

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) 00069698	2 Total pages filed: 45	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. George B.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2026	
	NICKNAME LAST SUFFIX Flint			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2024 West 15th Ste. F Plano, TX 75075		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. George			
	NICKNAME LAST SUFFIX Ostrander			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4216 Eldorado Drive Plano , TX 75093			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 365-3059			
8 REPORT TYPE	<input checked="" 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 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)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2025 12/31/2025			
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 70	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Flint, George B. (Mr.)	14 Filer ID (Ethics Commission Filers) 00069698
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,468.30
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,090.81
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,472.74
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

17 AFFIDAVIT		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> Mr. George B. Flint _____ Signature of Candidate or Officeholder </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> <div>Signature of officer administering</div> <div>Printed name of officer administering</div> <div>Title of officer administering oath</div> </div>		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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18 FILER NAME Flint, George B. (Mr.)		19 Filer ID 00069698	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	29,968.30
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	500.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	25,000.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	17,590.81
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	13,500.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/20 Rpt: 4/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Rebekah (Ms.) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75071	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) McKinney ISD
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) Atkinson-Womack Family Care
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Dee (Mrs.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) DB Investigations
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blattenbauer, K.J. (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/20 Rpt: 5/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollner, Daniel (Mr.) 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braun, Carlisle (Mr.) Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Braun Law Group PLLC
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumit, Chad (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Kebler Group
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burciaga, Richard (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Randy (Mr.) Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) general contractor		Employer (See Instructions) Carter Construction Services, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/20 Rpt: 6/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Robert (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75252	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohne, Alana (Ms.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75069	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) human resources		Employer (See Instructions) City of Lucas
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Cynthia (Ms.) <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Gillian (Mrs.) <hr/> Contributor address; City; State; Zip Code Fulton, TX 78358	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) HCA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Jaci (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/20 Rpt: 7/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, D'Lissa (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) marketing		9 Employer (See Instructions) Hugh M Cunningham
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, David (Mr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) non-executive chairman		Employer (See Instructions) Hugh M Cunningham Companies
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, David (Mr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Non-executive chairman		Employer (See Instructions) Hugh M Cunningham
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, David (Mr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Christi (Mrs.) <hr/> Contributor address; City; State; Zip Code Normanna, TX 78142	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) South College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/20 Rpt: 8/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson Sr., Richard (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doucette, Julianne (Ms.) <hr/> Contributor address; City; State; Zip Code Parker, TX 75002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) faculty		Employer (See Instructions) Rusk University
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunbar, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ester, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felt, Esther (Mrs.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Client services		Employer (See Instructions) Stewart Title

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/20 Rpt: 9/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrer, Michelle (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fida, David (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) banker		Employer (See Instructions) Cadence Bank
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, Lynne (Mrs.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Passman & Jones
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritcher, Sam (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Airborne ASPECT, PLLC
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamache, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) 5th St Pizza

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/20 Rpt: 10/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamache, Mary (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) patient acct rep		9 Employer (See Instructions) Fresenius Medical Group
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Patricia (Mrs.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groce, Randy (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) technician		Employer (See Instructions) Crown Imaging
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Benton (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) missionary		Employer (See Instructions) Cru

