## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

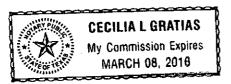
# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00629478	2 PAGE # 1 of 47				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. James  NICKNAME LAST Jimmy Flannigan	MI SUFFiX	OFFICE USE ONLY  Date Received 2014 0CT				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;  8601 Anderson Mill Rd #1023 Austin, TX 78729	CITY: STATE; ZIP CODE	Date Hand-delivered or Date Postmarked  Date Hand-delivered or Date Postmarked  Receipt # 37 Amount				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Mrs. Lisa  NICKNAME LAST  Gaynor	MI	Date Processed  Date Imaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (no po Box Please); APT 10901 Leafwood Ln Austin, TX 78750	// SUITE#: CITY; STATE;	ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 658-0636	EXTENSION					
8 REPORT TYPE	January 15 X 30th day before	_	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year T 07/01/2014	Month Day THROUGH 09/25/20	Year				
10 ELECTION	l <u> </u>	ON TYPE rimary Runoff X	General Special				
11 OFFICE	OFFICE HELD (if eny)	12 OFFICE SOUGHT (If known Austin City Council I					
GO TO PAGE 2							

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Flannigan, James (Mr.)  14 ACCOUNT # (Ethics Commission file 00629478							
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca rout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures					
POLITICAL COMMITTEE TYPE COMMITTEE NAME							
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
			·				
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,216.99			
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00			
·	4. TOTAL POLITICAL EXPENDITURES		\$	20,305.61			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	9,429.29			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	150.00			
17 ACCIDANT							



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.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES TIMOTHY FLANNIGAT, this the of <u>bCOBETC</u>, 20 1 4, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

Texas Ethics Commission

The Instruction G	Guide explains how to com	plete this form.		1 PAGE# Schedule: 1/2	25 Report: 3/47		
2 FILER NAME F	Flannigan, James (Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)		
	Full name of contributor brams, John	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10	Contributor address; 0008 Barbrook Dr ustin, TX 78726	City; State; Zip Code		<sub>.</sub> \$50.00	! !		
				1	Texas, complete Schedule T)		
9 Principal occupation	on / Job title (See Instruction		10 Employer (See In	structions)			
Date A	Full name of contributor FSCME PEOPLE PAC	Out-of-state PAC (ID#	<u>C00011114</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; 625 L St NW /ashington, DC 20036	City; State; Zip Code		\$350.00	 		
		· · · · · · · · · · · · · · · · · · ·			Texas, complete Schedule T)		
Principal occupation	on / Job title (See Instruction	s)	Employer (See In	structions)	·		
Date A	Full name of contributor rnold, Jeffrey	☐ out-of-state PAC (ID#	,)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; 01 Sinuso Dr eorgetown, TX 78628	City; State; Zip Code		\$25.00	 		
	· · · · · · · · · · · · · · · · · · ·				Texas, complete Schedule T)		
Principal occupation Realtor	on / Job title (See Instruction	s)	Employer (See In Self-Employed	structions)			
Date A	Full name of contributor sustin Travis County EMS			Amount of contribution (\$)	In-kind contribution description (if applicable)		
si	Contributor address; 817 Wilcab Rd te 3 ustin, TX 78721	City; State; Zip Code		\$350.00	  - 		
Data start	/ (.) 29- /6	.,	F	<u> </u>	Texas, complete Schedule T)		
Principal occupatio	on / Job title (See Instruction		Employer (See In	structions)			
Date B.	Full name of contributor accus, Richard	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; 1504 Oakwood Dr ustin, TX 78753	City; State; Zip Code		\$350.00	 		
				(If travel outside of	f Texas, complete Schedule T)		
Principal occupation Owner	on / Job title (See Instruction	s)	Employer (See In ABC Vacuum V	structions)			

	The Instruction	אס Guide explains how to com	plete this form.		1 PAGE# Schedule: 2/2	25 Report: 4/47			
2	FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT# 00629478	(Ethics Commission filers)			
4	Date	5 Full name of contributor Bailey, Rich	☐ out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	09/23/2014	6 Contributor address; P.O. Box 2062 Austin, TX 78768	City; State; Zip Code	.,,.	\$25.00	 			
					(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Government I	ation / Job title (See Instruction Relations	5)	10 Employer (See Ins City of Austin	structions)				
	Date	Full name of contributor Ballew, Scott	□ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/10/2014	Contributor address; 5126 English Glade Dr Austin, TX 78724	City; State; Zip Code		\$25.00	 			
	Dringing Langua	ching / John Hills / Cons John of Constant			,	Texas, complete Schedule T)			
	Principal occup Program Man	ation / Job title (See Instruction ager	S}	Employer (See In: Sapling Learnin					
	Date	Full name of contributor Barnes, Terry	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/14/2014	Contributor address, 11902 Aloe Vera Trail Austin, TX 78750	City; State; Zip Code		\$50.00	1 			
					(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instruction	5)	Employer (See In:	structions)				
	Date	Full name of contributor Barton, John	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	07/29/2014	Contributor address; 5212 Moon Shadow Dr Austin, TX 78735	City; State; Zip Code		\$50.00	 			
					(If travel outside of	Texas, complete Schedule T)			
	Principal occup Budget Analy	ation / Job title (See Instruction st	s)	Employer (See In: Legislative Bud					
•	Date	Full name of contributor Bell, Doug	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/11/2014	Contributor address; 9202 Cedar Crest Dr Austin, TX 78750	City; State; Zip Code		\$50.00	! !			
						<u>`</u>			
	Deingland	ation / John Mar (O-1)		Employee (0)	<u></u>	Texas, complete Schedule T)			
	Engineer	eation / Job title (See Instruction	s) 	Employer (See In: Retired	structions)				

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The Instruction Go	UIDE explains how to com	plete this form.		1 PAGE # Schedule: 3/2	25 Report: 5/47
2 FILER NAME FI	annigan, James (Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)
i	Full name of contributor lig, Jay	☐ out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
80	Contributor address; 6 Bouldin Ave stin, TX 78704	City; State; Zip Code		\$50.00	 
•				(If travel outside of	Texas, complete Schedule T)
9 Principal occupation Entrepreneur	n / Job title (See Instruction	ns)	10 Employer (See Ins Self-Employed	structions)	
Date Bir	Full name of contributor ngman, Rebecca	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; 501 Hard Rock Rd stin, TX 78750	City; State; Zip Code		\$25.00	 
	,			(If travel outside of	Texas, complete Schedule T)
Principal occupation Arts Consultant	n / Job title (See Instruction	ns)	Employer (See In: Unemployed	structions)	
Date Bir	Full name of contributor ngman, Rebecca	□ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable) wire frame mounts for
	Contributor address; 501 Hard Rock Rd stin, TX 78750	City; State; Zip Code		\$17.00	yard signs   
				(If travel outside of	Texas, complete Schedule T)
Principal occupation Arts Consultant	n / Job title (See Instruction	ns)	Employer (See In: Unemployed	structions)	
Date Bla	Full name of contributor ackson, Steve	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; 03 Mandeville Circle stin, TX 78750	City; State; Zip Code		\$50.00	 
				(If trave) outside of	Texas, complete Schedule T)
Principal occupation Landscape Desig	n / Job title (See Instruction gn	ns)	Employer (See In: Windy Point Ga		_
Date Bly	Full name of contributor ythe, Sharon	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/06/2014 92 Au	Contributor address; 06 Brigadoon Cv stin, TX 78750	City; State; Zip Code	-	\$50.00	1 
	<u> </u>			(If travel outside of	Texas, complete Schedule T)
Principal occupation	n / Job title (See Instruction	ns)	Employer (See In	structions)	

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 4/2	25 Report: 6/47
2	FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT# 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor Brown, Ashley Thomas	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/27/2014	6 Contributor address, 505 E Annie St Austin, TX 78704	City; State; Zip Code		\$350.00	] 
	-				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Vice Presider	ation / Job title (See Instruction It	าร)	10 Employer (See In Spredfast	structions)	
	Date	Full name of contributor Brown, Garry	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) room fee, food/bev for
	09/16/2014	Contributor address; 1401 Enfield #104	City; State; Zip Code		\$109.21	fundraiser 
		Austin, TX 78703	·		1 '	Texas, complete Schedule T)
		ation / Job title (See Instruction outreach Director	ns)	Employer (See In Travis County	structions)	
	Date	Full name of contributor Bryan, Deb	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; 2303 Alta Vista Ave	City; State; Zip Code		\$75.00	 
		Austin, TX 78704		•	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Bryant, Suzanne	□ out-of-state PAC (ID#	<i>‡</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; 1500 W 24th St Austin, TX 78703	City; State; Zip Code		\$250.00	 
		Adstill, TA 76705				
	Principal occur	ation / Job title (See Instruction	ne)	Employer (See In	<u> </u>	Texas, complete Schedule T)
_	Self-Employe		101	Law Office of S		
	Date	Full name of contributor Buchanan, Jim	☐ out-of-state PAC (ID#	<u>‡</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; 9000 Bubbling Springs Trail Austin, TX 78729	City; State; Zip Code		\$25.00	 
			·		(If travel outside of	FTexas, complete Schedule T)
-	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Postal Uniform	n Sales		Self-Employed		

