

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		OFFICE USE ONLY	
<input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Corpus Christi Tx 78411		Date Received DEL MAR COLLEGE JUL 13 2020 RISK MANAGEMENT	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
7 CAMPAIGN TREASURER ADDRESS	NICKNAME	LAST	SUFFIX
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Corpus Christi Tx 78410		Receipt # Amount \$ Date Processed Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 Month Day Year 1 / 16 / 20 THROUGH 7 / 15 / 20		
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)		OFFICE SOUGHT (if known)
OFFICE HELD (if any) N/A		OFFICE SOUGHT (if known) Del Mar College BOARD of Regents At Large	

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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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,088.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,131.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 242.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shawn Flanagan, this the 9th day of July, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Leticia Trevino

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Coach Shawn Flanagan</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,088.87</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>5,131.05</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

1/14/20

5 Full name of contributor

Shawn Flanagan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 1074.40

6 Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78411

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/25/20

Full name of contributor

Shawn Flanagan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300.00

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/20

Full name of contributor

Dr. Marian Hendricks Bervy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78414

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Spn Self employed

Date

3/16/20

Full name of contributor

Carmen Calderon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 10.00

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78414

Principal occupation / Job title (See Instructions)

Analyzer Technician

Employer (See Instructions)

Flonks Hills Resources

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 3/17/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Turner	7 Amount of contribution (\$) \$500.⁰⁰
6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78418		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Gregory - Portland ISD
Date 3/20/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javelle Bennett	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) —
Date 3/30/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John C. Hooper	Amount of contribution (\$) \$40.⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78418		
Principal occupation / Job title (See Instructions) Nueces County Sherriff		Employer (See Instructions) Nueces County
Date 4/16/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Mesmer	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus TX Christi, 78414		
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) 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:

3 of 3

2 FILER NAME

Coach Shawn Flanagan

3 Filer ID (Ethics Commission Filers)

4 Date

6/6/20

5 Full name of contributor

Shawn Flanagan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.⁰⁰

6 Contributor address:

City:

State:

Zip Code

Corpus Christi, Tx 78411

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

—

Date

7/7/20

Full name of contributor

Shawn Flanagan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300.⁰⁰

Contributor address:

City:

State:

Zip Code

Corpus Christi, Tx 78411

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

—

Date

7/7/20

Full name of contributor

FRANK Smith

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,761.47

Contributor address:

City:

State:

Zip Code

Corpus Christi, Tx 78463

Principal occupation / Job title (See Instructions)

Business MAN

Employer (See Instructions)

Self Employed

Date

3/30/20

Full name of contributor

Shawn Flanagan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

800.⁰⁰

Contributor address:

City:

State:

Zip Code

Corpus Christi, Tx 78411

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.

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>1/23/20</i>		5 Payee name <i>Frog + BANK</i>			
6 Amount (\$) <i>26.⁰⁰</i>		7 Payee address; 		City; State; Zip Code <i>Corpus Christi TX 78411</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting BANKING</i>		(b) Description <i>Printing checks</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 <i>Coach Shawn Flanagan</i>		Office sought <i>Dumas College Board of Regents (DmcBOR-AL)</i>	
Office held <i>N/A</i>					
Date <i>1/27/20</i>		Payee name <i>Carmen Calderon</i>			
Amount (\$) <i>200.⁰⁰</i>		Payee address; 		City; State; Zip Code <i>Corpus Christi TX 78414</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expenses</i>		Description <i>Campaign Management</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DmcBOR-AL</i>	
Office held <i>N/A</i>					
Date <i>2/3/20</i>		Payee name <i>Kingdom X</i> <i>Royalty Marketing & Media Design Center</i>			
Amount (\$) <i>\$510.⁰⁰</i>		Payee address; 		State; Zip Code <i>Corpus Christi TX 78412</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Set up of on line website</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DmcBOR-AL</i>	
Office held <i>N/A</i>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME Coach Shawn Flanagan 3 Filer ID (Ethics Commission Filers)

4 Date 2/25/20 5 Payee name Fine Design

6 Amount (\$) \$336.11 7 Payee address; Dallas City; Tx State; 75244 Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expenses (b) Description 45 +-shirts
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Coach Shawn Flanagan Office sought DMCBOR-AL Office held N/A

Date 2/26/20 Payee name Vista Print

Amount (\$) \$344.97 Payee address; Renov City; NV State; 89508 Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expenses Description 5,000 Door Hangers
 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 name Coach Shawn Flanagan Office sought DMCBOR-AL Office held N/A

