FORM C/OH **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Jimmy NAME Date Received OCC RECEIVED AT **NICKNAME** LAST SUFFIX JUL 15'18 PM4:29 Flannigan Date Hand-delivered or Date Postmarked ZIP CODE CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; **OFFICEHOLDER** P.O. Box 2649 **MAILING** Receipt # Amount **ADDRESS** Change of Address Austin, TX 78768 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST МІ TREASURER Noel NAME NICKNAME LAST SUFFIX Landuyt CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE **TREASURER ADDRESS** 10100 Lachlan Dr. Austin, TX 78717 (Residence or Business) CAMPAIGN PHONE NUMBER **EXTENSION** AREA CODE **TREASURER** (512)PHONE 773-8437 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded \$500 limit July 15 8th day before election X Day Year **PERIOD** Month Month Day Year COVERED 01/01/2018 **THROUGH** 06/30/2018 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Month Day Year Other Primary Runoff General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Austin City Council, District 6 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

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|--|--|---|---------------------------|-------------|--|--|--|--|
| 13 C / OH NAME | Flannigan, Jimmy | | 14 Filer ID | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information | the candidate's or office | holder's kn | owledge or | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | |
| _ | GENERAL | COMMITTEE ADDRESS | | | | | | |
| | SPECIFIC | COMMITTEL ADDITES | | | | | | |
| | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | ······································ | | | |
| | | | | | | | | |
| 16 CONTRIBUTION TOTALS | | L AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED | THAN PLEDGES, | \$ | 0.00 | | | |
| • | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | S) | \$ | 150.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITIC | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | | | | | |
| | 4. TOTAL POLITIC | TOTAL POLITICAL EXPENDITURES | | | | | | |
| CONTRIBUTION BALANCE | | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ | 0.00 | | | |
| 17 AFFADAVIT | | | | | | | | |
| | SUSAN HARRY Notary Public, State of 1 My Commission Expir July 23, 2019 | | | | | | | |
| | Signature of Candidate or Officeholder | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | |
| Sworn to and subscribed before me, by the said | | | | | | | | |
| | ? // | 0 11 | / N N - | | | | | |
| Signature of office | cer administering | Printed name of officer administering | Title of officer | administer | ing oath | | | |
| | | | | _ | | | | |

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 14 19 Filer ID 18 FILER NAME Flannigan, Jimmy 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE \mathbf{x} SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 150.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 4,106.09 Х \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 6. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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|---|--|--|----------------|
| The Instruc | ction Guide explains how to complete t | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/14 | |
| Flannigan, Ji | • | J THEFTE | |
| Date 01/26/2018 | Full name of contributor | 7 Amount of Contribution (\$) \$150. | |
| Principal occu | Austin, TX 78720 pation / Job title (See Instructions) | 9 Employer (See Instruction | ons) |
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| | by Texas Ethics Commission www. | ethics.state.tx.us | Version V1.0.6 |

SCHEDULE F1

Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Office Overhead/Rental Expense Consulting Expense
Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 1/9 Rpt: 5/14 Flannigan, Jimmy 4 Date Payee name 01/02/2018 Authorize.net 6 Amount (\$) Payee address; City; State; Zip Code \$10.00 P.O. Box 8999 San Francisco, CA 94128 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense merchant account processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/02/2018 Authorize.net Amount (\$) Payee address; City; State; Zip Code \$37.90 P.O. Box 8999 San Francisco, CA 94128 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense merchant account processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/02/2018 Authorize.net Amount (\$) Payee address; City; State; Zip Code \$10.15 P.O. Box 8999 San Francisco, CA 94128 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense merchant account processing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Expense Poining Expense Oit/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Last Instruction Guide explains how to complete this for | pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above) |
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| | Sch: 2/9 Rpt: 6/14 | Flannigan, Jimmy | |
| 4 | Date | Payee name | |
| l | 03/02/2018 | Authorize.net | |
| 6 | Amount (\$) \$10.00 | Payee address; City; State; Zip Code P.O. Box 8999 San Francisco, CA 94128 | |
| 8 | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Descrip Check Check | tion of travel outside of Texas. Complete Schedule T. of Austin, TX. officeholder living expense ant account processing fees |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| Г | Date | Payee name | |
| | 03/02/2018 | Authorize.net | |
| | Amount (\$) \$37.90 | Payee address; City; State; Zip Code P.O. Box 8999 | |
| | | San Francisco, CA 94128 | |
| | PURPOSE OF EXPENDITURE | Check | tion c if travel outside of Texas. Complete Schedule T. c if Austin. TX, officeholder living expense ant account processing fees |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date 04/02/2018 | Payee name Authorize.net | |
| | Amount (\$) \$37.90 | Payee address; City; State; Zip Code P.O. Box 8999 | |
| | | San Francisco, CA 94128 | |
| | PURPOSE OF EXPENDITURE | Check | tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ant account processing fees |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Advertising Expense Accounting/Banking Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Polling Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Paymen The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 3/9 Rpt: 7/14 Flannigan, Jimmy Date Payee name 04/03/2018 Authorize.net State; Zip Code 6 Amount (\$) Payee address; City; \$10.00 P.O. Box 8999 San Francisco, CA 94128 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF ☐ Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense merchant account processing fees Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/02/2018 Authorize.net Amount (\$) Payee address; City; State; Zip Code \$37.90 P.O. Box 8999 San Francisco, CA 94128 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense merchant account processing fees Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 05/02/2018 Authorize.net Amount (\$) Payee address; City; State; Zip Code \$10.00 P.O. Box 8999 San Francisco, CA 94128