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 5/2	25 Report: 7/47			
2	FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT# 00629478	(Ethics Commission filers)			
4	Date	5 Full name of contributor Canon, Todd	ut-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	07/29/2014	6 Contributor address; 804 Pressler St Austin, TX 78703	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	 			
					(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Family Physic	ation / Job title (See Instruction cian	ns)	10 Employer (See In: South Austin Me		. 1			
	Date	Full name of contributor Cavanaugh, Nina	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/22/2014	Contributor address; 6402 McNeil Dr #17	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$10.00	<b>!</b>			
		Austin, TX 78729							
	Dringing again	ation / Job title (See Instruction		F		Texas, complete Schedule T)			
	Ринсіраї оссор	ation / Job title (See Instruction	15)	Employer (See In:	structions)				
	Date	Fult name of contributor Cherico, Patricia	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable) food and beverage for			
	09/21/2014	Contributor address; 6007 Bullard Dr Austin, TX 78757	City; State; Zip Code		\$125.00	campaign video rehersal and shoot; shipping fee for equipment			
					(If travel outside of	Texas, complete Schedule T)			
	Principal occup N/A	ation / Job title (See Instruction	ns)	Employer (See In Retired	structions)				
	Date	Full name of contributor Clark, Rebecca	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/20/2014	Contributor address; 14317 Alderminster Lane Pflugerville, TX 78660	City; State; Zip Code	••••	\$20.00	   			
					(If travel outside of	Texas, complete Schedule T)			
		ation / Job title (See Instruction ssage Therapist	ns)	Employer (See In Self-Employed	structions)				
	Date	Full name of contributor Coleman, Eugene	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/25/2014	Contributor address; 9550 Savannah Ridge Dr Unit 19	City; State; Zip Code		\$50.00	 			
		Austin, TX 78726							
_	Dringing age:	otion ( lob title /See lease - E-	)	Employer /Com le	<u> </u>	Texas, complete Schedule T)			
	- ппорагоссор 	ation / Job title (See Instruction	(6)	Employer (See In	suucuons)	÷			

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The Instruction	Guide explains how to complet	e this form.		1 PAGE # Schedule: 6/2	25 Report: 8/47
2 FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)
<b>I</b>	Full name of contributor  Comer, Jim	out-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1	Contributor address; City 2505 Turkey Ridge Court sustin, TX 78729	; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$25.00	  -  -
		·		(If travel outside of	Texas, complete Schedule T)
9 Principal occupati Speaker/Writer/	on / Job title (See Instructions) Speech Coach		10 Employer (See Ins Self-Employed	structions)	
Date	Full name of contributor  Cook, Amy	out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City 514 Corona Dr xustin, TX 78723	; State; Zip Code		\$10.00	·   
				(If travel outside of	Texas, complete Schedule T)
Principal occupati CPA	on / Job title (See Instructions)		Employer (See Ins Self-Employed	•	Totals, complete concesse 1,
Date	Full name of contributor	Out of state PAC (ID#	)	Amount of	In-kind contribution
	Cook, Amy	out-of-state PAC (ID#_		contribution (\$)	description (if applicable)
	Contributor address; City 514 Corona Dr sustin, TX 78723	; State; Zip Code		\$35.00	I   
				(If travel outside of	Texas, complete Schedule T)
Principal occupati CPA	on / Job title (See Instructions)		Employer (See In Self-Employed	structions)	
Date	Full name of contributor  Cook, Terry	out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City 1116 Goldenoak Circle Round Rock, TX 78681	; State; Zip Code		\$50.00	 
	•			(If travel outside of	Texas, complete Schedule T)
Principal occupati Property Stager	on / Job title (See Instructions)		Employer (See In Staging Designs	,	
Date (	Full name of contributor  Cook, Terry	out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City 1116 Goldenoak Circle Round Rock, TX 78681	; State; Zip Code		\$100.00	l' 
				(If travel outside of	Texas, complete Schedule T)
Principal occupati Property Stager	on / Job title (See Instructions)		Employer (See In: Staging Designs	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/2	25 Report: 9/47			
2	FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT# 00629478	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cooper, Gary	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	07/29/2014	6 Contributor address; City; State; Zip Code 4907 Bull Mountain Cv Austin, TX 78746		\$100.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup N/A	ation / Job title (See Instructions)	10 Employer (See In: Retired	structions)				
	Date	Full name of contributor ☐ out-of-state PAC (ID# Covey, Jerry	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/17/2014	Contributor address; City; State; Zip Code 255 Whispering Wind Georgetown, TX 78633		\$25.00	l 			
			İ	(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	<u></u>			
		<u>.</u>						
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/29/2014	Contributor address; City; State; Zip Code 11310 Spicewood Club Dr #2		\$30.00	 			
		Austin, TX 78750	•	(If trave) outside of	Texas, complete Schedule T)			
	Principal occup	vation / Job title (See Instructions)	Employer (See In:	<u>l '                                     </u>	Texas, complete schedule 17			
	N/A		Retired					
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	07/22/2014	Contributor address; City; State; Zip Code 9705 Mountain Quail Rd Austin, TX 78758		\$25.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
_				· · · · · · · · · · · · · · · · · · ·				
	Date	Full name of contributor	<u>;</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/19/2014	Contributor address; City; State; Zip Code 8900 Bluegrass Dr Austin, TX 78759		\$150.00	 			
				(If traval autoids ==	Towns complete Schodule TV			
	Principal occurs	eation / Job title (See Instructions)	Employer (Soc In	<u></u>	Texas, complete Schedule T)			
	Retired SVP,		Employer (See In Silicon Integrati					

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	The Instruction	ON GUIDE explains how to complete this form.			1 PAGE # Schedule: 8/	25 Report: 10/47	
2	FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state Davis, Larry	PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8   In-kind contribution description (if applicable)	
	08/12/2014	<b>6</b> Contributor address; City; State; Zi 7104 Seneca Cir Austin, TX 78736	ip Code		\$100.00		
9	Principal occup Owner	ation / Job title (See Instructions)		10 Employer (See In Oilcan Harry's	l <u>.:</u>	Texas, complete Schedule T)	
	Date	Full name of contributor	PAC (ID#	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/06/2014	Contributor address; City; State; Zi 11516 Running Brush Ln Austin, TX 78717	ip Code		\$100.00	! !	
		•			(If travel outside of	f Texas, complete Schedule T)	
	Principal occup IT Manager	ation / Job title (See Instructions)		Employer (See In National Instrum			
	Date	Full name of contributor	PAC (ID#	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/22/2014	Contributor address; City; State; Zi 1406 Willow St Austin, TX 78702	ip Code		\$25.00		
<u></u>	<u></u>				<u> </u>	f Texas, complete Schedule T)	
	Principal occup Realtor	ation / Job title (See Instructions)		Employer (See In Self-Employed	structions)		
	Date	Full name of contributor	PAC (ID#	-	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/26/2014	Contributor address; City; State; Zi 503 Swanee Dr #17 Austin, TX 78752		· · · · · · · · · · · · · · · · · · ·	\$20.00	 	
					(If travel outside of	f Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	-	Employer (See In	structions)		
	Date	Full name of contributor	PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/01/2014	Contributor address; City; State; Zi 1401 S College St Georgetown, TX 78626			\$50.00	<del> </del>	
					(If travel outside of	f Texas, complete Schedule T)	
	Principal occup Community A	ation / Job title (See Instructions) ctivist		Employer (See In N/A	structions)		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/2	25 Report: 11/47				
2 FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT # 00629478	(Ethics Commission filers)				
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Emmer, Carol		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
09/25/2014	6 Contributor address; City; State; Zip Code 8901 Fairway Hill Dr Austin, TX 78750		\$100.00	1 1 1				
		·	(If travel outside of	Texas, complete Schedule T)				
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)					
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
09/19/2014	Contributor address; City; State; Zip Code 9912 Cinnabar Trail Austin, TX 78726		\$25.00	I I. I				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup Homemaker	pation / Job title (See Instructions)	Employer (See In N/A						
Date	Full name of contributor	)	Amount of contribution (\$),	In-kind contribution description (if applicable)				
08/12/2014	Contributor address; City; State; Zip Code 6815 DePaul Cv Austin, TX 78723		\$150.00	 				
Dinainal			<u> </u>	Texas, complete Schedule T)				
Caterer	pation / Job title (See Instructions)	Employer (See In Alfred's Caterin						
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)				
09/14/2014	Contributor address; City; State; Zip Code 2013b Simond Ave Austin, TX 78723		\$200.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup IT	pation / Job title (See Instructions)	Employer (See In Travis County	structions)					
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable) food, beverages for				
07/26/2014	Contributor address; City; State; Zip Code 2500 Bettis Blvd Austin, TX 78746		\$350.00	fundraiser   				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup Chief Executi	Dation / Job title (See Instructions) ve Officer	Employer (See In HomeStart						

