

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em;">11</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="font-size: 1.5em;">Coach</span> FIRST <span style="font-size: 1.5em;">Shawn</span> MI <span style="font-size: 1.5em;">C</span>	<b>OFFICE USE ONLY</b>  Date Received  <span style="font-size: 1.5em; color: blue;">DEL MAR COLLEGE</span>  <span style="font-size: 1.5em; color: blue;">SEP 30 2020</span>  <span style="font-size: 1.5em; color: blue;">RISK MANAGEMENT</span>	
	NICKNAME <span style="font-size: 1.5em;">Flanagan</span> LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY: STATE: ZIP CODE	Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> Change of Address	<span style="background-color: black; color: black;">[REDACTED]</span> <span style="font-size: 1.5em;">Corpus Christi TX</span> <span style="font-size: 1.5em;">78411</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$  Date Processed  Date Imaged	
	<span style="font-size: 1.5em;">(361) 728 4828</span>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <span style="font-size: 1.5em;">Mr</span> FIRST <span style="font-size: 1.5em;">Eddie</span> MI	Date Hand-delivered or Date Postmarked	
	NICKNAME <span style="font-size: 1.5em;">Castillo</span> LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE	Receipt # Amount \$  Date Processed  Date Imaged	
(Residence or Business)	<span style="background-color: black; color: black;">[REDACTED]</span> <span style="font-size: 1.5em;">Corpus Christi TX</span> <span style="font-size: 1.5em;">78410</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$  Date Processed  Date Imaged	
	<span style="font-size: 1.5em;">(361) 779 4352</span>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <span style="font-size: 1.5em;">7 / 16 / 20</span> <span style="font-size: 1.5em;">10 / 03 / 20</span>		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <span style="font-size: 1.5em;">11 / 03 / 20</span>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<span style="font-size: 1.5em;">N/A</span>	<span style="font-size: 1.5em;">Del Mar College Board of Regents - At Large</span>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Coach Shawn Flanagan 15 Filer ID (Ethics Commission Filers)

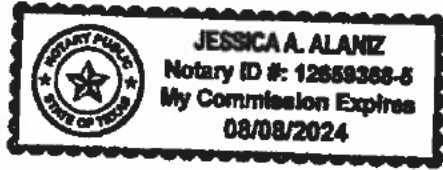
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,650
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,268.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 320.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shawn Flanagan, this the 30th day of September, 2020, to certify which, witness my hand and seal of office.

Jessica A. Alaniz      Jessica A. Alaniz      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> Coach Shawn Flanagan		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,375
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,275
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3198.55
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 70.25
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 3**

2 FILER NAME

**Coach Shawn Flanagan**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/9/20**

5 Full name of contributor

**Katrina Haley**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$50.<sup>00</sup>**

6 Contributor address;

City;

State;

Zip Code

**Corpus Christi, Tx 78411**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

**N/A**

Date

**8/12/20**

Full name of contributor

**Alan Clower**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**200.<sup>00</sup>**

Contributor address;

City;

State;

Zip Code

**Corpus Christi, Tx 78411**

Principal occupation / Job title (See Instructions)

**Real Estate Appraiser**

Employer (See Instructions)

**Self**

Date

**8/21/20**

Full name of contributor

**Steven Beal**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$20.<sup>00</sup>**

Contributor address;

City;

State;

Zip Code

**Corpus Christi Tx 78413**

Principal occupation / Job title (See Instructions)

**Technician**

Employer (See Instructions)

**Flint Hills**

Date

**8/21/20**

Full name of contributor

**Kyle Brandon**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$20**

Contributor address;

City;

State;

Zip Code

**Portland Tx 78371**

Principal occupation / Job title (See Instructions)

**Analyzer Tech**

Employer (See Instructions)

**Flint Hills**

**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 of 3

2 FILER NAME Coach Shawn Flanagan

3 Filer ID (Ethics Commission Filers)

4 Date 8/21/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
David Soulas

7 Amount of contribution (\$)

\$25.<sup>00</sup>

6 Contributor address; City; State; Zip Code  
[Redacted] Corpus Christi, TX 78414

8 Principal occupation / Job title (See Instructions)

Analyzer Tech

9 Employer (See Instructions)

Flint Hills

Date

8/21/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Johnny Kelly

Amount of contribution (\$)

\$20.<sup>00</sup>

Contributor address; City; State; Zip Code  
[Redacted] Ingleside TX 78362

Principal occupation / Job title (See Instructions)

Analyzer Tech

Employer (See Instructions)

Flint Hills

Date

8/25/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Pacheco III

Amount of contribution (\$)

\$40.<sup>00</sup>

Contributor address; City; State; Zip Code  
[Redacted] Portland TX 78374

Principal occupation / Job title (See Instructions)

