CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The second secon | | | | | |
|--|--|--|---|--|--|
| The C/OH Instruction G | ulde explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | |
| 3 CANDIDATE/ | MS / MRS / MR FIRST | MI | OFFICE USE ONLY | | |
| OFFICEHOLDER NAME | Coach ShawN | <u></u> | Date Received | | |
| | NICKNAME LAST | SUFFIX | Date Received | | |
| | Flanegan | | DEL MAR COLLEGE | | |
| 4 CANDIDATE/ | ADDRESS / PO BOX; APT / SUITE | CITY; STATE; ZIP CODE | JUL 13 2020 | | |
| OFFICEHOLDER MAILING | | TO THE | 2. 100 13 2000 3 | | |
| ADDRESS | | Y Dus Christi Ta | RISK MANAGEMENT | | |
| Change of Address | | 78411 | | | |
| 5 CANDIDATE/ OFFICEHOLDER | AREA CODE PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| PHONE | (361) 728 | 4828 | Date Hand-delineted of Date Lostillation | | |
| 6 CAMPAIGN | MS / MRS / MR FIRST | MI | Receipt # Amount \$ | | |
| TREASURER NAME | MR Eddie. | | Date Processed | | |
| | CASTILL | ŞUFFIX | Date Imaged | | |
| | CASTINA | | | | |
| 7 CAMPAIGN TREASURER | STREET ADDRESS (NO PO BOX PLEASE); APT / S | | STATE; ZIP CODE | | |
| ADDRESS | | Charpus Chri | sr. Tr 78410 | | |
| (Residence or Business) | | Can lous our | | | |
| | 2 | 22151 K24 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (361) 779 435 | EXTENSION 2 | | | |
| a DEPOSIT TYPE | | | | | |
| 9 REPORT TYPE | January 15 30th day before 6 | election Runoff | 15th day after campaign treasurer appointment | | |
| | | | (Officeholder Only) | | |
| | July 15 Bth day before ele | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | | |
| 10 PERIOD | Month Day Year | Month | Day Year | | |
| COVERED | 1 /16 /20 | THROUGH 7 | 15/20 | | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | | | |
| | Month Day Year Primary | Runoff Other Description | | | |
| | 11 / 63/20 General | Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (If known | | | |
| | 15.1/4 | Del May C | ollege | | |
| | | BonRs of Re | gents Ar Large | | |
| | ^^ - | | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME Coach S | hown F | - (anagan | 5 Filer ID (Ethics Commission Filers) | |
|--|--|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NO SUPPORT THE CAND | OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION OF THE PROPERTY OF THE PROP | HOUT THE CANDIDATE'S OR OFFICEHOLDER'S | |
| | GENERAL SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | PLEDGI | UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY) | s <u>O</u> | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$5,088.87 | |
| EXPENDITURE TOTALS | 3. TOTAL | UNITEMIZED POLITICAL EXPENDITURE. | \$ 💍 | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 5,131.05 | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD | DAY \$ 242.85 | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD | THE \$ | |
| 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. Notary Public, State of Texas My Comm. Exp. 07-06-2023 ID No. 12457231-9 Sphature of Candidate or Officeholder | | | | |
| AFFIX NOTARY STAM | | by the said <u>Shawn Flanagan</u> | , this the 9th | |
| day of The | 17. | to certify which, witness my hand and seal of office. | | |
| Signature of officer/s | dministering oath | Printed name of officer administering cath | NUTARY PUBLIC Title of officer administering path | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILERNAME Coach Shown Flangan 20 Filer ID (Ethics | Commission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5,088,87 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5,131.05 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | s |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how to complete | this form. | 1 Total pages Schedule A1: |
|------------------------|---|---------------------------------|---------------------------------------|
| 2 FILER NAME | ach Shawn Flence | an | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor Out-of-state | PAC (ID#:) | 7 Amount of contribution (\$) |
| 1/14/20 | Shawn Flanagan 6 Contributor address; City; | State; Zip Code | \$1074.40 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | diana |
