FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080361 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Frank J. NAME Date Received **ELECTRONICALLY FILED** 02/25/2024 NICKNAME LAST **SUFFIX** Fraley CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Deborah E. NAME NICKNAME LAST **SUFFIX** Fraley **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 562-0401 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None Fort Bend District Judge District 434

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Fraley, Frank J. (The	Honorable)		14 Filer ID 00080361	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder. consent. Candidates and	ficeholder's kno	wledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAI	ME				
	GENERAL						
		COMMITTEE ADI	DRESS				
	SPECIFIC						
		COMMITTEE CAI	MPAIGN TREASURER NAME				
		COMMITTEE CAI	MPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	\$	0.00				
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$	0.00				
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	9,537.26	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	417.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT							
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	of perjury, that the a	accompanying d to be reporte	report is d by me	
			The Hono	orable Frank J. Fra	aley		
			Signature of	Candidate or Office	nolder	-	
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	······	, this the		_ day	
of							
Signature of offi	cer administering oath	Printed name	e of officer administering oath	Title of office	cer administeri	ng oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 11
	ER NAN		19 Filer ID 00080361	(Ethics Con	nmission Filers)
	aley, Fr				
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	650.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,216.00	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,623.76
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	6,697.50
10.	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	. 🔲	\$			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)	1		
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/11				
2	FILER NAME	1. 1 (The Heavenhee)			3	Filer ID (Ethics Commission Filer	s)		
	Fraiey, Fran	k J. (The Honorable)	out-of-state PAC (ID#:			00080361			
4	Date 02/15/2024	5 Full name of contributorJackson, Sr., Milton (Mr.6 Contributor address; City;	7	Amount of Contribution (\$) \$20	00.00				
		Chattanooga, TN 37409							
8	Contributor's I	Principal Occupation		9 Contributor's Job Title					
	Retired		n/a						
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)			
	n/a								
12	If contributor is	s a child, law firm of parent(s) (if	any)	-					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	02/19/2024	Muhammad, Cedric (Mr. Contributor address; City;	·			\$20	00.00		
		Houston, TX 77036							
	Contributor's F	Principal Occupation		Contributor's Job Title	spouse (if any)				
	Legal			Attorney					
	Contributor's	employer/law firm		Law firm of contributor's sp					
	Cedrick L. M	luhammad, Attorney at Law		n/a					
	If contributor is	s a child, law firm of parent(s) (if	any)	•					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	02/19/2024	Schultz, Karl (Mr.)				\$25	50.00		
		Contributor address; City;	State; Zip Code						
		Houston, TX 77010							
		Principal Occupation		Contributor's Job Title Attorney					
	Legal								
		employer/law firm	oous	se (if any)					
	Cozen O'Co	nnor		n/a					
	If contributor is	s a child, law firm of parent(s) (if	any)						

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 5/11	Fraley, Frank J. (The Honorable)	00080361
4	Date	5 Payee name	
	01/26/2024	Johnson, Andrea (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$346.00	15611 Brookwood	
		Sugar Land, TX 77498	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Door Canvassing with push cards.
Ļ	0 1: 0 1: 0 1: 0		0.5
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/27/2024	Johnson, Andrea (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$180.00	15611 Brookwood	
		Sugar Land, TX 77498	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Door Canvassing with push cards.
			Door Carryassing with push cards.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field
_	Date	Davies rema	
	01/30/2024	Payee name	
		Johnson, Andrea (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$450.00	15611 Brookwood	
		Sugar Land, TX 77498	
	PURPOSE OF	,	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Door Canvassing with push cards.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
l			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Con	nmittee	Gift/Awards Legal Servi		e Expense iide explains		xpens Vages	e Contract Labor		Travel in Distri Travel Out of I OTHER (enter	istrict	ot listed above)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics (Commission Filers)
	Sch: 2/2 Rpt: 6/11		Fraley, Fra	nk J. (Th	ne Honor	able)					00080361		
4	Date	5	Payee name	9									
	01/30/2024		Johnson, A	Andrea (N	∕Irs.)								
6	Amount (\$)	7	Payee addre	ess; C	City;	State	; Zip Co	ode					
	\$240.00		15611 Bro	okwood									
			Sugar Lan	d, TX 774	498								
8	PURPOSE	(a)	Category (S	See Categorie	es listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising				,		ш		ide of Texas. Co		lule T.
	EXPENDITORE								_		, officeholder livi		
									Door Canvas	ssin	g with push	ı cards.	
9	Complete ONLY if direct		Candidate/Of	ficeholder	name	(Office sou	l ıaht			Office I	neld	
	expenditure to benefit C/O							3					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel in Travel Ou otract Labor OTHER (