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	/25 Report: 12/47
2 FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT # 00629478	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gadell, Diane	,)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/09/2014	<b>6</b> Contributor address; City; State; Zip Code 13135 Mill Stone Dr Austin, TX 78729		\$25.00	 
	·		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/08/2014	Contributor address; City; State; Zip Code 2800 Saint Frances Ct Round Rock, TX 78665		\$25.00	l
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	nation / Job title (See Instructions)	Employer (See In: Self-Employed		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/19/2014	Contributor address; City; State; Zip Code 10901 Leafwood Ln Austin, TX 78750		\$147.83	. 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Design With Co		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/19/2014	Contributor address; City; State; Zip Code 10901 Leafwood Ln Austin, TX 78750		\$147.82	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Design With Co		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/26/2014	Contributor address; City; State; Zip Code 18428 S Spruce St Gardner, KS 66030	- ,	\$10.00	 
	•		(If travel outside of	Texas, complete Schedule T)
Principal occup Student	ation / Job title (See Instructions)	Employer (See In: N/A	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	/25 Report: 13/47
2	FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT# 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Golden, Kyle	<del>;</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/24/2014	6 Contributor address; City; State; Zip Code 2316 Century Park Blvd Austin, TX 78727		\$50.00	
				l '	Texas, complete Schedule T)
9	Principal occup Trainer/Owne	ation / Job title (See Instructions)	10 Employer (See In: Work It Persona		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; City; State; Zip Code 1500 W 24th St Austin, TX 78703		\$350.00	
	•			(16.0	
	Principal occup Economist	ation / Job title (See Instructions)	Employer (See In Self-Employed		Texas, complete Schedule T)
				<u> </u>	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/17/2014	Contributor address; City; State; Zip Code 12403 Mellow Meadow #304		\$10.00	 
		Austin, TX 78750		(If travel outside of	l Texas, complete Schedule T)
	Principal occup Organizer	ation / Job title (See Instructions)	Employer (See In Bucy for Texas	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/17/2014	Contributor address; City; State; Zip Code 12403 Mellow Meadow #304 Austin, TX 78750		\$10.00	 
			· .	<u> </u>	Texas, complete Schedule T)
	Principal occup Organizer	ation / Job title (See Instructions)	Employer (See In Bucy for Texas	structions)	
	Date	Full name of contributor	<b>‡</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; City; State; Zip Code 2924 Kassarine Pass Austin, TX 78704		\$100.00	
			•	(If travel outside of	Texas, complete Schedule T)
-	Principal occup Student	ation / Job title (See Instructions)	Employer (See In Self-Employed	<u> </u>	
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	The Instruction	on Guide explains how to compl	ete this form.		1 PAGE# Schedule: 12	/25 Report: 14/47	
2	FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)	
4	Date	5 Full name of contributor C Guerrero, Emily	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/23/2014	6 Contributor address; Ci 12310 Bainbridge Ln Austin, TX 78750	ity; State; Zip Code		\$100.00	 	
		·			(If travel outside of	Texas, complete Schedule T)	
9		ation / Job title (See Instructions) or Children's and Family Minis		10 Employer (See Ins United Christian			
•	Date	Full name of contributor <b>E</b> Guinn, Lucinda	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/01/2014	Contributor address; Ci 1425 11th St NW #104 Washington, DC 20001	ity; State; Zip Code		\$25.00	 	
		Washington, DC 20001			(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)		Employer (See Ins	structions)		
	IE Director			Emily's List			
•	Date	Full name of contributor   Guthikonda, Gopal	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	PO Box 200388	ity; State; Zip Code	.,,.,.	\$350.00	<b>!</b> !	
		Austin, TX 78720			(If travel outside of	Texas, complete Schedule T)	
	Principal occup Engineer	ation / Job title (See Instructions)	)	Employer (See Ins CP&Y, Inc.	structions)		
	Date	Full name of contributor [Harp, James	out-of-state PAC (ID#	) ·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/15/2014	Contributor address; C 6702 Langston Dr Austin, TX 78723	ity; State; Zip Code	,	\$25.00	1 1 1	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Real Estate A	ation / Job title (See Instructions) gent		Employer (See Ins Retired	structions)	-	
	Date	Full name of contributor E Heinrich, Tammy	out-of-state PAC (ID#	}	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/30/2014	Contributor address; C 6303 Kury Lane Houston, TX 77008	ity; State; Zip Code		\$250.00	] 	
	Principal occup	ation / Job title (See Instructions)	<del>,</del>	Employer (See In:	<u> </u>	Texas, complete Schedule T)	
	Pastor	anon / Job title (See Illatiticitons)			Methodist Church		

	The Instruction	งท Guide explains how to complete this form.		1 PAGE# Schedule: 13	/25 Report: 15/47	
2	FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT # 00629478	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Heinrich, Timothy Sr.	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	07/30/2014	6 Contributor address; City; State; Zip Code 6303 Kury Lane Houston, TX 77008		\$250.00	   	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In BoyarMiller	structions)		
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/03/2014	Contributor address; City; State; Zip Code 2616 Salado St		\$5.00	 	
		110 Austin, TX 78705			1	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Student	ation / Job title (See Instructions)	Employer (See In N/A	structions)		
	Date	Full name of contributor	<del></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/20/2014	Contributor address; City; State; Zip Code 1716 W Webster Houston, TX 77019		\$350.00	I I I	
		•		(If travel outside of	Texas, complete Schedule T)	
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In GATE, Inc	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; City; State; Zip Code 2402 Gateshead Cir Austin, TX 78745		\$100.00	 	
<u> </u>					Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See In Solarwinds	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/18/2014	Contributor address; City; State; Zip Code 2205 N Larnar Blvd #225 Austin, TX 78705		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Self-Employed	structions)		

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	The Instruction	on Guide explains how to complete	e this form.		1 PAGE # Schedule: 14	/25 Report: 16/47
2	FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT# 00629478	(Ethics Commission filers)
4	Date .	5 Full name of contributor   Johnson, Ezra	out-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; 4911 La Posada San Antonio, TX 78233	; State; Zip Code		\$150.00	 
	,				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)		10 Employer (See Ins Self-Employed	structions)	
	Date	Full name of contributor   Kendall, Sue Ann	out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; 9001 Braesgate Cv Austin, TX 78717	; State; Zip Code		\$116.66	  -  -
						Texas, complete Schedule T)
	Principal occup  Documentation	ation / Job title (See Instructions)		Employer (See In: Planview	structions)	
	Documentatio	Wanager		Figitiview		•
	Date	Full name of contributor   King, David	out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/04/2014	Contributor address; City; 1808 Kerr St Austin, TX 78704	; State; Zip Code		\$100.00	 
						Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor   Kline, Richard	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/28/2014	Contributor address; City; 3001 Esperanza Crossing #1094 Austin, TX 78758	; State: Zip Code		\$50.00	   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Master Prope	ation / Job title (See Instructions) rty Stager	·	Employer (See In: Self-Employed	structions)	
_	Date	Full name of contributor   Kuhnen, Lori	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	9550 Savannah Ridge Dr Unit 47	; State; Zip Code		\$25.00	 
		Austin, TX 78726			//E twa.com	Tours complete Cabadala Ti
	Principal occur	ation / Job title (See Instructions)	T	Employer (See In:		Texas, complete Schedule T)
	т ппорагоссир	adon 1 Job tille (See instituctions)		Employer (See In:	au ucuona)	