Date 3/11/20 Payee name Vista Print

Amount (\$) \$143.21 Payee address; Renov City; NV State; 89508 Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expenses Description 100 Donation Envelope
 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 name Coach Shawn Flanagan Office sought DMCBOR-AL Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 2 FILER NAME Coach Shawn Flanagan 3 Filer ID (Ethics Commission Filers)

4 Date 3/16/20 5 Payee name Anedot

6 Amount (\$) 0.70 7 Payee address; City; State; Zip Code
[REDACTED] New Orleans LA 70112

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Fee for Donation of \$10.00
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Coach Shawn Flanagan Office sought DMCBOR-AL Office held N/A

Date 3/17/20 Payee name Vista Print

Amount (\$) 480.67 Payee address; City; State; Zip Code
[REDACTED] Reno NV 89508

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expenses Description 10,000 DOOR HANGERS
 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 name Coach Shawn Flanagan Office sought DMCBOR-AL Office held N/A

Date 4/13/20 Payee name Facebook

Amount (\$) \$25.00 Payee address; City; State; Zip Code
www.facebook.com

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expenses Description AD Boost
 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 name Coach Shawn Flanagan Office sought DMCBOR-AL Office held N/A

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>3/20/20</i>		5 Payee name <i>Anedot</i>			
6 Amount (\$) <i>\$2.30</i>		7 Payee address; [REDACTED]		City; State; Zip Code <i>New Orleans LA 70112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		(b) Description <i>Fee for 50 donation</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DMC BOR-AL</i>	
				Office held <i>N/A</i>	
Date <i>4/20/20</i>		Payee name <i>Southside Light</i>			
Amount (\$) <i>\$100.00</i>		Payee address; [REDACTED]		City; State; Zip Code <i>Corpus Christi TX 78414</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>1 month Ad Buy</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DMC BOR-AL</i>	
				Office held <i>N/A</i>	
Date <i>5/3/20</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>\$25.00</i>		Payee address; <i>www.facebook.com</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Ad Boost</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DMC BOR-AL</i>	
				Office held <i>N/A</i>	

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		2 FILER NAME <i>Coach Shawn Flanagan</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5/12/20</i>		5 Payee name <i>Southside Light</i>			
6 Amount (\$) <i>300.00</i>		7 Payee address; [REDACTED]		City: <i>Corpus Christi TX</i>	State: Zip Code <i>TX 78414</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>3 months of Ad</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DMC-BOR-AL</i>	Office held <i>N/A</i>
Date <i>5/22/20</i>		Payee name <i>Wings Track Club</i>			
Amount (\$) <i>\$225</i>		Payee address; [REDACTED]		City: <i>Corpus Christi TX</i>	State: Zip Code <i>TX 78415</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>		Description <i>Handing out 2,250 Door Hangers</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DACC-BOR-AL</i>	Office held <i>N/A</i>
Date <i>5/27/20</i>		Payee name <i>Fine Design</i>			
Amount (\$) <i>294.62</i>		Payee address; [REDACTED]		City: <i>Dallas TX</i>	State: Zip Code <i>TX 75244</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gifts/Awards/Memorial Expenses</i>		Description <i>36 T-shirts</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DMC-BOR-AL</i>	Office held <i>N/A</i>

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>7/7/20</i>		5 Payee name <i>Wings Track Club</i>			
6 Amount (\$) <i>\$300.00</i>		7 Payee address: [REDACTED]		City; State; Zip Code <i>Corpus Christi TX 78414</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract LABOR</i>		(b) Description <i>Handing out 3000 Door hangers</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DMC-BOR-AL</i>	
Date <i>7/7/20</i>		Payee name <i>Frost BANK</i>			
Amount (\$) <i>\$56</i>		Payee address: [REDACTED]		City; State; Zip Code <i>Corpus Christi TX 78411</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting Bankin</i>		Description <i>7 months of 8.00% month Service fees</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DMC-BOR-AL</i>	
Date <i>7/7/20</i>		Payee name <i>Vistaprint - Netherlands BV Huidsmweg 8 Venlo NL 5928LW</i>			
Amount (\$) <i>1,761.47</i>		Payee address: [REDACTED]		City; State; Zip Code <i>Reno NV 89508</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>		Description <i>30,000 Door Hangers</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 <i>Coach Shawn Flanagan</i>		Office sought <i>DMC-BOR-AL</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Shawn C. Eganagan
Corpus Christi, TX 78411



Risk Management
Attn: Jessica Alaniz
Del Mar College Blvd
101 Baldwin TX
Corpus Christi 78404

784043894 0036

