

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) 00066260	2 Total pages filed: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST John M.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/16/2023
	NICKNAME	LAST Fullo	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 64483 Lubbock, TX 79464			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST John M.	MI	
	NICKNAME	LAST Fullo	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 64483 Lubbock, TX 79464			
7 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 466-4022	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 06/30/2023	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input 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) State Representative District 84		12 OFFICE SOUGHT (if known) None	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 9

13 C / OH NAME Frullo, John M. (Mr.) **14** Filer ID (Ethics Commission Filers)
00066260

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

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

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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,354.54
	4. TOTAL POLITICAL EXPENDITURES	\$	11,268.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	265,915.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. John M. Frullo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

3 of 9

18 FILER NAME Frullo, John M. (Mr.)		19 Filer ID 00066260	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,668.27
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,600.00
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 checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3,016.68

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: 1/2 Rpt: 4/9	2 FILER NAME Frullo, John M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00066260
4 Date 01/04/2023	5 Payee name AMLI Downtown	
6 Amount (\$) \$2,424.45	7 Payee address; City; State; Zip Code 201 Lavaca Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin apartment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2023	Payee name Capital Grille	
Amount (\$) \$375.28	Payee address; City; State; Zip Code 117 W. 4th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meeting with advisors on campaign and office holder issues.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2023	Payee name Citi Cards	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code P O Box 9001016 Louisville, KY 40290	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to Ross Fischer Law, PLCC paid by credit card.
Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/9	2 FILER NAME Frullo, John M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00066260
--	--	--

4 Date 01/23/2023	5 Payee name Limestone Moving
-----------------------------	---

6 Amount (\$) \$414.00	7 Payee address; City; State; Zip Code 5001 Canella Dr Austin, TX 78744
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Moving expenses
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/25/2023	Payee name Mesa Media
--------------------	--------------------------

Amount (\$) \$3,500.00	Payee address; City; State; Zip Code PO Box 300911 Austin, TX 78703
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Services
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 6/9	2 FILER NAME Frullo, John M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00066260
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 04/17/2023	6 Payee name Ross Fischer Law, PLLC	
7 Amount (\$) \$1,600.00	8 Payee address; City; State; Zip Code 430 Old Fitzhugh, No. 7 Dripping Springs, TX 78620	
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) Legal 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 Legal services.
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/3 Rpt: 7/9
2 FILER NAME Frullo, John M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00066260
4 Date 02/22/2023	5 Name of person from whom amount is received AMLI Management Company	8 Amount (\$) \$134.94
	6 Address of person from whom amount is received; City; State; Zip Code Chicago, IL 60604	
	7 Purpose for which amount is received refund on Austin apartment <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/31/2023	Name of person from whom amount is received City Bank	Amount (\$) \$159.66
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	Purpose for which amount is received Interest income <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/28/2023	Name of person from whom amount is received City Bank	Amount (\$) \$143.72
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	Purpose for which amount is received Interest income <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/02/2023	Name of person from whom amount is received City Bank	Amount (\$) \$169.55
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/30/2023	Name of person from whom amount is received City Bank	Amount (\$) \$144.03
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/3 Rpt: 8/9
2 FILER NAME Frullo, John M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00066260
4 Date 05/31/2023	5 Name of person from whom amount is received City Bank	8 Amount (\$) \$173.94
	6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	7 Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/03/2023	Name of person from whom amount is received Lubbock National Bank	Amount (\$) \$310.98
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	
	Purpose for which amount is received Interest income <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/01/2023	Name of person from whom amount is received Lubbock National Bank	Amount (\$) \$282.68
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	
	Purpose for which amount is received Interest income <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/01/2023	Name of person from whom amount is received Lubbock National Bank	Amount (\$) \$317.34
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	
	Purpose for which amount is received Interest income <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/01/2023	Name of person from whom amount is received Lubbock National Bank	Amount (\$) \$361.46
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	
	Purpose for which amount is received Interest income <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/3 Rpt: 9/9
2 FILER NAME Frullo, John M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00066260
4 Date 06/01/2023	5 Name of person from whom amount is received Lubbock National Bank	8 Amount (\$) \$416.00
	6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	
	7 Purpose for which amount is received Interest income <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/03/2023	Name of person from whom amount is received Lubbock National Bank	Amount (\$) \$402.38
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	
	Purpose for which amount is received Interest income <input type="checkbox"/> Check if political contribution returned to filer	