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	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 15	/25 Report: 17/47
2	FILER NAME	Flannigan, James (Mr.)		<del></del>	3 ACCOUNT # 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor Kyrejko, Andrew	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/19/2014	6 Contributor address; 420 W 42nd St Apt 10D New York, NY 10036	City; State; Zip Code		\$25.00	 
			·			Texas, complete Schedule T)
9	Principal occup Strategist	ation / Job title (See Instruction	ns)	10 Employer (See In Self-Employed	structions)	
	Date	Full name of contributor LaPlant, Suzanne	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; 9420 Spring Hollow Dr Austin, TX 78750	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$100.00	 
		Addini, 12 70750				
	·					Texas, complete Schedule T)
	Principal occup N/A	ation / Job title (See Instruction	ns)	Employer (See In Retired	structions)	
-	Date	Full name of contributor Lill, Craig	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; PO Box 300934 Austin, TX 78703	City; State; Zip Code		\$30.00	 
			·		<u> </u>	Texas, complete Schedule T)
	Principal occup Sales Manag	ation / Job title (See Instruction er	ns)	Employer (See In S&H Imports	structions)	
	Date	Full name of contributor Lommori, James	□ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; 5908 Carey Dr Austin, TX 78757	City; State; Zip Code		\$350.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Co-owner	ation / Job title (See Instruction	ns)	Employer (See In Alori Properties		
	Date	Full name of contributor Mangin, Stephan	out-of-state PAC (ID#	<u>')</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/26/2014	Contributor address; 6605 Debcoe Dr Austin, TX 78749	City; State; Zip Code		\$50.00	I   
					(If travel outside of	Texas, complete Schedule T)
┞	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In		
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	/25 Report: 18/47
2 FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT# 00629478	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mantrom, Shannon	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/26/2014	<b>6</b> Contributor address, City, State; Zip Code 1503 Barn Swallow Dr Austin, TX 78746		\$50.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Area Solution	ation / Job title (See Instructions) s Coordinator	10 Employer (See In: Praxis Fundrais		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/31/2014	Contributor address; City; State; Zip Code 9550 Savannah Ridge Dr Unit 17		\$50.00	 
	Austin, TX 78726			'
			,	Texas, complete Schedule T)
Principal occup N/A	ation / Job title (See Instructions)	Employer (See In: Retired	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/18/2014	Contributor address; City; State; Zip Code 601 W 26th St		\$350.00	 
	Austin, TX 78705			Texas, complete Schedule T)
Principal occup Director	ation / Job title (See Instructions)	Employer (See In Texas Democra		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/17/2014	Contributor address; City; State; Zip Code 2407 S Congress Ave #E-116 Austin, TX 78704		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Vice Presider	eation / Job title (See Instructions)  nt	Employer (See In Intelligent Lighti		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/23/2014	Contributor address; City; State; Zip Code 6902 Edgefield Dr Austin, TX 78731		\$200.00	1 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Financial Plar	nation / Job title (See Instructions)	Employer (See In JoAnn McKenzi	structions)	,,

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	The Instruction	ท Guide explains how to com	plete this form.	·	1 PAGE# Schedule: 17	/25 Report: 19/47
2	FILER NAME	Flannigan, James.(Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor McKnight, Barbara	☐ out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/25/2014	6 Contributor address; 12510 Shasta Lane Austin, TX 78729	City; State; Zip Code		\$20.00   	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instruction	s)	10 Employer (See In: N/A	structions)	
	Date	Full name of contributor McKnight, Barbara	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/21/2014	Contributor address; 12510 Shasta Lane Austin, TX 78729	City, State, Zip Code		\$20.00	 
	·			-	(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instruction	s)	Employer (See In N/A	structions)	
	Date	Full name of contributor Meyer, Scott	out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; 2401 Kathy Cv Austin, TX 78704	City; State; Zip Code		\$200.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Physician	ation / Job title (See Instruction	s)	Employer (See In Emergency Ser	structions)	rono, company community
	Date	Full name of contributor Meyer, Scott	ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable) food/bev for brunch
	09/14/2014	Contributor address; 2401 Kathy Cv Austin, TX 78704	City; State; Zip Code		\$125.00	fundraiser on 9/14   
					/If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instruction	is) T	Employer (See In		
	Physician			Emergency Ser		
	Date	Full name of contributor Mitchell, Chance	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/05/2014	Contributor address; 729 15th St NW 9th Floor Washington, DC 20005	City; State; Zip Code	••••••	\$100.00	 
		· · · · · · · · · · · · · · · · · · ·		·	<u> </u>	Texas, complete Schedule T)
	Principal occup CEO	ation / Job title (See Instruction	s)	Employer (See In NGLCC	structions)	<del></del>
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 18	/25 Report: 20/47
2	FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT# 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Mitchell, Derrick	)	7 Amount of contribution (\$)	8
	09/21/2014	6 Contributor address; City; State; Zip Code 3009 Cherrywood Rd Unit A Austin, TX 78722		\$350.00	Texas, complete Schedule T)
9	Principal occup Sole Propriete	ation / Job title (See Instructions) or	10 Employer (See In DeMi Photo + V	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/26/2014	Contributor address; City; State; Zip Code 2819 Foster Lane #F244 Austin, TX 78757		\$350.00	 
		Austin, 1270/3/		(If travel outside of	Texas, complete Schedule T)
	Principal occup Writer, Rabble	ation / Job title (See Instructions) e Rouser	Employer (See In Self-Employed	structions)	 ·
	·				
	Date	Full name of contributor	!)	Amount of contribution (\$)	! In-kind contribution description (if applicable)
	07/22/2014	Contributor address; City; State; Zip Code 6207 Avery Island Ave Austin, TX 78727		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Contractor	ation / Job title (See Instructions)	Employer (See In Self-Employed	structions)	
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable) food and beverages for
	09/13/2014	Contributor address; City; State; Zip Code 6207 Avery Island Ave Austin, TX 78727		\$38.47	house party
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Contractor	ation / Job title (See Instructions)	Employer (See In Self-Employed	structions)	
_	Date	Full name of contributor	<u>(</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 6207 Avery Island Ave Austin, TX 78727		\$150.00	 
_				(If travel outside of	Texas, complete Schedule T)
	Principal occup Contractor	ation / Job title (See Instructions)	Employer (See In Self-Employed	structions)	
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	The Instruction	on Guide explains how to com	plete this form.		1 PAGE# Schedule: 19	/25 Report: 21/47
2	FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor Nasr, David	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; 8701 W Parmer Ln Apt 2115 Austin, TX 78729	City; State; Zip Code		\$100.00	Texas, complete Schedule T)
9	Principal occup Sales	ation / Job title (See Instruction	ns)	10 Employer (See In Apple		
	Sales			Apple		
	Date	Full name of contributor Negron, Leslie	□ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/03/2014	Contributor address; 1305 Dillon Lake Bend Austin, TX 78641	City; State; Zip Code		\$25.00	i 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Realtor	ation / Job title (See Instruction	ns)	Employer (See In Self-Employed	structions)	
	Date	Full name of contributor Noonal, Coral	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/10/2014	Contributor address; 1566 CR 316 Lexington, TX 78947	City; State; Zip Code		\$50.00	 
		_			(If travel outside of	Texas, complete Schedule T)
	Principal occup Vice Presider	ation / Job title (See Instruction at	ns)	Employer (See In National Americ		
	Date	Full name of contributor O Raghallaigh, Cavan	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; 1509 Hollow Tree Round Rock, TX 78681	City; State; Zip Code		<b>\$2</b> 5.00	   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Human	ation / Job title (See Instruction	ns)	Employer (See In Retired	structions)	
	Date	Full name of contributor Parson, Richard	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/04/2014	Contributor address; 2301 Windrift Way Round Rock, TX 78664	City; State; Zip Code		\$25.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup U.S. Postal S	ation / Job title (See Instruction ervice	ns)	Employer (See In Retired	structions)	

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	The Instruction	אס Guide explains how to com	plete this form.	:	1 PAGE # Schedule: 20	/25 Report: 22/47
2	FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor Pizzatola, John	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8
	09/14/2014	6 Contributor address; PO Box 302710 Austin, TX 78703	City; State; Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Realtor	ation / Job title (See Instruction	ns)	10 Employer (See In Perfect Tree Re	structions) ealty	
	Date	Full name of contributor Plummer, Douglas	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable) food/bev for brunch
	09/14/2014	Contributor address; 301 E 35th St Austin, TX 78705	City; State; Zip Code		\$100.00	fundraiser on 9/14   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Managing Dir	pation / Job title (See Instruction ector	ns)	Employer (See In Midtown Title	structions)	
1	Date	Full name of contributor Poore, Megan	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable) food/bev for house party
	09/21/2014	Contributor address; 8420 Cahill Dr Austin, TX 78729	City; State; Zip Code		\$75.00	   
		·	•		(If travel outside of	Texas, complete Schedule T)
	Principal occup Financial Adv	ation / Job title (See Instruction iser	ns)	Employer (See In Lucien, Stirling	structions) and Gray, Advisor	ry Group, Inc.
	Date	Full name of contributor Prendergast, Daria	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable) food/bev for house
	08/28/2014	Contributor address; 11203 Thorny Brook Trail Austin, TX 78750	City; State; Zip Code		\$12.00	party; bottled water
	·				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Rebman, James	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2014	Contributor address; 188 Cinder Cv Dripping Springs, TX 78620	City; State; Zip Code		\$350.00	 
		· · · · · ·			(If travel outside of	Texas, complete Schedule T)
	Principal occup Sr VP	ation / Job title (See Instruction	ns)	Employer (See In Retired	L	complete definedate ()

