

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 (Ethics Commission Filers) 00090061		2 Total pages filed: 27	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI James		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2021		
	NICKNAME LAST SUFFIX Flannigan				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 12304B Cahone Trl Austin, TX 78729			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Noel				
	NICKNAME LAST SUFFIX Landuyt				
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 PHONE NUMBER EXTENSION (512) 773-8437				
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 THROUGH Month Day Year 12/06/2020 12/31/2020				
10 ELECTION	ELECTION DATE Month Day Year 12/15/2020		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Council Member, District 6		12 OFFICE SOUGHT (if known) Council Member, District 6		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Flannigan, James	14 Filer ID	(Ethics Commission Filers)
		00090061	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input checked="" 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	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Austinites for Equity
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		1812 Centre Creek Dr Suite 310 Austin, TX 78754
	COMMITTEE CAMPAIGN TREASURER NAME	Kirfman, Jack
	COMMITTEE CAMPAIGN TREASURER ADDRESS	1812 Centre Creek Dr Suite 310 Austin, TX 78754

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)	\$	12,745.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	1,064.06
	4.	TOTAL POLITICAL EXPENDITURES	\$	52,714.76
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	18,108.32
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

James Flannigan

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM **C/OH**
ADDENDUM

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C / OH NAME		Flannigan, James	Filer ID	(Ethics Commission Filers)
			00090061	
17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input checked="" type="checkbox"/> GENERAL	Workers Defense in Action PAC		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		PO Box 140402		
		Austin, TX 78714		
COMMITTEE CAMPAIGN TREASURER NAME				
Malfaro, Louis				
COMMITTEE CAMPAIGN TREASURER ADDRESS				
PO Box 140402				
Austin, TX 78714				