| | Livel | a Employer (See instruc | nions |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| 2/25/20 | Shawn Flanger Contributor address; City; | | (, |
| α / α^{-1} | Contributor address; | State; Zip Code | \$300,00° |
| | Coupes | Christi Ta 78411 | 3001 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | <u> </u> | | |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| 2/26/20 | | State: Zip Code Chist, Tx 78414 | 56. w |
| | etion / Job title (See Instructions) | Employer (See Instruc | |
| Date | Full name of contributor out-of-state | PAC (ID#:) | Amount of contribution (\$) |
| 3/16/20 | Carmen Colderon | | \$10.00 |
| -1 ' | Corpus Christ | State; Zip Code | |
| Principal occur | ation / Job title (See Instructions) | 10.1 | 22 |
| Anal | 4Zer Technician | Flents Hills | |
| | | | RCSD-075 |
| | | | |
| | | | |
| | 55 | | 1 |
| | | | |
| | | | |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 2 4 3 |
|--|---|---------------------------|---------------------------------------|
| 2 FILER NAME | loach Shawn Flanagar | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ut-of-state PAC | (2) | 7 Amount of contribution (\$) |
| 3/12/20 | Laurie Turken 6 Contributor address; City; Corpus Ch | State; Zip Code | #500, ° |
| The second secon | pation / Job title (See Instructions) | 9 Employer (See Instructi | ons) |
| leac | her | Gregory-Port | land ISD |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 3/20/20 | Janelle Bennett | | 50.00 |
| , , | Contributor address: City; | State; Zip Code | 50, |
| | Carpus Christi | 1X | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor ut-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 3/30/20 | | State; Zip Code | ₹ 40. °° |
| No. of | ation / Job title (See Instructions) | Employer (See Instructi | |
| Nuece | 3 County Sherriff | Nueces Cu | nty |
| Pate 4/16/20 | Full name of contributor out-of-state PAC Scott Mesmey Contributor address; City; | (ID#:) State; Zip Code | Amount of contribution (\$) |
| | | Corpus TR | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Pilo | | UPS | , |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
|---------------------|---|--|---------------------------------------|
| Coach Shawn Flangar | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor aut-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 6/8/20 | | State; Zip Code | \$100.°° |
| | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| 17 | | State; Zip Code 7 7 7 7 7 7 7 7 7 7 7 9 1 1 | Amount of contribution (\$) |
| | eation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 7/7/20 | Contributor address: City; | State; ZIp Code | \$1,761,47 |
| | eation / Job title (See Instructions) | Employer (See Instruct | 1 |
| Busi | ness MAN | Self Emplo | red |
| 3/30/20 | Full name of contributor out-of-state PAC Shawa Flavagan Contributor address; City: | State; Zip Code | Amount of contribution (\$) |
| | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | 18 | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| | EXPENDITUR | E CATEGORIES I | OR BOX 8(a) | | |
|---|--|--|--------------------------------|--|-------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment | Committee Legal Services | Office Ove Polling Exp Gense Printing Ex | pense ages/Contract Labor | Travel In District Travel Out Of Distri | pment & Related Expense |
| 1 Total pages Schedule F1: | 2 FILER NAME COACH Shawn | Flanaga | ~ | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 1/23/20 | 5 Payee name Frost BANK | V | | | |
| 6 Amount (\$) | 7 Payee address; | 21 - 31 | City; | State; | Zip Code |
| 26.00 | | Ser 62 to | Corpus C | hvisti TX | 78411 |
| 8 | (a) Category (See Categories listed at the | e top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Accounty Banking | | Printing C | hecks | |
| 145p 150p | (c) Check if travel outside of Texas | Complete Schedule T. | Check if Austi | n. TX. officeholder livin | д ехрепse |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder nam | e lagan Do | Office sought of Mun College B | sould Rege | Office held N/A |
