#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 12 00051339 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Josh B. NAME Date Received **ELECTRONICALLY FILED** 07/01/2023 NICKNAME LAST **SUFFIX** Flynn CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P. O. Box 431158 MAILING Amount Receipt # **ADDRESS** Houston, TX 77243 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Butch NAME NICKNAME LAST **SUFFIX** Davis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2751 Durban Dr. **ADDRESS** (Residence or Business) Houston, TX 77043 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 597-8868 **PHONE** REPORT

January 15

Day

Day

OFFICE HELD (if any)

**ELECTION DATE** 

01/01/2023

Year

Year

July 15

Х

Month

Month

**TYPE** 

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

30th day before election

8th day before election

**THROUGH** 

Primary

General

Runoff

Exceeded modified

Month

**ELECTION TYPE** 

Runoff

Special

Day

06/30/2023

12 OFFICE SOUGHT (if known)

Year

Other

reporting limit

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Flynn, Josh B. (Mr.)		<b>14</b> Filer ID (	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 4,652.10
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 7,359.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr	. Josh B. Flynn	
			Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	_	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 12 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00051339 Flynn, Josh B. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 200.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 4,303.30 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 348.80 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	TARY POLITICAL CONTRIBUTION	NC	S		SCHEDULE A1
	The Instru	action Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/12		
2	FILER NAME Flynn, Josh		3	Filer ID (Ethics Commission Filers) 00051339		
4	Date 06/08/2023	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$) \$200.00		
		Sugar Land, TX 77479				
8	Principal occu Administration	upation / Job title (See Instructions) on	9	Employer (See Instructions Free Enterprise Institute		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 1/7 Rpt: 5/12	Flynn, Josh B. (Mr.) 00051339
4	Date	5 Payee name
	06/08/2023	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.30	10821 Rosebud Court
		Baton Rouge, LA 70815
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card fees
		5.55.65.65.65.65
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1 
	Date	Payee name
	05/16/2023	Devine, John
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 342215
		Austin, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2023	Harris County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	8588 Katy Fwy, Suite 445
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Condidate (Office helder/Delitical Committee)  Check if Austin TV, officehelder living evenese
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 6/12	Flynn, Josh B. (Mr.)	00051339
4	Date	5 Payee name	
	02/23/2023	Harris County Republican Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	8588 Katy Fwy, Suite 445	
		Houston, TX 77024	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE	Contributions/Bondtons Made By	neck if travel outside of Texas. Complete Schedule T.
			neck if Austin, TX, officeholder living expense
		Party	y Support
_	0 1: 0 1: 0	2 5 1 1 1 2 5 1 1 1	000
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/23/2023	Harris County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	8588 Katy Fwy, Suite 445	
		Houston, TX 77024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	•
	OF EXPENDITURE	Contributions/Donations Made By	neck if travel outside of Texas. Complete Schedule T.
			neck if Austin, TX, officeholder living expense y Support
		Tang	γ Συρροιτ
_	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/O	•	Office field
		T	
	Date	Payee name	
	04/23/2023	Harris County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	8588 Katy Fwy, Suite 445	
		Houston, TX 77024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	OF EXPENDITURE	Continuations/Donations wade by	neck if travel outside of Texas. Complete Schedule T.
			neck if Austin, TX, officeholder living expense
		raity	y Support
	0 1: 0 1: 0	2 5 1 1 1 2 5 1 1 1	000
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	category not listed abor	ve)
				The Instruction Gu	iide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 3/7 Rpt: 7/12		Flynn, Josh	B. (Mr.)						00051339		
4	Date	5	Payee name									
	05/23/2023		Harris Coun	ty Republican F	arty							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$20.00		8588 Katy F	wy, Suite 445								
			Houston, TX	77024								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations Ma	ide By			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	LXI LINDITORL		Candidate/C	Officeholder/Poli	tical Commi	ttee		_		officeholder living	g expense	
								Party Suppor	t			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	experiantare to benefit Grot											
	Date		Payee name									
	06/23/2023		Harris Coun	ty Republican F	arty							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$20.00		8588 Katy F	wy, Suite 445								
			Houston, TX	77024								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		ĺ		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE		Candidate/C	Officeholder/Poli	tical Commi	ttee		ш		officeholder living	g expense	
								Party Suppor	t			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
	experientare to benefit Gree	_										
	Date		Payee name									
	02/01/2023		Harris Coun	ty Republican F	arty							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		8588 Katy F	wy, Suite 445								
			Houston, TX	77024								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	dule)	(b)	Description				
	OF			s/Donations Ma		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Poli		ttee				officeholder living	g expense	
								Lincoln Rega	n C	ay Dinner		
	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	ght			Office he	eld	
L	expenditure to benefit C/OI	Н										