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

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18 FILER NAME Flannigan, James		19 Filer ID 00090061	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	12,445.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	300.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	52,714.76
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	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 5/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre & Fields LP PAC <hr/> 6 Contributor address; City; State; Zip Code 7215 New Territory Blvd Ste 100 Sugar Land, TX 77479	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldridge, Lawrence <hr/> Contributor address; City; State; Zip Code 609 A Texas Ave Austin, TX 78705	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Alori Properties Management, Inc.
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsup, Marion <hr/> Contributor address; City; State; Zip Code 2311 Pruett St Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, David <hr/> Contributor address; City; State; Zip Code 1515 Oxford Ave Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jackie <hr/> Contributor address; City; State; Zip Code 5029 N Kenmore Ave Chicago, IL 60640	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 6/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Araiza, Jose Andres 6 Contributor address; City; State; Zip Code 1813 Morrow St Austin, TX 78757	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions) State of Texas
Date 12/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, William and Valerie Contributor address; City; State; Zip Code 212 lavaca Austin, TX 78701	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Property / Community Volunteer		Employer (See Instructions) Stratus / None
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ascott, Bob Contributor address; City; State; Zip Code 10607 Fountainbleu Cir Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery Tabrizi, Dona Contributor address; City; State; Zip Code 1102 Claire Ave Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Omar Contributor address; City; State; Zip Code 2109 Benwick Cir Austin, TX 78723	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 7/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartram, John <hr/> 6 Contributor address; City; State; Zip Code 309 McConnell Dr Austin, TX 78746	7 Amount of Contribution (\$) \$800.00
8 Principal occupation / Job title (See Instructions) Attorney / none		9 Employer (See Instructions) Armbrust & Brown / none
Date 12/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Jeremiah <hr/> Contributor address; City; State; Zip Code 11206 Morning Glory Trl Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Robin <hr/> Contributor address; City; State; Zip Code 7001 S Ute Trl Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Sinclair <hr/> Contributor address; City; State; Zip Code 1605 Pease Rd Unit 1 Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Principal Architect		Employer (See Instructions) Black + Vernooy
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyt, Jeb <hr/> Contributor address; City; State; Zip Code 5423 Shoalwood Austin, TX 78756	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Tx Dep't of Insurance, Div. of Workers' Compensation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 8/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Frank and Janice 6 Contributor address; City; State; Zip Code 602 Coquina Ln West Lake Hills, TX 78746	7 Amount of Contribution (\$) \$800.00
8 Principal occupation / Job title (See Instructions) Attorney / educational consultant		9 Employer (See Instructions) Armbrust & Brown / CAPSA
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Nicole Contributor address; City; State; Zip Code PO Box 1085 Round Rock, TX 78680	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Ryan Contributor address; City; State; Zip Code 4714 Timberline Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotera, Martha Contributor address; City; State; Zip Code 1502 Norris Dr Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cousar, James Contributor address; City; State; Zip Code 1110 W 7th St Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 9/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlstrom, Joe 6 Contributor address; City; State; Zip Code 20543 Highland Lake Dr Lago Vista, TX 78645	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Paige Contributor address; City; State; Zip Code PO Box 160233 Austin, TX 78716	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Austin
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Edward Contributor address; City; State; Zip Code 1709A Elmhurst Dr Austin, TX 78741	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Manuel A Contributor address; City; State; Zip Code 9207 Rolling Oaks Trl Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Kenith Contributor address; City; State; Zip Code 9301 Oak Hills Dr Temple, TX 76502	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 10/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Roger 6 Contributor address; City; State; Zip Code 901 S Mopac Expy Bldg One. - Ste. 300 Austin, TX 78746	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Joe Contributor address; City; State; Zip Code 14915 Lake Woodbridge Ct Sugar Land, TX 77498	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haden, Lorri Contributor address; City; State; Zip Code 1406 Ruth Ave Austin, TX 78757	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamermesh, Frances Contributor address; City; State; Zip Code 300 Bowie St #1303 Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harp, James Contributor address; City; State; Zip Code 6702 Langston Dr Austin, TX 78723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 11/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harutunian, Anne 6 Contributor address; City; State; Zip Code PO Box 14487 Austin, TX 78713	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Harutunian Engineering, Inc.
Date 12/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harutunian, Takoohy Contributor address; City; State; Zip Code PO Box 14487 Austin, TX 78713	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Harutunian Engineering, Inc.
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkes, Jeff Contributor address; City; State; Zip Code 45 W South Temple Unit 905 Salt Lake City, UT 84101	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 12/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendler / Flores, Scott / Lulu Contributor address; City; State; Zip Code 1301 W 25th St STE 400 Austin, TX 78705	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Attorney / Attorney		Employer (See Instructions) Hendler Flores Law, PLLC / Hendler Flores Law, PLLC
Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Adali Contributor address; City; State; Zip Code 437 New York Ave Apt 406 Washington, DC 20001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 12/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hlavinka, Bryan 6 Contributor address; City; State; Zip Code 1716 W Webster Houston, TX 77019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Leon and Peggy Contributor address; City; State; Zip Code 10705 Leafwood Ln Austin, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishmael, Ralph Contributor address; City; State; Zip Code 3009 N Lamar Blvd Austin, TX 78705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Edward Contributor address; City; State; Zip Code 5253 Fannin St Apt 2314 Houston, TX 77004	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly-Mahaffey, Larry Contributor address; City; State; Zip Code 3300 Dunliegh Dr Austin, TX 78745	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 13/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolinek, Linda <hr/> 6 Contributor address; City; State; Zip Code 2415 CR 106 Paige, TX 78659	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krumme, Kendall <hr/> Contributor address; City; State; Zip Code 611 Harthan St Austin, TX 78703-5201	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Full time student		Employer (See Instructions) n/a
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuchinsky, Ari <hr/> Contributor address; City; State; Zip Code 12213 Lake Stone Dr Austin, TX 78738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindauer, Jared <hr/> Contributor address; City; State; Zip Code 603 W 18th St Austin, TX 78701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Stephen <hr/> Contributor address; City; State; Zip Code 1509 Southport Dr #132 Austin, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 14/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeder, Kate <hr/> 6 Contributor address; City; State; Zip Code 324A Guerrero St San Francisco, CA 94103	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalfe, Steven <hr/> Contributor address; City; State; Zip Code 388 Cortona Dr Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Theodore <hr/> Contributor address; City; State; Zip Code 1407 15th St NW #3 Washington, DC 20005	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minardi, Samantha <hr/> Contributor address; City; State; Zip Code 12306 Bent Cedar Cv Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Erin <hr/> Contributor address; City; State; Zip Code 324 Easton Rd Dallas, TX 75218	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 15/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Scott <hr/> 6 Contributor address; City; State; Zip Code 4501 Ridge oak Dr Austin, TX 78731	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Entertainment		9 Employer (See Instructions) Oilcan Harry's
