	15,000.00
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	\$		
9.	SCHEDULE E: LOANS	\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	13,550.28	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	560.91
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	\$		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.	1			
2	FILER NAME Workers De	ense In Action		3 Filer ID (Ethics Commission Fi 00090532			
4	Date 11/14/2020	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Education Austin PAC</li> <li>6 Contributor address; City; State; Zip Code 316 W. 12th Street Suite 202 Austin, TX 78701</li> </ul>	7	Amount of Contribution (\$)	\$5,000.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>I</u> S)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2020 Pastor, Andy  Contributor address; City; State; Zip Code 930 Caslano Cv  Austin, TX 78732				Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Endeavor	<u>I</u> S)			
	Date 11/23/2020	Contributor address; City; State; Zip Code 730 Belvin			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)	Employer (See Instructions Corridor Title	<u> </u> s)			
	Date 12/02/2020	Full name of contributor X out-of-state PAC (ID#: C The Action PAC  Contributor address; City; State; Zip Code 3041 Mission Street #307 San Francisco, CA 94110			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)			

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instru	ction Guide explains how to complete this form.	1	1 Total pages Schedule C3: Sch: 1/1 Rpt: 7/18			
2 FILER NAME Workers Det	ense In Action	3	Filer ID 00090532	(Ethics Commission Filers)		
4 Date 11/25/2020	5 Corporation / Labor Organization name AUS Springdale LLC	6	Amount (\$)	5,000.00		
Date 11/29/2020	Corporation / Labor Organization name Presidium Group LLC		Amount (\$)	10,000.00		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/10 Rpt: 8/18	Workers Defense In Action 00090532	
4	Date	5 Payee name	
	12/05/2020	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$54.95	410 Terry Ave. North	ſ
	- Companyity was finance		
	Expenditure from corporate funds	Seattle, WA 98109-5210	
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.  Check if Austin, TX, officeholder living expense	
		Office supplies	
		Cinice Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Date	Payee name	=
	12/05/2020	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$18.39	410 Terry Ave. North	
	410.00		
	Expenditure from corporate funds	Seattle, TX 98109-5210	
	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.	
		Check if Austin, TX, officeholder living expense  Office supplies	
		Cinice Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<b>y</b>	
-	Date	Payee name	=
	11/20/2020	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$108.24	410 Terry Ave. North	
	,		
	Expenditure from corporate funds	Seattle, WA 98109-5210	
	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.	
	-	Check if Austin, TX, officeholder living expense  Office supplies	
		Office Supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
-			_
			_
<b>⊢</b> 0l	rms provided by Texas E	thics Commission www.ethics.state.tx.us Version V2.1.e1916a	ดล

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 9/18	Workers Defense In Action	00090532
4 Date	5 Payee name	<u> </u>
11/19/2020	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$178.51	410 Terry Ave. North	
Expenditure from corporate funds	Seattle, WA 98109-5210	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	· ·	Check if Austin, TX, officeholder living expense
		Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught Office held Member, District 6
	<sup>1</sup> Flannigan, James "Jimmy" Council	Member, District 6
Date	Payee name	
12/03/2020	Banks, Andrew	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$184.00	5700 BOROS DR	
Expenditure from		
corporate funds	Austin, TX 78754	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wages before taxes
		Transport across transport
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held
expenditure to benefit C/O	1	Member, District 6
Date	Payee name	
12/03/2020	Brenning, Carl	
Amount (\$)	Payee address; City; State; Zip Ci	nde
\$299.00	6012 DIAMONDLEAF BEND	
\$255.00		
Expenditure from corporate funds	Austin, TX 78724	
·		(h) Description
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wayes/Cornilact Labor	Check if Austin, TX, officeholder living expense
		Wages before taxes
Complete ONLY if direct	Candidate/Officeholder name Office sou	
expenditure to benefit C/O	Flannigan, James "Jimmy" Council	Member, District 6

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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

Transportation Equipment & Related Expense Travel in District

Travel Out of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/10 Rpt: 10/18 Workers Defense In Action 00090532 4 Date Payee name 12/03/2020 Brunell, Adam 6 Amount (\$) Payee address; City; State; Zip Code \$339.25 911 KIRSCHNER ROAD Unit A Expenditure from Austin, TX 78758 corporate funds **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. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Wages before taxes Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Flannigan, James "Jimmy" Council Member, District 6 Date Payee name 11/29/2020 **CVS Pharmacy** Amount (\$) Payee address; City; State; Zip Code \$9.57 5526 S. Congress Ave. Expenditure from Austin, TX 78745 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Flannigan, James "Jimmy" Council Member, District 6 Date Payee name 12/03/2020 Chacon, Gianna Amount (\$) Payee address: City; State; Zip Code \$414.00 **4011 ALABAMA STREET** #5308 Expenditure from El Paso, TX 79930 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Wages before taxes Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Flannigan, James "Jimmy" Council Member, District 6

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 4/10 Rpt: 11/18	2 FILER NAME Workers Defense In Action  3 Filer ID (Ethics Commission Filers) 00090532
4 Date	5 Payee name
12/03/2020	Diaz de Leon, Blanca
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$414.00	3801 VANDERVEER DRIVE
Expenditure from corporate funds	El Paso, TX 79938
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Wages before taxes
	wages before taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Hannigan, James "Jimmy" Council Member, District 6
Date	Payee name
11/28/2020	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$3.34	1801 E. 51st St.
Expenditure from	
corporate funds	Austin, TX 78723
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.
	Check if Austin, TX, officeholder living expense  Office supplies
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Hannigan, James "Jimmy" Council Member, District 6
Date	Payee name
11/28/2020	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1801 E. 51st St.
Expenditure from	A
corporate funds	Austin, TX 78723
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.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Office supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Hannigan, James "Jimmy" Council Member, District 6

#### 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 Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 5/10 Rpt: 12/18	2 FILER NAME Workers Defense In Action  3 Filer ID (Ethics Commission Filers) 00090532
-	L
4 Date	5 Payee name
12/03/2020	Horner, Katelyn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$391.00	900 PEQUES STREET
	#310
Expenditure from	
corporate funds	San Marcos, TX 78666
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Wages before taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Flannigan, James "Jimmy" Council Member, District 6
Date	Payee name
12/03/2020	Laeky , Meriam
Amount (\$)	Payee address; City; State; Zip Code
\$425.50	1001 SPEIGHT AVENUE
	#426
Expenditure from corporate funds	Waco, TX 76706
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Wages before taxes
	Trages sole takes
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Flannigan, James "Jimmy" Council Member, District 6
Date	Payee name
12/04/2020	MailChimp
Amount (\$)	Payee address; City; State; Zip Code
\$38.37	675 Ponce de Leon Ave NE
Ψ50.57	
Expenditure from	Suite 5000
corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Mailchimp monthly subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Hannigan, James "Jimmy" Council Member, District 6

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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)

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 13/18	Workers Defense In Action	00090532
4 Date	5 Payee name	
12/03/2020	Matrunola, Concetta	
6 Amount (\$) \$92.00  Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 HWY 290 WEST #10205 Austin, TX 78736	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Wages before taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sough H Flannigan, James "Jimmy" Council Me	t Office held mber, District 6
Date	Payee name	
12/03/2020	Mein, Todd	
Amount (\$) \$299.00	Payee address; City; State; Zip Code 7000 PRISCILLA DRIVE	
Expenditure from corporate funds	Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Wages before taxes
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H Flannigan, James "Jimmy" Council Me	t Office held ember, District 6
Date 11/25/2020	Payee name Raw Paw	
Amount (\$) \$270.00  Expenditure from corporate funds	Payee address; City; State; Zip Code 506 East Saint Elmo Road Suite A3 Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense T-shirts
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Flannigan, James "Jimmy" Council Me	t Office held ember, District 6

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

spense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to co	omplete this form.
2 FII FR NAME	3 Filer ID (Ethics Commission Filers)
Workers Defense In Action	00090532
5 Payee name	<u> </u>
Rocha, Marcos	
7 Payee address; City; State; Zip Co	ode
2215 LAWNMONT AVE	
#113	
Austin, TX 78756	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Wages before taxes
	wages before taxes
Candidata/Officaholder name Office sor	ught Office held
	Member, District 6
rianngan, James Jimmy Coansi.	Weitiber, District o
Payee name	
SVM Prepaid	
Payee address; City; State; Zip Co	ode
3727 N Ventura Dr	
Arlington Heights , IL 60004	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Travel In District	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Gas cards
	Gas cards
Condidate/Officeholder name Office sor	ught Office held
	Member, District 6
	Wellinger, District o
I	
SVM Prepaid	
Payee address; City; State; Zip Co	ode
3727 N Ventura Dr,	
Arlington Heights , IL 60004	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Travel In District	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Gas cards
' Flannigan, James "Jimmy" Councii i	Member, District 6
	The Instruction Guide explains how to complete the Workers Defense In Action  5  Payee name Rocha, Marcos  7  Payee address; City; State; Zip Complete the Rocha, Marcos  7  Payee address; City; State; Zip Complete the Rocha, Marcos  8  Austin, TX 78756  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sour Council In Payee name SVM Prepaid  Payee address; City; State; Zip Complete the Rochaddress; City; State; Zi