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Com	mittee	Food/Beverage Experage Experage Gift/Awards/Memorial Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	Filers)
L	Sch: 4/7 Rpt: 8/12	<u> </u>	Flynn, Josh	B. (Mr.)						00051339		
4	Date	5	Payee name									
	05/09/2023		Houston Are	a Pastor's Co	uncil							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$2,500.00		P.O. Box 69	2207								
			Houston, TX	77269								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		,		Check if travel of	outsio	de of Texas. Com	plete Schedule T.	
	EXI ENDITORE	'	Candidate/C	officeholder/Po	litical Comm	ittee		_	, TX,	officeholder living	g expense	
								2023 Gala				
_	Complete ONLY if direct		andidata/Offi	ceholder name		Office co	ah+			Office h	old	
9	Complete ONLY if direct expenditure to benefit C/OI		anuluale/Offic	enoluel name		Office sou	gnt			Office n	eiu 	
	Date		Payee name					_				
	06/03/2023		Hunt, Wesle	у								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$100.00	:	1707 1/2 Po	st Oak Blvd, S	te. 525							
			Houston, TX	77056								
	PURPOSE	(a)	Category <sub>(Se</sub>	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	(	Contribution	s/Donations M	ade By						nplete Schedule T.	
	LAI LINDITURE	'	Candidate/C	Officeholder/Po	litical Comm	ittee				officeholder living	g expense	
								campaign cor	ıtıl	วนแปก		
L	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	ah+			Office h	ald	
	expenditure to benefit C/O		anuuate/OIII	enoluel Hällle	C	mice Sou	ynı			Onice n	ciu	
L	Dete	1										
	Date	l	Payee name									
	04/29/2023	_	Knox, Mike									
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$100.00		PO Box 158	1								
			Houston, TX	77251								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				Check if travel of			nplete Schedule T.	
	LAFEINDITURE	'	Candidate/C	officeholder/Po	litical Comm	ittee				officeholder living	g expense	
								campaign do	natı	on		
	Complete ONLY if allower	$\check{L}$	andidata (Off.	obolder e		office s =	ماد د			O#:!	ald	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	C	Office sou	gnt			Office h	eiu	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 5/7 Rpt: 9/12	Flynn, Josh B. (Mr.)		00051339	
4	Date	5 Payee name			
	03/08/2023	Padilla, Jessica			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$100.00	1919 N Loop W, Ste. 310			
		Houston, TX 77008			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By		side of Texas. Com	
	EXI ENDITORE			t, officeholder living	expense
		campaign do	mai	tion	
_	0 1: 0.11.7.7.1.			O.W. 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	ela
	Date	Payee name			
	02/01/2023	Peck, Amy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	PO Box 800240			
		Houston, TX 77280			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By		side of Texas. Com	
		Candidate/Officeholder/Political Committee		(, officeholder living ibution	expense
		campaign oc		ibation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/18/2023	Republican Party of Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.50	P.O. Box 2206			
		Austin, TX 78768			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By		side of Texas. Com ., officeholder living	
		Candidate/Officeholder/Political Committee Grassroots C			rexpense
		3/433/00/3		-	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	•		200 110	-

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 6/7 Rpt: 10/12	Flynn, Josh B. (Mr.) 00051339
4	Date	5 Payee name
	02/18/2023	Republican Party of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.50	P.O. Box 2206
		Austin, TX 78768
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/18/2023	Republican Party of Texas
		· · · ·
	Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 2206
	\$12.50	P.O. BOX 2200
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Grassroots Club
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/18/2023	Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 2206
	\$12.50	P.O. BOX 2206
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Grassroots Club
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 7/7 Rpt: 11/12	2 FILER NAME Flynn, Josh B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00051339
4	Date 05/18/2023	5 Payee name Republican Party of Texas	
6	Amount (\$) \$12.50	7 Payee address; City; State; Zip Code P.O. Box 2206  Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T. TX, officeholder living expense ub
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/18/2023	Republican Party of Texas	
	Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 2206	
		Austin, TX 78768	
	PURPOSE OF EXPENDITURE	Continuations/Donations water By	utside of Texas. Complete Schedule T. TX, officeholder living expense ub
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/29/2023	Schofield, Mike	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 934 Hidden Canyon Road	
		Katy, TX 77450	
	PURPOSE OF EXPENDITURE	Continuations/Donations water By	utside of Texas. Complete Schedule T. TX, officeholder living expense ttribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 12/12 Flynn, Josh B. (Mr.) 00051339 Date Payee name 03/22/2023 Daily Wire 6 Amount (\$) Payee address; City; State; Zip Code 15021 Ventura Blvd. #503 \$259.80 Reimbursement from political contributions intended Х Sherman Oaks, CA 91403 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** subscriptions Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/20/2023 Louder With Crowder Amount (\$) Payee address; City; State; Zip Code \$89.00 444 Gulf of Mexico Dr. Reimbursement from political contributions Х Longboat Key, FL 34228 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH