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) 00051339 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Josh B. NAME Date Received **ELECTRONICALLY FILED** 01/10/2025 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 **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified reporting limit **PERIOD** Month Day Year Month Day Year **COVERED** 07/01/2024 **THROUGH** 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other

Forms provided by Texas Ethics Commission

11 OFFICE

OFFICE HELD (if any)

GO TO PAGE 2
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General

Special

12 OFFICE SOUGHT (if known)

Version V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Flynn, Josh B. (Mr.)		14 Filer ID ((Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive r							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC	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				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 5,000.00				
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,030.00				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 4,306.37				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 AB	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				

SUBTOTALS - C/OH

	FORM	CIOH
COVER	SHEE	T PG 3

			3	of 8				
18 FILER NAM	ME Sh B. (Mr.)	(Ethics Commission File	ers)					
20 SCHEDUL	20 SCHEDULE SUBTOTALS							
NAME OF	SCHEDULE	SUBTOTAL AMOU	/IN I					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,0	00.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$						
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,	030.00				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	\$						

The Instruction Guide explains now to complete this form. 2 FILER NAME Flynn, Josh B. (Mr.) 4 Date 11/12/2024	Total pages Schedule A1: Sch: 1/1 Rpt: 4/8 Filer ID (Ethics Commission Filers) 00051339 Amount of Contribution (\$) \$5,000.00
Flynn, Josh B. (Mr.) 4 Date 5 Full name of contributor out-of-state PAC (ID#:	Filer ID (Ethics Commission Filers) 00051339 Amount of Contribution (\$)
11/12/2024 Herman, Mark 6 Contributor address; City; State; Zip Code Spring, TX 77388 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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		nmittee	Legal Services			Vages	/Contract Labor		OTHER (enter a	a category not listed	above)
	orealt out a rayment			The Instruction Gu	ıide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 1/4 Rpt: 5/8		Flynn, Josh	B. (Mr.)						00051339		
4	Date	5	Payee name									
	07/10/2024		Alabama GC)P								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$150.00		3505 Lorna	-	·	·						
			Birmingham	ΔΙ 35216								
_	DUDDOGE	(-)					(1-)					
8	PURPOSE OF	(a)		e Categories listed at the		dule)	(b)	Description	outoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Poli		ttee		=		officeholder livin		
			Carialaate/C	miceriolaci/i on	dicai Commi	licc		donation				
9	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					•					
=	Date	П	Payee name									
	09/18/2024		Guinchard, I	Mary lo								
		⊢	•		Ctoto	Zin Co	do					
	Amount (\$)		Payee addres		State,	Zip Co	ue					
	\$100.00		PO BOX 154	2								
			Ridgewood,	MD 07451								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma				=			nplete Schedule T.	
			Candidate/C	officeholder/Poli	tical Commi	ttee		campaign do		officeholder livin	g expense	
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	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	aht			Office h	ماط	
	expenditure to benefit C/OI		Janaiaate/Onic	enolder name	O.	11100 300	giit			Onicen	Ciu	
	Data	Г										
	Date		Payee name	h. Danubliaan F	lort.							
	08/23/2024	_		ty Republican F								
	Amount (\$)		Payee addres	, ,,	State;	Zip Co	de					
	\$600.00		8588 Katy F	wy, Suite 445								
			Houston, TX	77024								
	PURPOSE	(a)		e Categories listed at t		dule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma				므			nplete Schedule T.	
			Candidate/C	officeholder/Poli	ticai Commi	ttee		Greg Abbott I		officeholder livin	g expense	
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	expenditure to benefit C/OI		zai iuiuale/OIIIC	endidei Haille	Oi	11166 20U	grit			Onice II	ciu	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 2/4 Rpt: 6/8	Flynn, Josh B. (Mr.) O0051339
4	Date	5 Payee name
	08/06/2024	Paul, Dennis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	626 1/2 Barringer Ln., Ste. A
		Webster, TX 77598
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		BBQ Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	07/15/2024	Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	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/OI	1
	Date	Payee name
	08/15/2024	Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	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
		Candidate/Officeholder/Political Committee
		G. 1005/3010 G. 100
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 7/8	Flynn, Josh B. (Mr.) 00051339
4	Date	5 Payee name
	09/15/2024	Republican Party of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	P.O. Box 2206
		Austin, TX 78768
8	PURPOSE	To a second seco
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Grassroots Club
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Republican Party of Texas
_	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P.O. Box 2206
	Ψ23.00	F.O. Box 2200
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Grassions Glab
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	11/15/2024	Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P.O. Box 2206
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Grassroots Club
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - ıl Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services		Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor		Travel in District Travel Out of Di	
	•			The Instruction Guide	explains l	now to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/4 Rpt: 8/8		Flynn, Josh	n B. (Mr.)					00051339	
4	Date	5	Payee name	<u> </u>						
	12/15/2024			Party of Texas						
<u>ا</u>	Amount (\$)	7	Payee addre		State:	Zip Code				
ľ	\$25.00	l	P.O. Box 2		State,	Zip Couc				
	Ψ23.00		F.O. DOX 2	200						
			Austin, TX	78768						
8	PURPOSE	(a)	Category (S	See Categories listed at the top	of this sch	edule) (b) Description			
	OF EXPENDITURE		Contributio	ns/Donations Made	Ву					nplete Schedule T.
			Candidate/	Officeholder/Politica	l Comm	ittee	_		, officeholder living	g expense
							Grassroots (JIUL)	
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9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sough	t		Office h	eld
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