

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081829	2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Frank D.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024
	NICKNAME Dobie	LAST Kosub	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2727 Shepherds Glen Wichita Falls, TX 76308			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Barney	MI	
	NICKNAME	LAST Fudge	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 411 S. FM 369 Burkburnett, TX 76354			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(940)	782-3886		
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
	07/01/2023			12/31/2023
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
	03/05/2024		<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)	
			District Judge District 89th	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
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13 C / OH NAME Kosub, Frank D. (Mr.) **14** Filer ID (Ethics Commission Filers)
00081829

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

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)	\$	2,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,437.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,150.00
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. Frank D. Kosub

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

SUBTOTALS - JC/OH**FORM JC/OH
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18 FILER NAME Kosub, Frank D. (Mr.)	19 Filer ID (Ethics Commission Filers) 00081829
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,500.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 937.00
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 A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/7
2 FILER NAME Kosub, Frank D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00081829
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Mark (Mr.)	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Mark Barbrer		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Bill (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76309	
Contributor's Principal Occupation Retired		Contributor's Job Title Not Applicable
Contributor's employer/law firm Not Applicable		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Karen (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76309	
Contributor's Principal Occupation Retired		Contributor's Job Title Not Applicable
Contributor's employer/law firm Not Applicable		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Kosub, Frank D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00081829
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Chuck	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Chuck Smith		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sons, Janice (Judge)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76302	
Contributor's Principal Occupation Retired		Contributor's Job Title Not applicable
Contributor's employer/law firm Not applicable		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valverde, Michael	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76301	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Michael Valverde		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 1/1 Rpt: 6/7	2 FILER NAME Kosub, Frank D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00081829
4 Date 11/14/2023	5 Payee name Wichita County Republican Party	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 2708 Southwest Parkeay Wichita Falls, TX 76308	
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 Filing Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 7/7	2 FILER NAME Kosub, Frank D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00081829	
4 Date 07/19/2023	5 Payee name Hoegger Communications		
6 Amount (\$) \$937.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 901 Indiana Suite 100 Wichita Falls, TX 76301		
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 Stationary/signage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held