Forms provided by Texas Ethics Commission

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

www.ethics.state.tx.us

Office sought

(a) Category (See Categories listed at the top of this schedule)

Accounting/Banking

Candidate/Officeholder name

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense merchant account processing fees

Version V1.0.6293

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | Event Expense Fees Food/Beverage Expens Gitl/Awards/Memorials Legal Services The Instruction Gu | Expense | Office Ov Polling Ex Printing E Salaries | erhea xpens xpen: Wage: | se s/Contract Labor | | Tran: Trave Trave | intation-undraising Expense sportation Equipment & Related el in District el Out of District ER (enter a category not fisted a | |
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| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | File | r ID | |
| | Sch: 4/9 Rpt: 8/14 | | Flannigan, J | Jimmy | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 06/04/2018 | | Authorize.ne | et | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | ode | | | | | |
| | \$37.90 | | P.O. Box 89 | • | | , | | | | | | ; |
| | | | e. | | | | | | | | | |
| | | | San Francis | sco, CA 94128 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at th | e top of this sche | edule) | (b) | Description | | | | |
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| | PURPOSE | (a) | Category (Se | ee Categories listed at th | e top of this sche | edule) | (b) | Description | | | | |
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| | expenditure to benefit C/OF | 4 | | | | | - | | | | | |
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| | 02/05/2018 | | CFC Consu | lting | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | ode | | | | | |
| | \$150.00 | | PO Box 201 | .074 | | | | | | | | |
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| | | | Austin, TX 7 | 78703 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at th | e top of this sche | dule) | (b) | Description | | | | |
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SCHEDULE F1

| | • | EXPENDITURE CATEGORI | ES FOR BOX 8(a) | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | · | 3 | Filer ID |
| 1 | Sch: 5/9 Rpt: 9/14 | Flannigan, Jimmy | 3 | CHEL ED |
| 4 | Date 01/02/2018 | 5 Payee name Facebook | L | |
| 6 | Amount (\$) \$108.00 | 7 Payee address; City; State;1601 S. California Ave.Palo Alto, CA 94304 | Zip Code | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched Advertising Expense | Check if travel out | side of Texas. Complete Schedule T. K, officeholder living expense ing |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | · | fice sought | Office held |
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| | 02/01/2018 | Facebook | | |
| | Amount (\$) | Payee address; City; State; | Zip Code | |
| | \$130.00 | 1601 S. California Ave. | p | |
| | | Palo Alto, CA 94304 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this sched Advertising Expense | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense NG |
| | Complete ONLY if direct expenditure to benefit C/Oh | | ice sought | Office held |
| | Date | Payee name | | |
| | 04/02/2018 | Facebook | | |
| | Amount (\$) \$97.56 | Payee address; City; State; 1601 S. California Ave. | Zip Code | |
| | | Palo Alto, CA 94304 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched Advertising Expense | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense Advertising |
| | Complete ONLY if direct | Candidate/Officeholder name Off | ice sought | Office held |

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Pólitica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Exp Printing Ex | | Transportation Equipn Travel in District Travel Out of District OTHER (enter a categ | nent & Related Expense |
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| Credit Card Payment | | The Instruction Guide explai | ns how to cor | nplete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAM | E | | | 3 Filer ID | |
| Sch: 6/9 Rpt: 10/14 | Flannigan, | Jimmy | | | | |
| 4 Date | 5 Payee name | 9 | | | | |
| 05/01/2018 | Facebook | | | | | |
| 6 Amount (\$) | 7 Payee addre | ess; City; Sta | ate; Zip Coo | le | | ** |
| \$153.84 | 1 ' | alifornia Ave. | | | | |
| , | | | | | | |
| | Palo Alto, | CA 94304 | _ | | | |
| 8 PURPOSE OF | (a) Category (| See Categories listed at the top of this | schedule) | (b) Description | | |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name | Office soug | irit. | Office held | |
| Date | Payee name | ; | | | | |
| 06/01/2018 | Facebook | | | | | |
| Amount (\$) | Payee addre | ess; City; Sta | ate; Zip Coo | le | | |
| \$54.37 | 1601 S. Ca | alifornia Ave. | | | | |
| | | | | | | |
| | Palo Alto, (| CA 94304 | | | | |
| PURPOSE | <u> </u> | | | b) Description | | |
| OF | Advertising | See Categories listed at the top of this | schedule) | · <u> </u> | outside of Texas. Complete : | Schedule T. |
| EXPENDITURE | Auvertising | LAPENSE | | | n, TX, officeholder living expe | |
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| \$2.0.00 | 020 0. 0,4 | ind Ave., End i looi | | | | |
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| | Los Angele | es, CA 90071 | | | | |
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SCHEDULE F1