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/20 Rpt: 11/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halsey, Sandra (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Tracy (Mrs.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76201	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Hayes, Berry, White & Vansant, LLP
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Hayes, Berry, White & Vansant,LLP
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hix, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/20 Rpt: 12/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hix, Robert (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Chelsi (Ms.) <hr/> Contributor address; City; State; Zip Code Ponder, TX 76259	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) insurance		Employer (See Instructions) CoVerica
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CoVerica, Inc.
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Carmen (Ms.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) QTCM Leidos
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Frances (Ms.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/20 Rpt: 13/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarrett, Dennis (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, John (Mr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) banker		Employer (See Instructions) JP Morgan Chase
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, John (Mr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) banker		Employer (See Instructions) JP Morgan Chase
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kelly Ann <hr/> Contributor address; City; State; Zip Code Plano, TX 75026	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Caroline (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/20 Rpt: 14/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Caroline (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) St. Joseph Catholic School
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, David (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self-employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennelly-Gensler, Kathryn (Mrs.) <hr/> Contributor address; City; State; Zip Code Farmersville, TX 75442	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) nurse practitionr		Employer (See Instructions) Institute for Health Promotions
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidd, Misti (Mrs.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) Cook Children's
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohut, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/20 Rpt: 15/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Mark (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Lambert Firm, PC
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Lambert Firm, PC
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Mitch (Mr.) <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75093	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Scheef & Stone, LLC
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddux, Clay (Mr.) <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75077	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Crowdstrike
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Sandy (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) Believe Bariatrics and Primary Care, PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/20 Rpt: 16/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHalfey, Dustin (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Neurophysiologist		9 Employer (See Instructions) Velocity Neuro
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohan, Jhudy (Ms.) <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75419	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) LBUCC
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, John (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Master Sales & Marketing, Inc.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self-employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Judith Lee (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/20 Rpt: 17/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Brenda (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) nurse		9 Employer (See Instructions) Institute for Health Promotions
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel, Chris (Mr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Lexitas
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Allen Texas Attorneys
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutterfield, Elke (Ms.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) office manager		Employer (See Instructions) Institute for Health Promotion
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, George (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/20 Rpt: 18/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, George (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy (Mrs.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) Institute of Health Promotions
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy (Mrs.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) Institute of Health Promotions
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) treasurer		Employer (See Instructions) True Texan Trading, LLC
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Dana (Mr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Palmer Law Group, P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/20 Rpt: 19/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Sheila (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions) Pattent, Inc.
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Howard (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Sue (Ms.) <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Hideaway, TX 75771	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Ilaria (Ms.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) QC Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/20 Rpt: 20/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Santa Margarita (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) nurse practitioner		9 Employer (See Instructions) Pinnacle Clinical Research
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salisbury, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76118	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) neurophysiologist		Employer (See Instructions) AMB EEG, LLC
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Leslie (Ms.) <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Henry Hill PLLC
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheef, John (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Scheef & Stone, LLP
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Stanford (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/20 Rpt: 21/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Stanford (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions) self-employed
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Court (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Plunk Smith, PLLC
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterlacci, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) chairman		Employer (See Instructions) Coveria. Inc.
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suster, Israel (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The Suster Law Group, PLLC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Travis (Mr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Twin Rivers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/20 Rpt: 22/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torti, Sonya (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions) Keller Williams
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Travis & Inman
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voigtsberger, Karl (Mr.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tammy (Mrs.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) executive assistant		Employer (See Instructions) Emerson
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy (Ms.) <hr/> Contributor address; City; State; Zip Code River Oaks, TX 76114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) Univ of North Tex Hlth Sci Cntr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/20 Rpt: 23/45
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Maggie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Murphy, TX 75094	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womack, Diane (Mrs.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) nurse practitioner		Employer (See Instructions) HCA
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zapata, Cheryl (Mrs.) <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) chief development officer		Employer (See Instructions) Texas Back Institute
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zapata, Erik (Mr.) <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions) Phillips Home Improvement

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 24/45	
2 FILER NAME Flint, George B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069698	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/08/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Mark (Mr.)	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Hosted meet and greet at his home
	7 Contributor address; City; State; Zip Code Plano, TX 75093	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) self-employed	
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)			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 25/45

2 FILER NAME
Flint, George B. (Mr.)

3 Filer ID (Ethics Commission Filers)
00069698

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

12/29/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
Cunningham, David (Mr.)

7 Pledgor Address; City; State; Zip Code

Southlake, TX 76092

8 Amount of
pledge (\$)

\$25,000.00

9 In-kind description
(If applicable)

pledge for 2026
contribution

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
retired

11 Employer (See Instructions)
retired

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 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: Sch: 1/18 Rpt: 26/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/09/2025	5 Payee name 5411	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 3500 S. Dupont Hwy Dover, DE 19901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Social media management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name 5411	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3500 S. Dupont Hwy Dover, DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) social media management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name 5411	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3500 S. Dupont Hwy Dover, DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) social media management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 2/18 Rpt: 27/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/06/2025	5 Payee name Academy Sports	
6 Amount (\$) \$43.29	7 Payee address; City; State; Zip Code 4045 Central Expy. Plano, TX 75023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wagon to hold materials for meetings
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Amazon	
Amount (\$) \$24.96	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name Amazon	
Amount (\$) \$26.41	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 3/18 Rpt: 28/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 11/03/2025	5 Payee name Amazon	
6 Amount (\$) \$22.65	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2025	Payee name American Jewish Conservatives	
Amount (\$) \$26.90	Payee address; City; State; Zip Code 16817 Coit Rd., Ste. 1147 Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets to event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name American Jewish Conservatives	
Amount (\$) \$518.52	Payee address; City; State; Zip Code 16817 Coit Rd., Ste. 1147 Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship of Lights Liberty event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 4/18 Rpt: 29/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 12/31/2025	5 Payee name Anedot	
6 Amount (\$) \$1,075.71	7 Payee address; City; State; Zip Code 1340 Poydras, Ste 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees from 7/1/75 through 12/31/25
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Awarding You	
Amount (\$) \$16.69	Payee address; City; State; Zip Code 1901 South St. Elgin, IL 60123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name badge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2025	Payee name Collin County Republican Party	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2963 W. 15th St. Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table for Labor Day Rally
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 5/18 Rpt: 30/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 11/04/2025	5 Payee name Collin County Republican Party	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 2963 W. 15th St. Plano, TX 75075	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense booth at car show
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Collin County Republican Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 2963 W. 15th St. Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Collin County Republican Party	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2963 W. 15th St. Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas party table
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 6/18 Rpt: 31/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 07/31/2025	5 Payee name Constant Contact	
6 Amount (\$) \$37.31	7 Payee address; City; State; Zip Code 890 Winter St., Ste. 300 Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Data services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$79.95	Payee address; City; State; Zip Code 890 Winter St., Ste. 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-mail management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$117.26	Payee address; City; State; Zip Code 890 Winter St., Ste. 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) e-mail management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense e-mail management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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 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: Sch: 7/18 Rpt: 32/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 10/29/2025	5 Payee name Constant Contact	
6 Amount (\$) \$117.26	7 Payee address; City; State; Zip Code 890 Winter St., Ste. 300 Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-mail management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$117.26	Payee address; City; State; Zip Code 890 Winter St., Ste. 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) e-mail management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense e-mail management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$117.26	Payee address; City; State; Zip Code 890 Winter St., Ste. 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) e-mail management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense e-mail management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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 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: Sch: 8/18 Rpt: 33/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 08/15/2025	5 Payee name Daniel Nation	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 409 S. Central Expy. Ste. 107-237 Anna, TX 75409	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign training
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2025	Payee name Fastsigns	
Amount (\$) \$370.50	Payee address; City; State; Zip Code 1915 N Central Expy Ste 900 Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4x4 Display Signs (interior)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name FexEx Office	
Amount (\$) \$227.31	Payee address; City; State; Zip Code 901 N. Central Expy. Ste. 200 Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pop-up banner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 9/18 Rpt: 34/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/19/2025	5 Payee name Fifth Street Pizza	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 111 Central Expy N Allen, TX 75013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food, etc., for kickoff event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name First Graphic Services, Inc.	
Amount (\$) \$1,239.46	Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name First Graphic Services, Inc.	
Amount (\$) \$880.62	Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 10/18 Rpt: 35/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 11/25/2025	5 Payee name First Graphic Services, Inc.	
6 Amount (\$) \$880.61	7 Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name Generation to Generation G2G	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1208 Serenade Cir. Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate table, sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name GoDaddy, Inc.	
