GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Th | e GPAC Instruction | 2 Total pages filed: 17 | | | | | | |
|----|-------------------------|--------------------------------------|-------------------------|---|--|--|--|--|
| 3 | COMMITTEE NAME | | 00090532 | OFFICE USE ONLY | | | | |
| | Workers Defense I | n Action | | Date Received ELECTRONICALLY FILED 12/07/2020 | | | | |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; CIT | TY; STATE; ZIP CODE | | | | | |
| | ADDRESS | PO Box 140402 | | Date Hand-delivered or Date Postmarked | | | | |
| | | | | Date Hand-delivered of Date Fostmarked | | | | |
| | Change of Address | Austin, TX 78714 | | Receipt # Amount | | | | |
| | | | | | | | | |
| | | | | Date Processed | | | | |
| | | | | | | | | |
| | | | | Date Imaged | | | | |
| L | | | | | | | | |
| 5 | CAMPAIGN TREASURER | MS / MRS / MR FIRST | | MI | | | | |
| | NAME | Louis | | | | | | |
| | | | | | | | | |
| | | NICKNAME LAST Malfaro | | SUFFIX | | | | |
| | | Mailaio | | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; CITY; | STATE; ZIP CODE | | | | |
| ľ | TREASURER | PO Box 140402 | , | | | | | |
| | STREET ADDRESS | | | | | | | |
| | (Residence or Business) | Austin, TX 78714 | | | | | | |
| 7 | CAMPAIGN | STREET OR PO BOX; | APT / SUITE #; CITY | ; STATE; ZIP CODE | | | | |
| | TREASURER MAILING | | | | | | | |
| | ADDRESS | | | | | | | |
| | — | тх | | | | | | |
| | Change of Address | | | | | | | |
| 8 | CAMPAIGN TREASURER | | EXTENSION | | | | | |
| | PHONE | (512) 448-0130 | | | | | | |
| 9 | REPORT | January 15 | Oth day before election | Dissolution (Attach PAC-DR) | | | | |
| | TYPE | | | | | | | |
| | | July 15 X 8t | h day before election | 10th day after campaign treasurer termination | | | | |
| | | | unoff | | | | | |
| 10 | PERIOD | Month Day Year | Month Day | Year | | | | |
| | COVERED | - | HROUGH 12/07/2020 | C | | | | |
| | | | | | | | | |
| 11 | ELECTION | ELECTION DATE | ELECTION TYPE | | | | | |
| | | | Primary X Runoff | Other | | | | |
| | | 12/15/2020 | General Special | | | | | |
| L | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | TO PAGE 2 | | | | | |
| Fo | rms provided by Tex | xas Ethics Commission www.et | thics.state.tx.us | Version V2.1.e1916a6a | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|---|---------------------------------------|--|
| Workers Defense In Act | ion | | 00090532 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported James Flannigan Council Men | nber, District 6 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, | POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 29,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL E | EXPENDITURES OF \$100 OR LESS, UNLESS ITEN | MIZED \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 13,550.28 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL C OF THE REPORTING | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 88,690.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code. | rjury, that the ac mation required | companying report is to be reported by me |
| | | Louis | Malfaro | |
| | | Signature of Car | | er |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | before me, by the said | , tł | nis the | day |
| | | which, witness my hand and seal of office. | | ~~, |
| | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Forms provided by Texas E | thics Commission | www.ethics.state.tx.us | | Version V2.1.e1916a6a |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

| | | | | | | Page 3 of 17 |
|---|---|--------------|-------------------|-----------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Workers Defense In Ac | tion | | | | 00090532 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Allison Alter Cou | uncil Member, D | istrict 10 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| | | | | | | |
| | | | | | | |

| | SUBT | OTALS - GPAC | C | | ORM GPAC SHEET PG 3 4 of 17 |
|---|-------|--|-------------------------|------|-----------------------------------|
| | | EE NAME Defense In Action | 18 Filer ID 00090532 | | ommission Filers) |
| - | | E SUBTOTALS SCHEDULE | | SUE | BTOTAL AMOUNT |
| | 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 29,000.00 |
| | 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| | 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| | 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | R | \$ | |
| | 5. | \$ | | | |
| | 6. | \$ | | | |
| | 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 1 | в. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | RGANIZATIOI | √ \$ | |
| | 9. | SCHEDULE E: LOANS | | \$ | |
| | 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 13,550.28 |
| | 11. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| | 12. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO | DNS | \$ | |
| | 13. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| | 14. X | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC | DNS | \$ | 560.91 |
| | 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F | RETURNED | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The Instruc | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 5/17 |
|-------------------------------|---|---|--|
| 2 FILER NAME Workers Defe | fense In Action | | 3 Filer ID (Ethics Commission Filers) 00090532 |
| 4 Date 11/25/2020 | 5 Full name of contributor Out-of-state PAC (ID#: AUS Springdale LLC | | 7 Amount of Contribution (\$)\$5,000.00 |
| | 6 Contributor address; City; State; Zip Code 4 Embarcadero Center Suite 3620 San Francisco, CA 94111 | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) |
| Date 11/14/2020 | Full name of contributorout-of-state PAC (ID#: Education Austin PAC Contributor address; City; State; Zip Code 316 W. 12th Street Suite 202 Austin, TX 78701 |) | Amount of Contribution (\$) \$5,000.00 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) |
| Date 11/03/2020 | Full name of contributor out-of-state PAC (ID#: Pastor, Andy Contributor address; City; State; Zip Code 930 Caslano Cv Austin, TX 78732 |) | Amount of Contribution (\$) \$1,500.00 |
| Principal occu Real Estate | pation / Job title (See Instructions) | Employer (See Instructions) Endeavor |) |
| Date 11/23/2020 | Full name of contributor out-of-state PAC (ID#: Patrick, Rose Contributor address; City; State; Zip Code 730 Belvin San Marcos, TX 78666 |) | Amount of Contribution (\$) \$5,000.00 |
| Principal occu Real Estate | pation / Job title (See Instructions) | Employer (See Instructions) Corridor Title |) |
| Date 11/29/2020 | Full name of contributor out-of-state PAC (ID#: Presidium Group Contributor address; City; State; Zip Code 3100 McKinnon Suite 250 Dallas, TX 75201 | | Amount of Contribution (\$) \$10,000.00 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 6/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Workers Defense In Action 00090532 4 Date 5 Full name of contributor Amount of Contribution (\$) X out-of-state PAC (ID#: C00712109 7 12/02/2020 \$2,500.00 The Action PAC 6 Contributor address; City; State; Zip Code 3041 Mission Street #307 San Francisco, CA 94110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

| | 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 Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ov Polling E Printing E Salaries/ | verhead xpense Expense Wages/ | e '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: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 1/10 Rpt: 7/17 | | Workers Defense In Action | | | | | 00090532 |
| 4 | Date | 5 | Payee name | | | | | |
| | 12/05/2020 | | Amazon | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | e; Zip C | ode | | | |
| | \$54.95 | | 410 Terry Ave. North | | | | | |
| | Expenditure from corporate funds | | Seattle, WA 98109-5210 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this so | chedule) | (b) | Description | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. |
| | | | | | | Office supplie | | officeholder living expense |
| | | | | | | Once Supplie | .5 | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name | Office so | uaht | | | Office held |
| Ĵ | expenditure to benefit C/Oł | | | | 0 | ber, District 6 | | Office field |
| ╞ | Date | <u> </u> | | | _ | , | | |
| | 12/05/2020 | | Payee name Amazon | | | | | |
| | | | | | | | | |
| | Amount (\$) | | | e; Zip C | ode | | | |
| | \$18.39 | | 410 Terry Ave. North | | | | | |
| | Expenditure from corporate funds | | Seattle, TX 98109-5210 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this so | chedule) | (b) | Description | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | | Office supplie | | oncenoider iving expense |
| | | | | | | Onice Supplie | .5 | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office so | uaht | | | Office held |