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
| 1 | Total pages Schedule F1: | | _ |
| | Sch: 7/9 Rpt: 11/14 | Flannigan, Jimmy | |
| 4 | Date | 5 Payee name | |
| L | 03/01/2018 | Nationbuilder | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$279.00 | 520 S. Grand Ave., 2nd Floor | |
| | | Los Angeles, CA 90071 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | |
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| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$299.00 | 520 S. Grand Ave., 2nd Floor | |
| | | Los Angeles, CA 90071 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
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| | 04/30/2018 | Nationbuilder | |
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| | \$279.07 | 520 S. Grand Ave., 2nd Floor | |
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| | | Los Angeles, CA 90071 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
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SCHEDULE F1

| | | | EXPENDITURE | CATEGOR | RIES FOR I | 3OX 8(a) | | | |
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| Advertising Expens Accounting/Banking Consulting Expense Contributions/ Done Candidate/Office Credit Card Payme | I e ations Made By - eholder/Political C | ommittee | Event Expense Fees Food/Beverage Expense Git/Awards/Memorials El Legal Services The Instruction Guid | xpense | Office Overh Polling Expe Printing Expe Salaries/Wag | ense jes/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above) | ; |
| 1 Total pages Sch | edule E1: 2 | EILER NAME | | | - | | 3 | Filer ID | |
| Sch: 8/9 Rpt: | | Flannigan, | | | | | | | |
| 4 Date 05/29/2018 | 5 | Payee name Nationbuilde | er | | | | | | |
| 6 Amount (\$) | 17 | Payee addre | ss; City; | State | Zip Code | <u> </u> | | | |
| ` ' | \$179.00 | 520 S. Grar | nd Ave., 2nd Floo | | 2.p 000 | , | | | |
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| Complete ONLY expenditure to be | | Candidate/Offi | ceholder name | C |)ffice sough | t | | Office held | |
| Date | | Payee name | | | | | | | |
| 06/29/2018 | | Nationbuilde | er | | | | | | |
| Amount (\$) | \$179.00 | | ss; City; nd Ave., 2nd Floo s, CA 90071 | • | Zip Code | | | | |
| PURPOSE OF EXPENDITUR | | | ee Categories listed at the head/Rental Expe | | edule) (k | | ı TX d | e of Texas, Complete Schedule T, officeholder living expense fê | |
| Complete <u>ONLY</u> expenditure to b | if direct enefit C/OH | Candidate/Offi | ceholder name | C |)ffice sough | t | | Office held | |
| Date | Т | Payee name | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 02/07/2018 | | Rackspace | | | | | | | |
| Amount (\$) | \$876.03 | Payee address 9001 North #150 Austin, TX 7 | I H 35 | State; | Zip Code | | | | |
| PURPOSE OF EXPENDITURI | |) Category _{(Se} Fees | ee Categories listed at the | top of this sche | edule) (t | ! | 1, TX, 0 | e of Texas. Complete Schedule T. officeholder living expense | |
| Complete <u>ONLY</u> expenditure to b | | Candidate/Offi | ceholder name | 0 | office sough | ıt | | Office held | |
| | | | | | | | | - | |

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 9/9 Rpt: 13/14 Flannigan, Jimmy 4 Date Payee name 03/23/2018 Rackspace 6 Amount (\$) Payee address; City: State: Zip Code \$792.57 9001 North I H 35 #150 Austin, TX 78753 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Website fees Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

| TEXT ANNOTATION | | | | |
|--|-----------------|--------------------------|-----------------------|---------------------|
| | | | | Sch: 1/1 Rpt: 14/14 |
| FILER NAME | | | Filer ID | |
| Flannigan, Jimmy | | | | |
| Schedule A1 | | | | |
| Information entered by filer as a memo: | | | | |
| The contribution from Tom McKay was made throug | gh an old onlir | ne donation form that w | e did not realize was | still active. While |
| preparing this report, we discovered the transaction | ı was made. | rie donation is being re | erungea. | |
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