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papavasiliou, Alexander <hr/> Contributor address; City; State; Zip Code 4306 Nitschke St Austin, TX 78723-1819	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Jr., Rev. Joseph C. <hr/> Contributor address; City; State; Zip Code PO Box 69 Austin, TX 78767	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pellett, Clark <hr/> Contributor address; City; State; Zip Code 680 N LakeShoreDR 1302 Chicago, IL 60611	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Kevin <hr/> Contributor address; City; State; Zip Code 4500 Avenue D Unit A Austin, TX 78751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 16/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pisklak, Carrie & Ben <hr/> 6 Contributor address; City; State; Zip Code 13319 Alchester Dr Houston, TX 77079	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Orthodontist / Principal		9 Employer (See Instructions) Pisklak Orthodontics / SP Partners LLC
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pisklak, Carrie & Ben <hr/> Contributor address; City; State; Zip Code 13319 Alchester Dr Houston, TX 77079	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Orthodontist / Principal		Employer (See Instructions) Pisklak Orthodontics / SP Partners LLC
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Eric <hr/> Contributor address; City; State; Zip Code 10807 Keystone Bnd Austin, TX 78750	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Landscape Architect		Employer (See Instructions) dwg.
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Donald A. <hr/> Contributor address; City; State; Zip Code 9305 Vera Cruz Austin, TX 78737	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stempko, Paul <hr/> Contributor address; City; State; Zip Code 8405 SEA ASH Cir Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 17/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Heather J. <hr/> 6 Contributor address; City; State; Zip Code 1101 Gross St Houston, TX 77019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tripoli, Nick <hr/> Contributor address; City; State; Zip Code 2900 S 1st St Apt 425 Austin, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Heyden <hr/> Contributor address; City; State; Zip Code 6006 Cary Dr Austin, TX 78757-3112	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Melba <hr/> Contributor address; City; State; Zip Code PO Box 5623 Austin, TX 78763	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Clarite
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Mr. & Mrs. Talley <hr/> Contributor address; City; State; Zip Code 8209 Dark Ridge Cv Austin, TX 78737	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/14 Rpt: 18/27
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Jack <hr/> 6 Contributor address; City; State; Zip Code 4803 Ave H Austin, TX 78751	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, David <hr/> Contributor address; City; State; Zip Code 1206 W 8TH St Austin, TX 78703-5279	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 19/27	
2 FILER NAME Flannigan, James		3 Filer ID (Ethics Commission Filers) 00090061	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/10/2020	6 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00476978) LGBTQ Victory Fund	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description voter data
7 Contributor address; City; State; Zip Code 1225 EYE St NW Ste. 525 Washington, DC 20005		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/8 Rpt: 20/27	2 FILER NAME Flannigan, James	3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/09/2020	5 Payee name Aldridge, Lawrence	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 609 A Texas Ave Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) refund	(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 of contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2020	Payee name Amazon	
Amount (\$) \$911.50	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
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 office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2020	Payee name Amazon	
Amount (\$) \$20.75	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
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 office supplies
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: 2/8 Rpt: 21/27	2 FILER NAME Flannigan, James	3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/13/2020	5 Payee name Amazon	
6 Amount (\$) \$44.89	7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
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 office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$275.00	Payee name CFC Consulting Payee address; City; State; Zip Code PO Box 301074 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		
Date 12/12/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$553.00	Payee name Cerberus Security Payee address; City; State; Zip Code 13740 Research Blvd Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 security for event
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: 3/8 Rpt: 22/27	2 FILER NAME Flannigan, James	3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/08/2020	5 Payee name Collective Campaigns	
6 Amount (\$) \$11,300.74	7 Payee address; City; State; Zip Code 3607 Greystone Dr. #2024 Austin, TX 78731	
8 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 Field services and telephone calls
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2020	Candidate/Officeholder name Payee name Collective Campaigns	
Amount (\$) \$11,014.13	Payee address; City; State; Zip Code 3607 Greystone Dr. #2024 Austin, TX 78731	
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 Field services and telephone calls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/18/2020	Candidate/Officeholder name Payee name Collective Campaigns	
Amount (\$) \$8,845.50	Payee address; City; State; Zip Code 3607 Greystone Dr. #2024 Austin, TX 78731	
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 Field services
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: 4/8 Rpt: 23/27	2 FILER NAME Flannigan, James	3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/30/2020	5 Payee name Engraving, Awards & Gifts	
6 Amount (\$) \$1,234.55	7 Payee address; City; State; Zip Code 42 Franklin Street Laconia, NH 03246	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 appreciation gifts for volunteers and staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2020	Payee name Flannigan, Jimmy	
Amount (\$) \$4,695.00	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense loan repayment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2020	Payee name Kemp, Amy	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 305 Harvard San Marcos, TX 78666	
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 campaign contract services
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: 5/8 Rpt: 24/27	2 FILER NAME Flannigan, James	3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/18/2020	5 Payee name Messer, Kate	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 4716 Oldfort Hill Dr. Austin, TX 78723	
8 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 consulting / salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/08/2020	Candidate/Officeholder name NGP Van	
Amount (\$) \$120.00	Office sought 655 15th St. NW, Suite 650 Washington, DC 20005	
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 telephone calls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2020	Candidate/Officeholder name NGP Van	
Amount (\$) \$120.00	Office sought 655 15th St. NW, Suite 650 Washington, DC 20005	
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 telephone calls
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: 6/8 Rpt: 25/27	2 FILER NAME Flannigan, James	3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/16/2020	5 Payee name NGP Van	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 655 15th St. NW, Suite 650 Washington, DC 20005	
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 telephone calls
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	Payee name Timothy Bray	
Amount (\$) \$3,200.00	Payee address; City; State; Zip Code 4801 Placid Place Austin, TX 78731	
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 Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2020	Payee name USPS	
Amount (\$) \$1,610.00	Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710	
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 postage
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: 7/8 Rpt: 26/27	2 FILER NAME Flannigan, James	3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/07/2020	5 Payee name USPS	
6 Amount (\$) \$40.56	7 Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710	
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 postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	Payee name USPS	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710	
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 postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2020	Payee name USPS	
Amount (\$) \$413.71	Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710	
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 postage
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: 8/8 Rpt: 27/27	2 FILER NAME Flannigan, James	3 Filer ID (Ethics Commission Filers) 00090061
4 Date 12/09/2020	5 Payee name USPS	
6 Amount (\$) \$855.14	7 Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710	
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 postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/11/2020	Candidate/Officeholder name	Office sought
Amount (\$) \$226.23	Payee name USPS	Office held
Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710		
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 postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held