| | expenditure to benefit C/OI | | | | Ũ | ber, District 6 | | |
| _ | Date | | Payee name | | | | | |
| | 11/20/2020 | | Amazon | | | | | |
| | Amount (\$) | | | e; Zip C | ode | | | |
| | \$108.24 | | 410 Terry Ave. North | c, zip c | ouc | | | |
| | ψ100.24 | | | | | | | |
| | Expenditure from corporate funds | | Seattle, WA 98109-5210 | | - | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this so | chedule) | (b) | Description | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | 1 | Office supplie | | unicentituer living expense |
| | | | | | | Chiec Supplie | | |
| - | Complete ONLY if direct | Ļ | Candidate/Officeholder name | Office so | | | | Office held |
| | expenditure to benefit C/OI | | | | U | ber, District 6 | | |
| | | | laningun, ourneo onniny | Sourion | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|-----|--------------|---|---------------------|---|-----------------------------|------------------|---|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction C | ls Expense | Office Ove Polling Ex Printing Ex Salaries/W | pense ages/Contract | Expense Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | | | | • | | 3 | Filer ID | (Ethics Commission Filers) |
| _ | Sch: 2/10 Rpt: 8/17 | | | efense In Actior | ו | | | | | 00090532 | |
| 4 | Date | 5 | Payee name | • | | | | | | | |
| | 11/19/2020 | | Amazon | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State | ; Zip Co | de | | | | |
| | \$178.51 | | 410 Terry / | Ave. North | | | | | | | |
| | Expenditure from corporate funds | | Seattle, W | A 98109-5210 | | | | | | | |
| 8 | PURPOSE OF | (a) | | See Categories listed at | | iedule) | (b) Descri | • | | | |
| | EXPENDITURE | | Office Ove | rhead/Rental Ex | kpense | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | | | supplie | | | , oxpense |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | | iceholder name ames "Jimmy" | | Office sou Council N | ^{ght} Iember, D | istrict 6 | | Office he | eld |
| | Date | | Payee name | | | | | | | | |
| | 12/03/2020 | | Banks, And | lrew | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State | ; Zip Co | de | | | | |
| | \$184.00 | | 5700 BOR | OS DR | | | | | | | |
| | Expenditure from corporate funds | | Austin, TX | 78754 | | | | | | | |
| | PURPOSE | (a) | Category (S | See Categories listed at | the top of this sch | iedule) | (b) Descri | ption | | | |
| | OF EXPENDITURE | | Salaries/W | ages/Contract I | _abor | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | | | s before | | | J expense |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Of | iceholder name | (| Office sou | ght | | | Office he | eld |
| | expenditure to benefit C/OF | H F | -lannigan, J | ames "Jimmy" | (| Council N | lember, D | istrict 6 | | | |
| | Date | | Payee name |) | | | | | | | |
| | 12/03/2020 | | Brenning, (| | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State | ; Zip Co | de | | | | |
| | \$299.00 | | 6012 DIAN | IONDLEAF BEI | | - | | | | | |
| | Expenditure from corporate funds | | Austin, TX | 78724 | | | | | | | |
| | PURPOSE OF | (a) | | See Categories listed at | | edule) | (b) Descri | • | | | |
| | EXPENDITURE | | Salaries/W | ages/Contract I | _abor | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | | | s before | | | ј съренос |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Of | iceholder name | (| Office sou | ght | | | Office he | eld |
| | expenditure to benefit C/OI | H F | -lannigan, J | ames "Jimmy" | | | lember, D | istrict 6 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 3/10 Rpt: 9/17 | Workers Defense In Action 00090532 | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 12/03/2020 | Brunell, Adam | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$339.25 | 911 KIRSCHNER ROAD | | | | | |
| | Unit A | | | | | |
| Expenditure from corporate funds | Austin, TX 78758 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages before taxes | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H Flannigan, James "Jimmy" Council Member, District 6 | | | | | |
| Date | Payee name | | | | | |
| 11/29/2020 | CVS Pharmacy | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$9.57 | 5526 S. Congress Ave. | | | | | |
| Expenditure from corporate funds | Austin, TX 78745 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | H Flannigan, James "Jimmy" Council Member, District 6 | | | | | |