| Date | Payee name | ., | | 41 1015 | |
| 1/27/20 | Carmen Cald | ,erm | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code |
| 200.00 | | Cov | Puo Christ | TX | 78414 |
| | Category (Sea Categories listed at the | top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Consulting Expe | nses | Campaisn | Munage | mrt |
| | Check if travel outside of Texas. | Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Coach Shawn T | | Office sought DM CBO | RAL | Office held |
| Date . 2/3/20 | Payee name Kungo | lim X | act Ma | in Deh | Mar Rober |
| Amount (\$) | Payee address; | | | State; | Zip Code |
| 510.00 | Diring | | | Chr | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the | | Description Set up or | f on line | website |
| | Check if travel outside of Texas. | Complete Schedule T. | Check if Austin | . TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder nam | • | Office sought | Α. | Office held |
| | Coach Shawn Flar | ragan | Durgor | -AL | ~/^ |
| | ATTACH ADDITIONAL O | OPIES OF THIS S | CHEDULE AS NEE | DED | |
| orms provided by Tayor Ethi | on Committeeles | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| | EXPENDITURE CATE | 30RIES FOR BOX 8(a) | | |
|--|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment | al Committee Legal Services | Loan Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) | |
| , | The instruction Guide explain | s how to complete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME COach Shawn | Flangan | 3 Filer ID (Ethics Commission Filers) | |
| 2 25 20 | 5 Payee name Fine Design | 3 | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | |
| \$336.N | ONLine | Dallas | Tx 75244 | |
| 8 | (a) Category (See Categories listed at the top of this | achedule) (b) Description | | |
| PURPOSE OF EXPENDITURE | Giff Awards Menount | Expenses 4550 + | -shirts | |
| | (C) Check if travel outside of Texas. Complete S | chedule T. Check If Aus | stin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Coach Shown Flow | Office sought Again DMCBOF | 2 ~ A L Office held | |
| Date | Payee name | | | |
| 2/26/20 | Vista Print | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| \$344 97 | | Rens | NV 89508 | |
| | Category (See Categories listed at the top of this s | | | |
| PURPOSE OF EXPENDITURE | Printing Expenses | 5,000 1 | DOOR HADGERS | |
| L | Check if travel outside of Texas. Complete S | chedule T. Check If Aus | stin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/O | Cardidate / Officeholder name Coach Shawn Flanage | Office sought DM CBOI | R-AL NA | |
| | 0 | J.11 Cp01 | | |
| 3/11/20 | Vista Print | | | |
| Amount (\$) | Payee address; | Clty; | State; Zip Code | |
| \$143, 21 | | Reno | NV 89508 | |
| | Category (See Categories listed at the top of this s | chedule) Description | | |
| PURPOSE OF EXPENDITURE | Printing Expenses | 100 Da | nation Envelope | |
| | Check if travel outside of Texas, Complete S | checket. Check if Aus | stin, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/Oi | Coacle Shawa Flana | gan DMCBO | DR-AL NA | |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS NE | EDED | |
| Forms provided by Texas Eth | ice Commission www.athio | s ctate ty up | Davids - 2 4 (4 (000) | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Cradi Card Payment | | Loan Repsyment/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) | |
| о основно горинов | The instruction Guide explains | how to complete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Coach Shown | Flanagen | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3/16/20 | 5 Payee name Awedot | | | |
| 6 Amount (\$) | 7 Payee address; | City: | State; Zip Code | |
| 0F,0 | | New Orlean | NS LA 70112 | |
| 8 | (a) Category (See Categories listed at the top of this a | chedule) (b) Description | 1 5 1 N D | |
| PURPOSE OF EXPENDITURE | Accounting Banking | Fec for | Donation of \$10.00 | |