Amount (\$) \$25.46	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-mail, domain name	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense e-mail management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 11/18 Rpt: 36/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/03/2025	5 Payee name GoDaddy, Inc.	
6 Amount (\$) \$102.21	7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) computer expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name registrations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Home Depot	
Amount (\$) \$60.45	Payee address; City; State; Zip Code 1224 N. Central Plano, TX 75074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-posts for signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2025	Payee name Leadership Institute	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 101 Mission St., Ste 1450 San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) training	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense training
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 12/18 Rpt: 37/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 07/18/2025	5 Payee name Main Street Checks	
6 Amount (\$) \$102.47	7 Payee address; City; State; Zip Code 920 19th St. North Birmingham, AL 35203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense checks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Minuteman Press		
Amount (\$) \$270.95	Payee address; City; State; Zip Code 3115 W. Parker Rd. Ste.. 390 Plano, TX 75023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Minuteman Press		
Amount (\$) \$715.01	Payee address; City; State; Zip Code 3115 W. Parker Rd. Ste.. 390 Plano, TX 75023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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 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: Sch: 13/18 Rpt: 38/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 12/22/2025	5 Payee name Myers, Mark (Mr.)	
6 Amount (\$) \$193.20	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Plano, TX 75093	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for partial cost of event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Office Depot	
Amount (\$) \$81.11	Payee address; City; State; Zip Code 909 N. Central Expy. Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paper, pens
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name Pure Buttons	
Amount (\$) \$47.54	Payee address; City; State; Zip Code 2991 Interstate Pkwy Brunswick, OH 44212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense buttons
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 14/18 Rpt: 39/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 09/18/2025	5 Payee name Pure Buttons	
6 Amount (\$) \$50.70	7 Payee address; City; State; Zip Code 2991 Interstate Pkwy Brunswick, OH 44212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense buttons
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2025	Candidate/Officeholder name Payee name Purebuttons	
Amount (\$) \$63.69	Payee address; City; State; Zip Code 2991 Interstate Pkwy. Brunswick, OH 44212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Buttons
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/2025	Candidate/Officeholder name Payee name Rogers, Brett (Mr.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter database	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter database
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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 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: Sch: 15/18 Rpt: 40/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 10/01/2025	5 Payee name Space Seed Studios, LLC	
6 Amount (\$) \$345.00	7 Payee address; City; State; Zip Code 2202 Briarwood Dr. Bridgeport, TX 76426	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photographs of kickoff event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2025	Payee name Staples, Inc.	
Amount (\$) \$49.75	Payee address; City; State; Zip Code 16817 Coit Rd. Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office materials (clipboards, markers, etc.)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name USPS	
Amount (\$) \$156.00	Payee address; City; State; Zip Code P.O. Box 4822260248 Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage for mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 16/18 Rpt: 41/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 07/03/2025	5 Payee name Vistaprint	
6 Amount (\$) \$137.47	7 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02471	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards, letterhead
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/04/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$64.93	Payee name Vistaprint Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02471	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stationery
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$240.29	Payee name Vistaprint Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02471	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pop-up display
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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 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: Sch: 17/18 Rpt: 42/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 12/01/2025	5 Payee name Vistaprint	
6 Amount (\$) \$54.75	7 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02471	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Wix.com	
Amount (\$) \$43.30	Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet - web service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet - web service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name Wix.com	
Amount (\$) \$43.30	Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) web site maintenance	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web site maintenance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 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: Sch: 18/18 Rpt: 43/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 Date 12/18/2025	5 Payee name Wix.com	
6 Amount (\$) \$43.30	7 Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name Yampanis, Tina (Ms.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Dallas, TX 75214	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/2 Rpt: 44/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/05/2025	6 Payee name 5411	
7 Amount (\$) \$1,500.00	8 Payee address; City; State; Zip Code 3500 S. Dupont Hwy Dover, DE 19901	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) social media management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media management
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name CWS Research, LLC	
Amount (\$) \$9,500.00	Payee address; City; State; Zip Code 8313 Mimi Ln Austin, TX 78724	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 2/2 Rpt: 45/45	2 FILER NAME Flint, George B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069698
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/26/2025	6 Payee name Campaign Management Solutions	
7 Amount (\$) \$2,500.00	8 Payee address; City; State; Zip Code 7210 Virginia Pkwy, Unit 6658 McKinney, TX 75071	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign placement
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held