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 21	/25 Report: 23/47
2	FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT# 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Reed, Susan	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) bottled water
	08/12/2014	<b>6</b> Contributor address; City; State; Zip Code 12200 Waterside Trail Austin, TX 78750		\$5.00	l 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Volunteer	pation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date -	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/20/2014	Contributor address; City; State; Zip Code 900 S Lamar Blvd #208		\$50.00	 
		Austin, TX 78704		/If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		rexas, complete schedule 1)
	Marketing		The Long Cente		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/11/2014	Contributor address; City; State; Zip Code 9726 Copper Creek Dr Austin, TX 78729		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup Director	ation / Job title (See Instructions)	Employer (See In VacationRoost	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/20/2014	Contributor address; City; State; Zip Code 6203 Linda Lane Austin, TX 78723		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup employee	vation / Job title (See Instructions)	Employer (See In rES	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/20/2014	Contributor address; City; State; Zip Code 505 E Annie St Austin, TX 78704		\$50.00	! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Photographer	ation / Job title (See Instructions)	Employer (See In Tour Factory	structions)	

	_				
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	/25 Report: 24/47
2	FILER NAME	Flannigan, James (Mr.)		3 ACCOUNT# 00629478	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#, Schultz, Eric	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/07/2014	6 Contributor address; City: State; Zip Code 10807 Keystone Bend Austin, TX 78750		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Landscape A	ation / Job title (See Instructions) rchitect	10 Employer (See Indwg.	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 608 Spring St Round Rock, TX 78664		\$50.00	]   
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup Teacher	ation / Job title (See Instructions)	Employer (See In Round Rock ISI	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 12005 Grey Rock Austin, TX 78750		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup N/A	vation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704	•••••	\$100.00	] 
		_	•	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City, State; Zip Code 10710 Spicewood Club Dr Austin, TX 78750		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Homemaker	eation / Job title (See Instructions)	Employer (See In N/A	<u> </u>	
					Electronic Filing Version 3.4.6

1 PAGE # Schedule: 23/25 Report: 25/47
3 ACCOUNT # (Ethics Commission filers) 00629478
7 Amount of   8 In-kind contribution contribution (\$)   description (if applicable)
\$200.00
(If travel outside of Texas, complete Schedule T)
10 Employer (See Instructions) VisionWeb
D#) Amount of In-kind contribution contribution (\$) food/bev for ice cream social
\$33.00
(If travel outside of Texas, complete Schedule T)
Employer (See Instructions) TSORF, Inc.
O#) Amount of In-kind contribution contribution (\$) description (if applicable)
\$50.00
(If travel outside of Texas, complete Schedule T)
Employer (See Instructions) Girl Scouts of Central Texas
D#) Amount of In-kind contribution contribution (\$) description (if applicable)
\$350.00
(If travel outside of Texas, complete Schedule T)
Employer (See Instructions) EnviroMedia
D#) Amount of In-kind contribution contribution (\$) description (if applicable)
\$25.00
(If travel outside of Texas, complete Schedule T)
Employer (See Instructions) Thermo Fisher Scientific

The Instruction	IN GUIDE explains how to complete thi	s form.		1 PAGE# Schedule: 24	/25 Report: 26/47
2 FILER NAME	Flannigan, James (Mr.)			3 ACCOUNT # 00629478	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-	of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/2014	6 Contributor address; City; S 13913 Lampting Dr Pflugerville, TX 78660	tate; Zip Code		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9 Principal occup Operations	ation / Job title (See Instructions)	10	) Employer (See Ins Apptive	tructions)	
Date	Full name of contributor 🔲 out- Witbrock, Michael	of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/09/2014	Contributor address; City; S 3911 Walnut Clay Dr Austin, TX 78731	tate; Zip Code		\$10.00	] 
			1		Texas, complete Schedule T)
Scientists	ation / Job title (See Instructions)		Employer (See Ins Cycorp, Inc.	tructions)	
Dat <del>e</del>	Full name of contributor	of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/01/2014	Contributor address; City; S 330 Parnassus Ave Apt 103	tate; Zip Code		\$100.00	<del> </del> 
	San Francisco, CA 94117			(If travel outside of	Texas, complete Schedule T)
Principal occup Engineer	ation / Job title (See Instructions)		Employer (See Ins Fugro	tructions)	·
Date	Full name of contributor	of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/04/2014	Contributor address; City; S 2901 Via Fortuna Suite 450 Austin, TX 78746	tate; Zip Code		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Ins Ikard Wynne LLI		
Date	Full name of contributor	of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/12/2014	Contributor address; City; S 3809 Hidden Hollow Austin, TX 78731	tate; Zip Code		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Ins Ikard Wynne LL	structions)	

## **POLITICAL CONTRIBUTIONS**

The Instr	истіом Guide explains how to co	mplete this form.		1 PAGE # Schedule: 25/25 Report: 27/47		
FILER NAI	ME Flannigan, James (Mr.)			3 ACCOUNT # (Ethics Commission 00629478		
Date	5 Full name of contributor Zigrossi, Pat	out-of-state PAC (ID)	<u> </u>	7 Amount of 8 In-kind control (\$) description (if	ribution applicable)	
09/18/20	6 Contributor address; 11300 Pickfair Dr Austin, TX 78750	City; State; Zip Code		\$50.00   		
				(If travel outside of Texas, complete Sch	nedule T)	
Principal o N/A	ccupation / Job title (See Instructi	ons)	10 Employer (See In Noпе	structions)		
					٠	
				•		
				-		
			,			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enler a category not listed above)

**Event Expense** Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Flannigan, James (Mr.) Schedule: 1/18 Report: 28/47 00629478 4 Date 5 Payee name 08/24/2014 Academy Sports + Outdoors 6 Amount (\$) Payee address City; State; Zip Code 12250 Research Blvd \$10.80 Austin, TX 78759 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** stakes for Anderson Mill road sign Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/28/2014 Amazon.com Payee address Amount (\$) City; State; Zip Code PO Box 81226 \$119.80 Seattle, WA 98108 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** water bottle holders with straps Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/18/2014 American Printing and Mailing Amount (\$) Payee address City; State; Zip Code 1606 Headway Circle \$1,111.73 Austin, TX 78754 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) [ **PURPOSE** sheets of printed corrugated plastic hammers to add **Printing Expense** OF to road signs and yard signs **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/19/2014 American Printing and Mailing Amount (\$) Payee address City; State; Zip Code 1606 Headway Circle \$1,441,93 Austin, TX 78754 Category (See Categories listed at the top of this schedule) Description (If trave! outside of Texas, complete Schedule T) **PURPOSE** push cards **Printing Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held:

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # · (TEC filers) Flannigan, James (Mr.) 00629478 Schedule: 2/18 Report: 29/47 5 Payee name Date

	09/15/2014	<ul> <li>Balcones Country Club Wo</li> </ul>	men's Association Sci	holarship Fund		
6	Amount (\$)	7 Payee address City	; State; Zip Code			
	\$150.00	11202 Pickfari Dr Austin, TX 78750				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Advertising Expense	at the top of this schedule)		s advertiseme	e of Texas, complete Schedule T) ent 1/2 page in program
•	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so	ught:	Office held:
	Date	Payee name		``		
	08/05/2014	Bat City, Inc.				
	Amount (\$)	Payee address City	; State; Zip Code			
	\$463.31	1707 Nueces St Austin, TX 78701				
ı	PURPOSE OF EXPENDITURE	Category (See Categories listed Printing Expense	af the top of this schedule)	Description campaign t	shirts	e of Texas, complete Schedule T)
	Complete ONLY if	Candidate / Officeholder name		Office so	ught:	Office held:

to benefit C/OH Date Payee name 07/21/2014 CheckMark Typesetting City; State; Zip Code Amount (\$) Payee address 3217 N IH 35 \$1,664.68 Austin, TX 78722

Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** 26 x 16 inch yard signs with metal frames Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure

to benefit C/OH Date Pavee name CheckMark Typesetting 08/22/2014 Amount (\$) Payee address City; State; Zip Code 3217 N IH 35 \$1,303.47

Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** 4 x 8 foot road signs

Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expe Accounting/Bank Consulting Exper	ting Legal Services Solicitation/Fu	es/Contract Labor Loan Repayment/Reimbursement ndraising Expense Transportation Equipment & Related Expense Contributions/Desiritions (Progrations Model Pt.)
Event Expense Fees	Polling Expense Travel Out Of	District Candidate/Officeholder/Political Committee
rees	The Instruction Guide explains h	ad/Rental Expense OTHER (enter a category not listed above)  10w to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/18 F	Report: 30/47 Flannigan, James (Mr.)	00629478
4 Date	5 Payee name	<u> </u>
09/05/2014	Cherico, Jonn	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$250.00	1813 Richcreek Austin, TX 78757	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) money for purchases related to campaign video supplies
EXPENDITURE		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
07/26/2014	Chevron	
Amount (\$)	Payee address City; State: Zip Code	
\$27.54	2710 Bee Caves Rd Austin, TX 78746	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	·	□ •• • • • • • • • • • • • • • • • • •
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/16/2014	Christensen, Elizabeth	<u> </u>
Amount (\$)	Payee address City; State; Zip Code	
\$240.00	PO Box 1792 Austin, TX 78767	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Aug 8 - Aug 16: canvassing and data entry
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/30/2014	Christensen, Elizabeth	
Amount (\$)	Payee address City; State; Zip Code	
\$295.00	PO Box 1792 Austin, TX 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Aug 17 - 31: canvassing and data entry
Complete ONLY	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officenoider name	Office sought: Office held:

## SCHEDULE F

Advertising Expense Accounting/Banking Event Expense

Texas Ethics Commission

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee Consulting Expense Polling Expense Printing Expense Travel Out Of District
Office Overhead/Rental Expense Fees OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Flannigan, James (Mr.) Schedule: 4/18 Report: 31/47 00629478 5 Payee name 4 Date Christensen, Elizabeth 09/13/2014 6 Amount (\$) Payee address City; State; Zip Code PO Box 1792 \$300.00 Austin, TX 78767 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Sept 1 - Sept 15: canvassing Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Cox Media Group 07/14/2014 Amount (\$) Payee address City; State; 6205 Peachtree Dunwoody Rd \$9.99 Atlanta, GA 30328 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T): Description **PURPOSE** subscription to Austin American Statesman Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Cox Media Group 08/12/2014 Amount (\$) Payee address City; State; Zip Code 6205 Peachtree Dunwoody Rd \$9.99 Atlanta, GA 30328 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** subscription to Austin American-Statesman Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Cox Media Group 09/10/2014 Amount (\$) Payee address City; State; Zip Code 6205 Peachtree Dunwoody Rd \$9.99 Atlanta, GA 30328 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** subscription to Austin American-Statesman Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

ense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed abové)

		The Instruction Guide explains he	w to complete this form.			
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 5/18 F	Report: 32/47	Flannigan, James (Mr.)		00629478		
4 Date	5 Payee name					
07/21/2014		tion Printing and Design				
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$361.56	2410 East R	liverside Dr				
	Suite C4 Austin, TX 7	78741		•		
			140 5			
8 PURPOSE	1	e Categories listed at the top of this schedule)	(b) Description (If travel outside 4 x 9 push cards	e of Texas, complete Schedule T)		
OF	Printing Exp	ense	1 X o puen saras			
EXPENDITURE			Check if Austin, TX, officehold	ler living evene		
9 Complete ONLY if	Candidate / O	officeholder name	Office sought:	Office held:		
direct expenditure						
to benefit C/OH						
Date	Payee name			•		
07/22/2014	<del></del>	ation Printing and Design				
Amount (\$)	Payee addres	- V,		1		
\$192.47	2410 East R Suite C4	liverside Dr				
	Austin, TX	78741				
ļ		e Categories listed at the top of this schedule)	Description ((faceuple addit)	(T		
PURPOSE	Printing Exp		Description (If travel outside 2 x 4 inch stickers	e of Texas, complete Schedule T)		
OF EXPENDITURE	Tilling Exp	UII3G				
EXPENDITURE			Check if Austin, TX, officehold	ler living expense		
Complete ONLY if	Candidate / O	officeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH						
	Davis a serie	· · · · · · · · · · · · · · · · · · ·				
Date 08/18/2014	Payee name Cuppa Austi	in				
Amount (\$)	Payee addres		1/2 m · 4 m			
1 '''	9225 W Pari	-	•			
\$11.00	Austin, TX					
	,		•	•		
-	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)		
PURPOSE		age Expense	coffee/water/food for volu	inteers		
OF EXPENDITURE						
			Check if Austin, TX, officehold	der living expense		
Complete ONLY if	Candidate / C	officeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH						
Date	Payee name			<del>-</del>		
09/25/2014	DeMi Photo	+ Video				
Amount (\$)	Payee addres					
\$2,000.00	1					
Ψ2,000.00	Unit A		•			
	Austin, TX	78722				
_,,	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)		
PURPOSE OF	Salaries/Wa	ges/Contract Labor	campaign video production	on		
EXPENDITURE			<u> </u>			
<u> </u>			Check if Austin, TX, officehold			
Complete ONLY if direct expenditure	Candidate / C	officeholder name	Office sought:	Office held:		
to benefit C/OH						

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Legal Services
Food/Beverage Expense
Polling Expense Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead.  The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	
Schedule: 6/18 F	E1	3 ACCOUNT # (TEC filers) 00629478
4 Date	5 Payee name	00029470
07/21/2014	Facebook	
6 Amount (\$)	7 Payee address City; State; Zip Code	·
\$25.08	1	
Ψ20.00	Menlo Park, CA 94025	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	facebook advertising
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH		Onioe sought.
Date	Payee name	
07/24/2014	Facebook	
Amount (\$)	Payee address City; State; Zip Code	
-\$50.16	1601 Willow Road Menlo Park, CA 94025	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	facebook advertising
EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
07/31/2014	Facebook	
Amount (\$)	Payee address City; State; Zip Code	
\$70.29	1601 Willow Road	·
	Menlo Park, CA 94025	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	facebook advertising
OF EXPENDITURE		•
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
08/20/2014	Facebook	
Amount (\$)	Payee address City; State; Zip Code	
\$250.35	1601 Willow Road	
,_33.00	Menlo Park, CA 94025	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) facebook advertising
OF	Advertising Expense	lacebook devertising
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		-
L	<u> </u>	

SCHEDULE F

Advertising Expense Accounting/Banking Event Expense

Texas Ethics Commission

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Consulting Expense Travel Out Of District Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Flannigan, James (Mr.) 00629478 Schedule: 7/18 Report: 34/47 4 Date 5 Payee name Facebook 08/31/2014 6 Amount (\$) Payee address City; State; Zip Code 1601 Willow Road \$181.25 Menlo Park, CA 94025 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** facebook advertising Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Facebook 09/25/2014 Amount (\$) Payee address City; State: Zip Code 1601 Willow Road \$500.06 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** facebook advertising Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/31/2014 FedEx Amount (\$) Payee address City; State; Zip Code 2711 Guadalupe St. \$6.02 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** call sheets Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name FedEx 08/02/2014 Amount (\$) Payee address City; State; Zip Code 2711 Guadalupe St \$12.26 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** walk sheets Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Complete ONLY if Candidate / Officeholder name Office held: direct expenditure to benefit C/OH

SCHEDULE F

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officetolder/Political Committee
OTHER (extens exchanges and listed above)

Fees OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Flannigan, James (Mr.) Schedule: 8/18 Report: 35/47 00629478 5 Payee name ▲ Date FedEx 08/03/2014 6 Amount (\$) Payee address City; State; Zip Code 2711 Guadalupe St \$22.86 Austin, TX 78705 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** walk sheets Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name FedEx 08/07/2014 Amount (\$) Payee address City; State; Zip Code 2711 Guadalupe St \$6.08 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** walk sheets Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/08/2014 FedEx Amount (\$) Payee address City; State; Zip Code 2711 Guadalupe St \$2.98 Austin, TX 78705 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** printing for report Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name FedEx 09/22/2014 Amount (\$) Payee address City; State; Zip Code 13809 N Hwy 183 \$2.43 Austin, TX 78750 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** scanner usage fee Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Foes
Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Printing Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Event Expense Fees	Polling Expense Printing Expense		District ad/Rental Expense	Candidate/O OTHER (enter a	fficeholder/Political C a category not listed a	
<u> </u>		STRUCTION GUIDE explains h	low to complete this	torm.		
1 PAGE# Schedule: 9/18 F	eport: 36/47 2 FILER NA Flannigar	ME n, James (Mr.)			3 ACCOUNT# 00629478	(TEC filers)
4 Date	5 Payee name		· - ·			
07/14/2014	Fun Loving Photos					
6 Amount (\$)	7 Payee address C	ity; State; Zip Code				
\$150.00	1611 B Collier St Austin, TX 78704					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Advertising Expense	ed at the top of this schedule)	(b) Description Photo sho	(If travel outside o ot for political ad	of Texas, complete S Vertisements	chedule T)
			Check if Au	stin, TX, officeholde	r living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne	Office		Office held:	
Date	Payee name				·	
07/15/2014	Heinrich, Allison					
Amount (\$)		ity; State; Zip Code				
\$1,250.00	2606 Rio Grande St #101 Austin, TX 78705					
PURPOSE	Category (See Categories liste Salaries/Wages/Contract		Description June Sala	(If travel outside or y for campaign	of Texas, complete S <b>work</b>	chedule T)
OF EXPENDITURE						
LAFENDITORE			Check if Au	stin, TX, officeholde	r livina expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nan	ne		sought:	Office held:	
Date	Payee name		•			
07/31/2014	Heinrich, Allison					
Amount (\$)	Payee address C	ity; State; Zip Code				
\$1,250.00	9807 N FM 620 #21102 Austin, TX 78726					
PURPOSE OF EXPENDITURE	Category (See Categories liste Salaries/Wages/Contract		Description July Salar	ı (If travel outside o y for campaign v	of Texas, complete S vork	chedule T)
				stin, TX, officeholde		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nan	ne .	Office :	sought:	Office held:	
Date	Payee name					
08/25/2014	Heinrich, Allison					
Amount (\$)	•	ity; State; Zip Code				
\$2,500.00	9807 N FM 620 #21102 Austin, TX 78726					
PURPOSE OF	Category (See Categories liste Salaries/Wages/Contract	•	Description August Sa	(If travel outside of alary for campaig	of Texas, complete S n work	chedule T)
EXPENDITURE			Charles # 4	odin TV ndinobold-	s tiving over	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne		stin, TX, officeholde sought:	Office held:	•
				<del></del>		