| | (C) Check if travel outside of Texas. Complete So | hedule T. Check if Aus | atin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Coach Shawn Flance | Office sought DMCBOR | -AL Office held | |
| Date | Payee name | 0 | | |
| 3/17/20 | Vista Print | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 7480.67 | | Reno | NV 89508 | |
| | Category (See Categories listed at the top of this so | hedule) Description | | |
| PURPOSE OF EXPENDITURE | Prinding Expenses | 10,000 | DOOR HANGERS | |
| | Check If travel outside of Texas, Complete Sc | hedule T. Check if Aus | stin, TX, officeholder living expense | |
| Complete ONLY If direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OF | Coach Shown Flan | agan DMCBO | R-AL N/X | |
| Date | Payee name | U ==== | | |
| 4/13/20 | FACEbook | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| \$ 25, 30 | www.facebook.co | эм | | |
| a treat - Canada | Category (See Categories listed at the top of this so | hedule) Description | | |
| PURPOSE OF EXPENDITURE | Advetsing Expenses | S DA | oo st | |
| | Check if travel outside of Texas, Complete So | hedule T. Check if Aus | stin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held | |
| SAPORGIGUE TO DAHARE CACH | Coach Shown Flance | on DNCBI | IR-AL MA | |
| | ATTACH ADDITIONAL COPIES | | | |
| Forms provided by Tayes Eth | uco i rommino inno anti- | etata tv un | Davidson Ald 10000 | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| | EXPENDITURE CATEG | OKIES FOR BOX 8(a) | |
|--|--|--|--|
| Advertising Expense Accounting Banking | Event Expense Fees | Loan Repayment/Reimbursement Office Overhead/Rental Expense | Solicitation/Fundralising Expense |
| Consulting Expense Contributions/Donations Made By | Food/Beverage Expense | Politing Expense Printing Expense | Transportation Equipment & Related Expense Travel In District Travel Out Of District |
| Candidate/Officeholder/Politice Credit Card Payment | | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| | The instruction Guide explains | s how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME Coach Shaw | Flenagan | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/20/20 | 5 Payee name Anadot | V | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| \$2,30 | | New Orleans | LA 70112 |
| 8 | (a) Category (See Categories listed at the top of this a | chedule) (b) Description | |
| PURPOSE | 12 - D | Facilia | 50 Donatin |
| OF EXPENDITURE | Accountry / BANKy | 10000 | - A3 |
| | (c) Check if travel outside of Texas. Complete Sc | thedule T. Check if Aus | tin, TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OI | | ian DMCBOR- | |
| Date | Payee name | | |
| 4/20/20 | | 1 - | |
| 11 - 1 | Southside Lish | + | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 100.00 | | Covous | Christi Tx 78414 |
| | | 0., p | |
| | Category (See Categories listed at the top of this at | | l a l D |
| PURPOSE OF | Advertisin Expens | e I mont | h Ad Buy |
| EXPENDITURE | 7.00 | | |
| 3600 8 | Check if travel outside of Texas. Complete Sc | thedule T. Check If Aus | lin, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | Cooch Sman Floraga | in DMC-Ball | 2-AL N/M |
| Date | Payee name | | |
| 5/3/20 | TACEBOOK | | |
| Amount (\$) | Payes address; | City; | State; Zip Code |
| \$25,00 | www.facebook. | com | |
| 1 | Category (See Categories listed at the top of this ac | chedule) Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Ad Boos | st |
| | Check if travel outside of Texas, Complete Sc | chedule T. Check if Aus | dn, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | Coach Shaun Flanago | in DMC-BOR-1 | AL N/A |
| 11 12 12 12 12 12 12 12 12 12 12 12 12 1 | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS NE | EDED / |
| Forms provided by Tayes Eth | ico Commission was athir | n photo by up | Dodge & Alexander |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| | | EXPENDITURE CA | EGURIES F | .OK BOX 8(9) | | |
|---|--------------------------|---|---|--|--|-------------------------|