Analyzer Tech

Employer (See Instructions)

Flint Hills

Date

8/28/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DR James K Rose

Amount of contribution (\$)

\$1,000.<sup>00</sup>

Contributor address; City; State; Zip Code  
[Redacted] Corpus Christi, TX 78404

Principal occupation / Job title (See Instructions)

Surgeon

Employer (See Instructions)

Self

**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: **3 of 3**

2 FILER NAME  
**Coach Shawn Flanagan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/28/20**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tom Carlise**

7 Amount of contribution (\$) **\$750.<sup>00</sup>**

6 Contributor address; City; State; Zip Code  
[Redacted] **Corpus Christi, TX 78401**

8 Principal occupation / Job title (See Instructions)  
**Insurance Agent**

9 Employer (See Instructions)  
**Self**

Date  
**9/11/20**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Hensley Batey III**

Amount of contribution (\$) **\$200.<sup>00</sup>**

Contributor address; City; State; Zip Code  
[Redacted] **Corpus Christi, TX 78411**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
**Self**

Date  
**9/24/20**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John Wilson**

Amount of contribution (\$) **\$1,000.<sup>00</sup>**

Contributor address; City; State; Zip Code  
[Redacted] **CC TX 78401**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/29/20**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Javelle Bennett**

Amount of contribution (\$) **50.<sup>00</sup>**

Contributor address; City; State; Zip Code  
[Redacted] **Corpus Christi, TX**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 2</i>	
2 FILER NAME <i>Coach Shawn Flanagan</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Wilson</i>	8 Amount of Contribution \$ <i>990.<sup>00</sup></i>	9 In-kind contribution description <i>Campaign Signs</i>
	7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <i>Corpus Christi TX 78404</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Real Estate Mortgage Broker</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>HMG Mortgage</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laurie Turner</i>	Amount of Contribution \$ <i>\$45.<sup>00</sup></i>	In-kind contribution description <i>Ad in Padue Island Business Magazine</i>
	Contributor address: _____ City: _____ State: _____ Zip Code: _____ <i>Corpus Christi TX 78418</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Teacher</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Gregory Portland ISD</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>^</i>			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2 of 2</b>	
2 FILER NAME <b>Coach Shawn Flanagan</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>8/15/20</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Sambol</b>	8 Amount of Contribution \$ <b>\$240.00</b>	9 In-kind contribution description <b>24 Printed T-shirts</b>
7 Contributor address; City; State; Zip Code [REDACTED] <b>CC TX 78418</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>N/A</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <b>N/A</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |   |   |  |   |
|---|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|---|--|---|
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Coach Shawn Flanagan</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/5/20</i>	5 Payee name <i>Carmen Calderone JR</i>	
6 Amount (\$) <i>\$1,000.00</i>	7 Payee address; City; State; Zip Code <i>[Redacted] Corpus Christi TX 78414</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Campaign Manager</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/5/20</i>	Payee name <i>Costal Media</i>	
Amount (\$) <i>\$1,100.00</i>	Payee address; City; State; Zip Code <i>[Redacted] Corpus Christi TX 78403</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>English &amp; Spanish Radio Ads.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/11/20</i>	Payee name <i>Anedot</i>	
Amount (\$) <i>\$8.30</i>	Payee address; City; State; Zip Code <i>Online Payment Company</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description <i>Online Company Fee for handling donations</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)



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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Coach Shawn Flanagan</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/14/20</i>		5 Payee name <i>Corpus Christi Republican Women's Club</i>			
6 Amount (\$) <i>\$20.00</i>		7 Payee address: <i>Corpus Christi, Tx 78401</i>		City: State: Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>		(b) Description <i>Fee for luncheon</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/24/20</i>		Payee name <i>Coastal Media</i>			
Amount (\$) <i>1,000.<sup>N</sup></i>		Payee address: 		City: State: Zip Code <i>Corpus Christi, TX 78403</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Radio Ads</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/25/20</i>		Payee name <i>Shawn Flanagan - Payment for Tractor Supply 10 8' T-Posts</i>			
Amount (\$) <i>70.25</i>		Payee address: 		City: State: Zip Code <i>cc TX 78411</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>		Description <i>10 - 8' T-Posts to Post 4 signs</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 G:	2 FILER NAME <i>Shawn Flanagan</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	---------------------------------------	---------------------------------------

4 Date <i>9/25/20</i>	5 Payee name <i>Tractor Supply</i>
--------------------------	---------------------------------------

6 Amount (\$) <i>70.25</i>	7 Payee address: [REDACTED]	City: <i>CC</i>	State: <i>Tx</i>	Zip Code: <i>78415</i>
----------------------------	--------------------------------	--------------------	---------------------	---------------------------

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>10 8' T-Posts to Put up Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**