**EXPENDITURE CATEGORIES** 

## **POLITICAL EXPENDITURES**

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

F665	The Instruction Guide explains ho					
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)				
Schedule: 10/18	I Flancisco (como Mas)	00629478				
4 Date	5 Payee name	00020110				
08/22/2014	Home Depot					
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$51.54	10515 N Mopac Expy	•				
<b>4</b> 51.51	Austin, TX 78759					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)				
PURPOSE OF	Advertising Expense t-posts and cable ties for road signs					
EXPENDITURE						
O Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:				
9 Complete ONLY if direct expenditure	Candidate / Officeriolder name	Office sought: Office held:				
to benefit C/OH						
Date	Payee name					
08/24/2014	Home Depot					
Amount (\$)	Payee address City; State; Zip Code					
\$2.12	10515 N Mopac Expy	·				
:	Austin, TX 78759	·				
·						
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  galvanized wire for Anderson Mill road sign				
OF	Advertising Expense galvanized wire for Anderson Mill road sign					
EXPENDITURE		Check if Austin, TX, officeholder living expense				
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:				
direct expenditure to benefit C/OH		-				
Date	Payee name					
08/26/2014	Home Depot	···				
Amount (\$)	Payee address City; State; Zip Code 11301 Lakeline Blvd	;				
\$3.49	Austin, TX 78717					
	·					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
PURPOSE OF	Office Overhead/Rental Expense	staples for staple gun				
EXPENDITURE		<u></u>				
		Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:				
to benefit C/OH						
Date	Payee name					
09/10/2014	Kerbey Lane Cafe					
Amount (\$)	Payee address City; State; Zip Code					
\$24.00	13435 Hwy 183	·				
	Ste 415 Austin, TX 78704					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Unch meeting 9/10				
OF	Food/Beverage Expense	Turion meeting " or to				
EXPENDITURE		Charles Austin TV office Later				
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:				
direct expenditure		Office field.				
to benefit C/OH		<u></u>				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Event Expense Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Flannigan, James (Mr.) 00629478 Schedule: 11/18 Report: 38/47 4 Date 5 Payee name M & G Sign Placement Services 08/30/2014 6 Amount (\$) Payee address City; State; Zip Code 6410 Ponca Street \$1,035.00 Austin, TX 78741 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** payment for road sign placement/installation Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Mi Pizza 09/13/2014 Amount (\$) Payee address City; State; Zip Code 6001 W Parmer Lane \$53.00 Suite 440 Austin, TX 78727 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** pizza for house party Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/21/2014 NationBuilder Amount (\$) Payee address City; State; Zip Code 448 S Hill St \$78.00 #200 Los Angeles, CA 90013 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign Website - July Advertising Expense QF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Pavee name NationBuilder 08/21/2014 Amount (\$) Payee address City; State; Zip Code 448 S Hill St \$78.00 #200 Los Angeles, CA 90013 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign Website -- August Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Flannigan, James (Mr.) 00629478 Schedule: 12/18 Report: 39/47 4 Date 5 Pavee name NationBuilder 09/21/2014 6 Amount (\$) Payee address City; State; Zip Code 448 S Hill St \$78.00 #200 Los Angeles, CA 90013 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign Website -- September Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Office Depot 09/06/2014 Amount (\$) Payee address City; State; Zip Code 4501 West Braker Lane \$49.75 Austin, TX 78759 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** office supplies -- ink, paper Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 09/16/2014 Office Max Payee address Amount (\$) City; State; Zip Code 4615 N Lamar \$31.67 Austin, TX 78751 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies -- paper, ink, binder clips Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH Date Pavee name OfficeMax 07/15/2014 Amount (\$) Payee address City; State; Zip Code 4615 North Lamar Blvd \$71.40 Austin, TX 78756 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** office supplies -- ink and file storage Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Polling Expense Printing Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Flannigan, James (Mr.) 00629478 Schedule: 13/18 Report: 40/47 5 Payee name 4 Date OfficeMax: 08/13/2014 6 Amount (\$) Payee address City; State; Zip Code 4615 North Lamar Blvd \$178.95 Austin, TX 78756 (a) Category (See Categories listed at the top of this schedule) 8 (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** office supplies -- paper, envelopes, ink, labels, etc Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rock N Roll Rentals 07/28/2014 Amount (\$) Payee address City; State; Zip Code 1420 W. Oltorf St \$12.99 Austin, TX 78704 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** PA system rental 7/25-7/28 **Event Expense** ΩF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 08/02/2014 Shell Gas Station Amount (\$) Payee address City; State; Zip Code 13296 N Hwy 183 \$4.95 Austin, TX 78750 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** bottled water Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Starbucks 08/23/2014 Amount (\$) Payee address City; State; Zip Code 13450 Research Blvd \$17.27 Austin, TX 78750 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** coffee/water/food for volunteers Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee Polling Expense Travel Out Of District Fees OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Flannigan, James (Mr.) 00629478 Schedule: 14/18 Report: 41/47 4 Date 5 Pavee name Starbucks 08/24/2014 6 Amount (\$) Payee address City; State; Zip Code 13450 Research Blvd \$5.85 Austin, TX 78750 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** coffee/water/food for volunteers Food/Beverage Expense **QF** 

**EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Starbucks 08/30/2014 Amount (\$) Payee address City; State; Zip Code 10900 Research Blvd \$8.55 Austin, TX 78759

Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** coffee/water/food for volunteers Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name

08/30/2014 Starbucks Amount (\$) Payee address City; State; Zip Code 10900 Research Blvd \$4.60

Austin, TX 78759

Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** coffee/water/food for volunteers Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

direct expenditure to benefit C/OH Date Payee name

Starbucks 09/13/2014 Amount (\$) Payee address City; State; Zip Code 6301 West Parmer Lane \$24.90

Austin, TX 78729

Complete ONLY if

direct expenditure to benefit C/OH

Category (See Categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense OF **EXPENDITURE** 

Candidate / Officeholder name

Description (If travel outside of Texas, complete Schedule T) coffee/water/food for volunteers

Check if Austin, TX, officeholder living expense Office sought: Office held:

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fces

Texas Ethics Commission

Gifts/Awards/Memorial Expense Gitts/Awards/Memorial Ex Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