| Advertising Expense AccountingBanking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice | | Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense | Office Over Polling Exp Printing Ex | penee | Travel In District Travel Out Of Distri | pment & Related Expense |
| Credit Card Payment | u Committee | Legal Services | | ages/Contract Labor | Other (enter a categ | pory not listed above) |
| 4 | | The Instruction Guide exp | iains now to c | omplete this form, | | |
| 1 Total pages Schedule F1: | 2 FILER N | ame Loach Shamn | Flan | · aam | 3 Filer ID (Ethk | s Commission Filers) |
| 4 Date | 5 Payee na | | | - | | |
| 5/12/20 | S | outherde Lie | ht | 20.75 | | |
| 6 Amount (\$) | 7 Payee a | | | City: | State; | Zip Code |
| 300.0 | | | | Coupus Ch | risti 12 | 78414 |
| 8 | (a) Categor | y (See Categories listed at the top of | this schedule) | (b) Description | 1 | |
| PURPOSE OF EXPENDITURE | _ | iting Expuns | , | 3 month | s of Adi | |
| | (c) | Check if travel outside of Texas. Compl | ete Schedule T. | Check If Austi | in, TX, officeholder livin | д ехрелае |
| 9 Complete ONLY if direct | - | late / Officeholder name | pl. | Office sought | | Office held |
| expenditure to benefit C/Oł | <u>ەك</u> _ | de Shawa Pl | anugar | DMC-BC | R-AL | NA |
| Date | Payee na | ame | 0 | | - P. D. D. | |
| 5/2/20 | $\lfloor \omega \rfloor$ | ings Track | . Qu | b | | |
| Amount (\$) | Payee a | | | City; | State; | Zip Code |
| 225 | | | | Corpus Chr | isti TX | 78415 |
| W 1944 | Categor | (See Categories listed at the top of | | | | |
| PURPOSE OF EXPENDITURE | Salari | es/Wascs/Cont | ractabor | Handing (| out 2, 25 | Hangers |
| <u>. </u> | | Check if travel outside of Texas. Compl | eta Schedule T. | Check if Aust | in, TX, officeholder livin | g expense |
| Complete ONLY if direct | | late / Officeholder name | | Office sought | | Office held |
| expenditure to benefit C/Oh | Coac | h Shown Flai | Nagan | DALC-BO | R-AL | NA |
| Date | Payes n | ame | U | | | |
| 5/27/20 | | Fine Des | sign | | | |
| Amount (\$) | Payee a | ddress; | | City; | State; | Zip Code |
| 294.62 | | | | Dallas | TX | 75244 |
| | Category | / (See Categories listed at the top of | this schedule) | Description 3 | 6 | |
| PURPOSE OF EXPENDITURE | Cifus | /Awards/Menus Expe | rial enses | t-shirt | 3 | |
| | | Check if travel outside of Texas. Compl | ete Schedule T, | Check if Aust | in, TX, officeholder livir | g expense |
| Complete ONLY if direct expenditure to benefit C/Oi | 1 0 | late / Officeholder name | | Office sought | | Office held |
| CAPUTORIZED TO OBITATI O/OF | Coac | h Shown Fla | nagan | DMC-BO | BR-AL | NA |
| | | TACH ADDITIONAL COP | | | EDED | |
| Forms provided by Tayes Eth | dee Commiss | ion manner o | thine state to u | A STATE OF THE PARTY OF THE PAR | | D 1 1 11110000 |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Barking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimburgement Office Overheed/Rental Expense Polling Expense Printing Expense Salaries/Wagas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed shows)

Legal Services 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 (Ethics Commission Filers) Coach Show Flanagan 4 Date Track Club 6 Amount (\$) 7 Payee address; Zip Code 300 Corpo Christa 5 (a) Category (See Categories listed at the top of this schedule) 8 Handy out 3000 Door Hangers PURPOSE Salaries/Wages/Contrict **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Coade Shown Flanagus DMC-BOR-AL Pavee name BANK trosa Amount (\$) Payee address: State: Coupus Christi Td 7 months of 8. /month Category (See Categories listed at the top of this achedule) **PURPOSE** Accounting BANKi OF Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Shown Flanugan DMC-BOR-AL Date 1 - Netherland BV Hudsmurg & Vento 5928LW City: State: Zip Code Category (See Categories listed at the top of this achedute) 30,000 Door Hangers PURPOSE Printing Expenses OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Coach ShawN Flansean DMC-BOR-AL ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



RIEK Management A+N: Jessica Alaniz Del Mar Callege 101 Baldwin Blud Carpus Christi TX