| Date | Payee name | | | | | |
| 12/03/2020 | Chacon, Gianna | | | | | |
| Amount (\$) \$414.00 | Payee address; City; State; Zip Code 4011 ALABAMA STREET #5308 | | | | | |
| corporate funds | El Paso, TX 79930 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages before taxes | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHFlannigan, James "Jimmy"Council Member, District 6 | | | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--------|---------------------------|--|-----------------|---|-----------------------------------|--------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Candidate/Officeholder/ Credit Card Payment | | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid | | Office Ove Polling Ex Printing Ex Salaries/W | pense /ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 Total pages Schedule | e F1: | 2 FILER NAM | IE | | | | 3 | Filer ID | (Ethics Commission Filers) |
| Sch: 4/10 Rpt: 10/ | | | efense In Action | | | | | 00090532 | `````````````````````````````````````` |
| 4 Date | | 5 Payee name | е | | | | | | |
| 12/03/2020 | | Diaz de Le | eon, Blanca | | | | | | |
| 6 Amount (\$) | | 7 Payee addr | ess; City; | State; | Zip Co | de | | | |
| \$414 | 4.00 | 3801 VAN | DERVEER DRIVE | | | | | | |
| Expenditure from corporate funds | | El Paso, T | X 79938 | | | | | | |
| 8 PURPOSE | | (a) Category (| See Categories listed at the | top of this sch | edule) | (b) Description | | | |
| OF EXPENDITURE | | Salaries/W | /ages/Contract Lab | or | | | | de of Texas. Com | |
| | | | | | | Wages befor | | officeholder living | expense |
| | | | | | | wages below | C 10 | 1763 | |
| 9 Complete ONLY if dire | rect | Candidate/Of | fficeholder name | | Office sou | nht | | Office he | ۶d |
| expenditure to benefit | | | James "Jimmy" | | | 1ember, District 6 | 5 | Office fic | |
| Date | | Payee nam | ٩ | | | | | | |
| 11/28/2020 | | HEB | - | | | | | | |
| Amount (\$) | | Payee addr | ess; City; | State: | Zip Co | de | | | |
| ., | 3.34 | 1801 E. 51 | | , | P | | | | |
| Expenditure from corporate funds | | Austin, TX | 78723 | | | | | | |
| PURPOSE | | (a) Category | See Categories listed at the | top of this sch | edule) | (b) Description | | | |
| OF EXPENDITURE | | | erhead/Rental Expe | | , | | | de of Texas. Com | |
| | | | | | | Check if Austin Office supplie | | officeholder living | expense |
| Complete ONLY if dire | | | fficeholder name | C | Office sou | ght | | Office he | eld |
| expenditure to benefit | t C/OF | ^I Flannigan, 、 | James "Jimmy" | C | Council N | 1ember, District 6 | ; | | |
| Date | | Payee nam | e | | | | | | |
| 11/28/2020 | | HEB | | | | | | | |
| Amount (\$) | | Payee addr | ess; City; | State; | Zip Co | de | | | |
| \$10 | 0.00 | 1801 E. 51 | Lst St. | | | | | | |
| Expenditure from corporate funds | | Austin, TX | 78723 | | | | | | |
| PURPOSE OF EXPENDITURE | | | See Categories listed at the rhead/Rental Expe | | edule) | | I, TX, | de of Texas. Com officeholder living | |
| | | <u> </u> | | | | | | ~~~ / | |
| Complete ONLY if dire expenditure to benefit | | | fficeholder name | | Office sou | 5 | | Office he | eid |
| | | ⊢iannigan, . | James "Jimmy" | C | | 1ember, District 6 |) | | |
| | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Sch: 5/10 Rpt: 11/17 | Workers Defense In Action 00090532 | | | | | | |
| 4 Date | 5 Payee name | | | | | | |
| 12/03/2020 | Horner, Katelyn | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| \$391.00 | 900 PEQUES STREET | | | | | | |
| a | #310 | | | | | | |
| Expenditure from corporate funds | San Marcos, TX 78666 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages before taxes | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H Flannigan, James "Jimmy" Council Member, District 6 | | | | | | |
| Date | Payee name | | | | | | |
| 12/03/2020 | Laeky , Meriam | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| \$425.50 | 1001 SPEIGHT AVENUE | | | | | | |
| Expenditure from corporate funds | #426 Waco, TX 76706 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages before taxes | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| expenditure to benefit C/O | H Flannigan, James "Jimmy" Council Member, District 6 | | | | | | |
| Date 12/04/2020 | Payee name MailChimp | | | | | | |