		The Instruction Guide explains ho	w to complete this form.			
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 15/18	Report: 42/47	Flannigan, James (Mr.)		00629478		
4 Date	5 Payee name					
07/02/2014	Strategic Payment Sysyetms, Inc.					
6 Amount (\$)	7 Payee addres	s City; State; Zip Code				
\$21.40	45 Dan Rd Suite 100			•		
	Canton, MA	. 02021				
8	(a) Category (Se	e Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)		
PURPOSE OF	Accounting/Banking fees associated with online payment gateway					
EXPENDITURE						
· · · · · · · · · · · · · · · · · · ·			Check if Austin, TX, officehold			
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:		
to benefit C/OH						
Date	Payee name					
07/08/2014	Strategic Pa	yment Sysyetms, Inc.	,			
Amount (\$)	Payee addres	s City; State; Zip Code				
\$5.40	45 Dan Rd					
	Suite 100 Canton, MA	02021				
			Dogginting #freed - 11	of Tours agentus Out of the To		
PURPOSE	Accounting/I	e Categories listed at the top of this schedule) Banking	Description (If travel outside fees associated with cred	e of Texas, complete Schedule T)		
OF EXPENDITURE	, tocounting,	Samang	gateway	· , ,		
_ EXPENDITORE			Check if Austin, TX, officehold	ler living expense		
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH						
Date	Payee name					
07/08/2014	1 '	yment Sysyetms, Inc.				
Amount (\$)	Payee addres	<u> </u>				
\$303.97	I '	• • • • •				
	Suite 100	02024				
	Caπton, MA		· · · · · · · · · · · · · · · · · · ·			
PURPOSE		e Categories listed at the top of this schedule)	Description (If travel outside statement fees for credit	e of Texas, complete Schedule T)		
OF	Accounting/l	Banking	Statement lees for credit	card processing		
EXPENDITURE			D 65-11/44 1/ 50/ 50/ 50/ 50/	L. 18. C		
Complete ONLY if	Candidate / O	ifficeholder name	Office sought:	ler living expense Office held:		
direct expenditure			eee oougin.	Sinos riola.		
to benefit C/OH	<u> </u>			<del></del>		
Date	Payee name	wment Converted Land				
08/04/2014		yment Sysyetms, Inc.				
Amount (\$)	Payee addres	S City; State; Zip Code				
\$20.65	45 Dan Rd Suite 100					
	Canton, MA	02021		,		
	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)		
PURPOSE	Accounting/l		fees associated with onlin			
OF EXPENDITURE						
			Check if Austin, TX, officehold			
Complete ONLY if direct expenditure	Candidate / C	ifficeholder name	Office sought:	Office held:		
to benefit C/OH						

SCHEDULE F

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Reverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Denations Made Ry

Event Expense	Polling Expense Travel Out Of D	istrict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead The Instruction Guide explains ho	d/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 16/18		00629478
4 Date 08/06/2014	5 Payee name Strategic Payment Sysyetms, Inc.	
6 Amount (\$)	7 Payee address City; State; Zip Code	<u> </u>
\$130.76	Suite 100	
:	Canton, MA 02021	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	statement fees for credit card processing
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
08/21/2014	Strategic Payment Sysyetms, Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$108.70	45 Dan Rd	
	Suite 100 Canton, MA 02021	
		1 0 12 22 22 22
PURPOSE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) statement fees for credit card processing
OF	Accounting/Danking	, , , , , ,
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		<u> </u>
Date	Payee name	
09/03/2014	Strategic Payment Sysyetms, Inc.	
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$20.95	45 Dan Rd	
Ψ20.33	Suite 100	
	Canton, MA 02021	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Accounting/Banking	fees associated with online payment gateway
EXPENDITURE		<u></u>
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		Omos neig.
to benefit C/OH		<u> </u>
Date	Payee name	
09/08/2014	Strategic Payment Sysyetms, Inc.	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address City; State; Zip Code	
\$181.20	45 Dan Rd Suite 100	
/ <del>-</del>	Canton, MA 02021	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	statement fees for credit card processing
EXPENDITURE	,	
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
		Electronic Filipp Version 3.4.6

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) 2 Flannigan, James (Mr.) 00629478 Schedule: 17/18 Report: 44/47 4 Date 5 Payee name Strategic Payment Sysyetms, Inc. 09/09/2014 6 Amount (\$) Payee address City; State; Zip Code 45 Dan Rd \$5.00 Suite 100 Canton, MA 02021 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** fees associated with credit card swiper payment Accounting/Banking OF gateway **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Target 07/20/2014 Amount (\$) Payee address City; State; Zip Code 5621 N IH-35 \$16.10 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies -- pens. envelopes, etc. Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY is Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/28/2014 The Jewish Outlook Amount (\$) Payee address City; State; Zip Code 4007 Madrid Cove \$254.00 Austin, TX 78759 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** advertisement for October edition Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name US Post Office -- Central Park West Station 07/07/2014 Pavee address Amount (\$) City; State; Zip Code 3507 N Lamar Blvd \$70.07 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** postage Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers)
Schedule: 18/18	Report: 45/47 Flannigan, James (Mr.)	00629478
4 Date	5 Payee name	
07/25/2014	US Post Office Central Park West Station	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$6.37	3507 N Lamar Blvd	
	Austin, TX 78705	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	postage
OF EXPENDITURE	·	
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
08/21/2014	US Post Office Central Park West Station	·
Amount (\$)	Payee address City; State; Zip Code	
\$9.80	3507 N Lamar Blvd	
φ9.00	Austin, TX 78705	•
		•
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	postage
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		,
Date	Payee name	
07/31/2014	Waterloo Printing	
Amount (\$)	Payee address City; State; Zip Code	,
\$514.18		
ψυ (4.10	Austin, TX 78704	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	campaign t-shirts
EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	·	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a calegopy not listed above)

	The Instruction Guide explains how	w to complete this form.			
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)			
Schedule: 1/2 Re	port: 46/47 Flannigan, James (Mr.)	00629478			
4 Date	5 Payee name				
09/17/2014	Cherico, Jonn				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$300.00	1813 Richcreek				
Reimbursement from political contributions intended	Austin, TX 78757				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Advertising Expense	money for purchases related to campaign video			
EXPENDITURE		supplies			
		Check if Austin, TX, officeholder living expense			
Date	Payee name				
08/04/2014	Facebook				
Amount (\$)	Payee address City; State; Zip Code				
\$6.99	1601 Willow Road Menlo Park, CA 94025				
Reimbursement from political contributions intended					
CONTINUE AND A MICHAELO	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Advertising Expense	promoted post on personal page			
EXPENDITURE					
	Check if Austin, TX, officeholder living expense				
Date	Payee name				
08/11/2014	Facebook				
Amount (\$)	Payee address City; State; Zip Code	1			
\$6.99	• • • • • • • • • • • • • • • • • • • •				
	1601 Willow Road				
	• • • • • • • • • • • • • • • • • • • •				
Reimbursement from political contributions intended	1601 Willow Road Menlo Park, CA 94025	Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended  PURPOSE  OF	1601 Willow Road Menlo Park, CA 94025	Description (If travel outside of Texas, complete Schedule T)  promoted post on personal facebook page			
Reimbursement from political contributions intended	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)				
Reimbursement from political contributions intended  PURPOSE  OF	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)	<del>-</del> 1			
Reimbursement from political contributions intended  PURPOSE  OF	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)				
Reimbursement from political contributions intended  PURPOSE  OF	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)	promoted post on personal facebook page			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense	promoted post on personal facebook page			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense	promoted post on personal facebook page			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 09/09/2014  Amount (\$) \$6.99	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense  Payee name Facebook Payee address City; State; Zip Code 1601 Willow Road	promoted post on personal facebook page			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 09/09/2014  Amount (\$) \$6.99	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense  Payee name Facebook Payee address City; State; Zip Code	promoted post on personal facebook page			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 09/09/2014  Amount (\$)	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense  Payee name Facebook Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025	promoted post on personal facebook page  Check if Austin, TX, officeholder living expense			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 09/09/2014  Amount (\$) \$6.99	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense  Payee name Facebook Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)	promoted post on personal facebook page  Check if Austin, TX, officeholder living expense  Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 09/09/2014  Amount (\$) \$6.99  Reimbursement from political contributions intended  PURPOSE OF	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense  Payee name Facebook Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025	promoted post on personal facebook page  Check if Austin, TX, officeholder living expense			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 09/09/2014  Amount (\$) \$6.99  Reimbursement from political contributions intended  PURPOSE	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense  Payee name Facebook Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)	promoted post on personal facebook page  Check if Austin, TX, officeholder living expense  Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 09/09/2014  Amount (\$) \$6.99  Reimbursement from political contributions intended  PURPOSE OF	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense  Payee name Facebook Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)	promoted post on personal facebook page  Check if Austin, TX, officeholder living expense  Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 09/09/2014  Amount (\$) \$6.99  Reimbursement from political contributions intended  PURPOSE OF	1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule) Advertising Expense  Payee name Facebook Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025  Category (See Categories listed at the top of this schedule)	promoted post on personal facebook page  Check if Austin, TX, officeholder living expense  Description (If travel outside of Texas, complete Schedule T)			

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense	ravel In District Fravel Out Of District Office Overhead/Ren	t Candida	ns/Donations Made By te/Officeholder/Political Committee hter a category not listed above)		
	The Instruction Guide	explains how to				
PAGE#	2 FILER NAME			3 ACCOUNT # (TEC filers		
Schedule: 2/2 Re	· · · · · · · · · · · · · · · · · · ·	•		00629478		
Date 09/17/2014	5 Payee name Kenfield Golf Cars		•	·		
3 Amount (\$)	7 Payee address City; State; Zip	n Code		<del></del>		
\$248.98						
Reimbursement from political contributions intended						
DUBBOOK				ide of Texas, complete Schedule T)		
OF	Event Expense		golf cart rentals for video shoot			
EXPENDITURE						
			Check if Austin, TX, officeh	older living expense		
			Check if Austin, 1X, officer	order inving expense		
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