### 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/Politica Credit Card Payment		mmittee	Gift/Awards/Memoria Legal Services  The Instruction	als Expense				Travel in District Travel Out of Distr OTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/10 Rpt: 15/18			efense In Actio	n				00090532	
4	Date	5	Payee name							
	12/03/2020		Serna, Vale	eria						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode			
	\$1,300.00		1134 BRO	OKSWOOD AV	/ENUE					
	Expenditure from corporate funds		Austin, TX	78721						
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Salaries/Wa	ages/Contract	Labor		ı <del>=</del>		side of Texas. Compl	
							Wages bef		X, officeholder living e	expense
							vvages ber	010 1	anco	
9	Complete ONLY if direct	<u> </u>	Candidata/Off	ceholder name		Office sou	ıaht		Office hel	4
ľ	expenditure to benefit C/O			ames "Jimmy"			ugni Member, District	: 6	Office field	u
⊨		_	idinigan, o			Council				
	Date		Payee name							
L	12/02/2020		SurePayrol							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode			
	\$87.85		2350 Ravin	e Way						
			Suite100							
ľ	Expenditure from corporate funds		Glenview,	IL 60025						
H	PURPOSE	(a)	Category (S	ee Categories listed a	t the ton of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Accounting			,		el out	side of Texas. Compl	ete Schedule T.
	EXPENDITORE		_	_					X, officeholder living e	expense
							Payroll pro	cess	sing fee	
L										
	Complete ONLY if direct expenditure to benefit C/OH			ceholder name		Office sou	-		Office hel	d
L	experialitate to belieff 6/01	'	Flannigan, J	ames "Jimmy"		Council	Member, District	6		
	Date		Payee name							
	12/03/2020		Travis Cou	nty Democratio	Party					
	Amount (\$)	Г	Payee addre	ss; City;	State	; Zip Co	ode			
	\$5,000.00		PO Box 684	4263						
┖	Expenditure from corporate funds		Austin, TX	78768						
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Canvass ex	penditures					side of Texas. Compl	
									X, officeholder living e	expense
							Canvass ex	vhei	iuitui C3	
$\vdash$	Complete ONLY if direct	Ц	Candidata/O#	iooholdor nome		Office con	laht		Office hal	d
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off Alter, Allison	iceholder name		Office sou Council N	ugnt Member, District	· 10	Office hel	u
$\vdash$		-	nici, AiliSUII		'	Council	INICHIDEL, DISHIC	. 10		
FΩ	rms provided by Texas F	thi	cs Commissi	on	www ethics	state ty i	us			Version V2 1 e1916a6a

#### 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 16/18	Workers Defense In Action	00090532
4 Date	5 Payee name	<u> </u>
12/03/2020	University Federal Credit Union	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$12.00	PO Box 9350	
Expenditure from corporate funds	Austin, TX 78766	
8 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
		Banking fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H Flannigan, James "Jimmy" Council I	ught Office held  Member, District 6
	Figuringan, James Jiminy Council	viernber, District o
Date	Payee name	
12/03/2020	Weems, Fontaine	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$184.00	4205 BALCONES DRIVE	
Expenditure from		
corporate funds	Austin, TX 78731	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wages before taxes
		Transport action
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held
expenditure to benefit C/OI	T <b>i</b>	Member, District 6
Date	Payee name	
12/03/2020	Westman, Jacqueline	
Amount (\$)	Payee address; City; State; Zip Co	ndo.
\$419.75	1701 UPLAND DRIVE	oue.
Ψ+13.73	#20	
Expenditure from		
corporate funds	Houston, TX 77043	las
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	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Wages before taxes
Complete ONLY if direct	Candidate/Officeholder name Office sou	light Office held
expenditure to benefit C/OI	H Flannigan, James "Jimmy" Council I	Member, District 6
1		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

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/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 10/10 Rpt: 17/18	Workers Defense In Action 00090532
4 Date	5 Payee name
12/03/2020	Westman, Jacqueline
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1701 UPLAND DRIVE
Expenditure from	#20
corporate funds	Houston, TX 77043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Travel reimbursement
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	H Flannigan, James "Jimmy" Council Member, District 6

### SCHEDULE I

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Workers Defense In Action  3 Filer ID (Ethics Commission Filers) 00090532			
4	Date 12/02/2020	5 Payee name Google			
6	Amount (\$)  471.37  Expenditure from corporate funds	7 Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043			
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information required.)  Admin			
	Date	Payee name			
	12/02/2020	Google Suite			
	Amount (\$)  89.54  Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043			
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description Admin (See instructions regarding type of information required.)			