| Amount (\$) \$38.37 Expenditure from corporate funds | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailchimp monthly subscription | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Complete ONLY if directCandidate/Officeholder nameOffice soughtOffice heldexpenditure to benefit C/OHFlannigan, James "Jimmy"Council Member, District 6 | | | | | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|--|--|--|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Event Expense Lo Fees Oi Food/Beverage Expense Po y - Gift/Awards/Memorials Expense Pr al Committee Legal Services Sa | Fees Office Overhead/Rental Expense Transportation Equipm Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel of District | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | | | | |
| Sch: 6/10 Rpt: 12/17 | Workers Defense In Action | | 00090532 | | | | |
| 4 Date | 5 Payee name | | | | | | |
| 12/03/2020 | Matrunola, Concetta | | | | | | |
| 6 Amount (\$) \$92.00 | 7 Payee address; City; State; Zip Code 8000 HWY 290 WEST #10205 Austin, TX 78736 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages before taxes | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | e sought Incil Member, District 6 | Office held | | | | |
| Date | Payee name | | | | | | |
| 12/03/2020 | Mein, Todd | | | | | | |
| Amount (\$) \$299.00 | Payee address; City; State; Z 7000 PRISCILLA DRIVE | ip Code | | | | | |
| Expenditure from corporate funds | Austin, TX 78752 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul Salaries/Wages/Contract Labor | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense AXES | | | | |
| Complete ONLY if direct | | e sought | Office held | | | | |
| expenditure to benefit C/O | ^H Flannigan, James "Jimmy" Cou | ncil Member, District 6 | | | | | |
| Date | Payee name | | | | | | |
| 11/25/2020 | Raw Paw | | | | | | |
| Amount (\$) \$270.00 Expenditure from corporate funds | Payee address; City; State; Z 506 East Saint Elmo Road Suite A3 Austin, TX 78745 | ip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | e sought Incil Member, District 6 | Office held | | | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form. | 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: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 7/10 Rpt: 13/17 | Workers Defense In Action | | 00090532 | | | | | |
| 4 Date | 5 Payee name | | | | | | | |
| 12/03/2020 | Rocha, Marcos | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | | | | | | |
| \$414.00 | 2215 LAWNMONT AVE | | | | | | | |
| | #113 | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78756 | | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schere | dule) (b) Description | | | | | | |
| OF EXPENDITURE | Salaries/Wages/Contract Labor | <i>,</i> | tside of Texas. Complete Schedule T. | | | | | |
| EXPENDITORE | | | X, officeholder living expense | | | | | |
| | | Wages before t | laxes | | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder name Of | fice sought | Office held | | | | | |
| expenditure to benefit C/O | | ouncil Member, District 6 | Office field | | | | | |
| Data | | | | | | | | |
| Date 12/06/2020 | Payee name SVM Prepaid | | | | | | | |
| | · · | Zia Osta | | | | | | |
| Amount (\$) | | Zip Code | | | | | | |
| Φ134.30 | \$134.30 3727 N Ventura Dr | | | | | | | |
| Expenditure from corporate funds | Arlington Heights , IL 60004 | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schere | | | | | | | |
| EXPENDITURE | Travel In District | | tside of Texas. Complete Schedule T. X, officeholder living expense | | | | | |
| | | Gas cards | , | | | | | |
| | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Of | fice sought | Office held | | | | | |
| expenditure to benefit C/O | ^H Flannigan, James "Jimmy" Co | ouncil Member, District 6 | | | | | | |
| Date | Payee name | | | | | | | |
| 11/22/2020 | SVM Prepaid | | | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | | | |
| \$1,449.26 | 3727 N Ventura Dr, | | | | | | | |
| | | | | | | | | |
| Expenditure from corporate funds | Arlington Heights , IL 60004 | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schere | | | | | | | |
| EXPENDITURE | Travel In District | | tside of Texas. Complete Schedule T. X, officeholder living expense | | | | | |
| | | Gas cards | | | | | | |
| | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Of | fice sought | Office held | | | | | |
| expenditure to benefit C/O | | ouncil Member, District 6 | | | | | | |
| | | | | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | | |
| 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commis | | | | | | | | | | |
| Sch: 8/10 Rpt: 14/17 | Workers Defense In Action 00090532 | | | | | | | | | |
| 4 Date 12/03/2020 | 5 Payee name Serna, Valeria | | | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| \$1,300.00 1134 BROOKSWOOD AVENUE | | | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78721 | | | | | | | | | |
| 8 PURPOSE | (a) Category to a set the barrier transmission (b) Description | | | | | | | | | |
| OF EXPENDITURE | OF Salaries/Wages/Contract Labor | | | | | | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Flannigan, James "Jimmy" Council Member, District 6 Office held | | | | | | | | | | |
| Date | Payee name | | | | | | | | | |
| 12/02/2020 | SurePayroll | | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| \$87.85 | 2350 Ravine Way | | | | | | | | | |
| | Suite100 | | | | | | | | | |
| Expenditure from corporate funds | Glenview , IL 60025 | | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll processing fee | | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| expenditure to benefit C/OI | ¹ Flannigan, James "Jimmy" Council Member, District 6 | | | | | | | | | |
| Date | Payee name | | | | | | | | | |
| 12/03/2020 | Travis County Democratic Party | | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| \$5,000.00 | PO Box 684263 | | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78768 | | | | | | | | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Canvass expenditures (b) Description (b) Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense (c) Canvass expenditures | | | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held I Alter, Allison Council Member, District 10 | | | | | | | | | |
| | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel of District | | | | | | | | | |
| 1 Total pages Schedule F1: | | | | | | | | | | |
| Sch: 9/10 Rpt: 15/17 | Workers Defense In Action 00090532 | | | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | | | |
| 12/03/2020 | University Federal Credit Union | | | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| \$12.00 | PO Box 9350 | | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78766 | | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking fee | | | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Complete ONLY if direct Candidate/Officeholder name Office sought Office held xpenditure to benefit C/OH Flannigan, James "Jimmy" Council Member, District 6 | | | | | | | | | |
| Date | Payee name | | | | | | | | | |
| 12/03/2020 | Weems, Fontaine | | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| \$184.00 | 4205 BALCONES DRIVE | | | | | | | | | |
| Expenditure from corporate funds | T Expenditure from | | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages before taxes | | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| expenditure to benefit C/O | 6 | | | | | | | | | |
| Date | Payee name | | | | | | | | | |
| 12/03/2020 | Westman, Jacqueline | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code \$419.75 1701 UPLAND DRIVE | | | | | | | | | | |
| Expenditure from corporate funds | #20 Houston, TX 77043 | | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages before taxes | | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Flannigan, James "Jimmy" Council Member, District 6 Office held | | | | | | | | | |
| | | | | | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | GORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form. | | | 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: Sch: 10/10 Rpt: 16/17 | | /E Defense In Action | | | 3 | Filer ID 00090532 | (Ethics Commission Filers) | | |
| 4 | Date 12/03/2020 | 5 Payee nam | | | | <u> </u> | | | | |
| 6 | Amount (\$) \$1,000.00 Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1701 UPLAND DRIVE #20 Houston, TX 77043 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | ategory (See Categories listed at the top of this schedule) (b) Description Dan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel reimbursement | | | | | | | |
| 9 | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Flannigan, James "Jimmy" Council Member, District 6 Office held | | | | | | | | | |
| | | | | | | | | | | |

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

SCHEDULE I