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica			aries/Wages/Cor		THER (enter a categor	y not listed ab	oove)
4 7		ruction Guide explains how	to complete t	nis form.	la en 15 (en)		
1 Total pages Schedule F4:		3 Filer ID (Ethic	cs Commiss	sion Filers)			
Sch: 1/1 Rpt: 7/11	Fraley, Frank J. (Th			00080361			
4 CREDIT CARD ISSUER	Name of finar	ncial institution		OF UNITEMIZED DITURES	\$		
ISSUER	Citigro	oup Inc.	1	ED TO A CREDIT			
		CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$811.88	02/07/2024					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
			13910 Mu	urphy Rd.			
	TGM Printing						
			Stafford,	TX 77477			
8 PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Push card	ds			
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	1	Check if Austin TX	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	oncok ii 7 tadaii, 174,	Office held		
expenditure to benefit C/OH			g				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$811.88	02/19/2024					
PAYEE	(a) Payee name		(b) Payee a	address:	City,	State,	Zip Code
'***	(a) Fayee name	13910 Mu		City,	State,	Zip Code	
	TGM Printing		13910 MIC	arpriy Ru.			
			Stafford,	TX 77477			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Push card				
X Political	Advertising Expense						
Non-Political	(a) Charliff toward autoids	of Towns Committee Coloradula T	<u> </u>	Observation TV	- # b - l d l'i d		
	(c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, 1X,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	marile Offic	e sought		Office field		
experiulture to beliefit C/OTT							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salari	g Expense es/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains how to	complete tills lottil.	1
1	1 3	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 8/11	Ļ	Fraley, Frank J. (The Honorable)		00080361
4	Date	5	Payee name		
L	02/13/2024	L	Foston International		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$2,400.00		20234 Benton Springs Lane		
	Reimbursement from				
	political contributions intended		Richmond, TX 77407		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
				Television Adver	tising
L		L			
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH				
	D :				
	Date		Payee name		
	02/14/2024		Foston International		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$1,000.00		20234 Benton Springs Lane		
	Reimbursement from political contributions				
	intended		Richmond, TX 77407		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
				Television Adver	rtising
_	2	<u>_</u>	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		25
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought	Office held
	C/OH				
F	Date		Payee name		
	02/23/2024		Foston International		
\vdash	Amount (\$)	\vdash	Payee address; City; State; Zip	Code	
	\$1,300.00		20234 Benton Springs Lane	Couc	
	· ·		2020+ Defitor Opinigo Lane		
	Reimbursement from political contributions intended		Richmond, TX 77407		
		_		T - /: =	7
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE		Advertising Expense	Padio advartica	-
				Radio advertisen	HEHL
	Complete ONLY if direct	L Car	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit	Jai	Made, Sincerolaer Harie	Since 30ugni	Office Held
	C/OH				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)				
1	Total pages Schedule G:	P FILER NAME	3 Filer ID (Ethics Commission Filers)				
_	Sch: 2/4 Rpt: 9/11	Fraley, Frank J. (The Honorable)	00080361				
			00000301				
4	Date	Payee name					
	02/03/2024	Johnson, Andrea (Mrs.)					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$240.00	15611 Brookwood					
	Reimbursement from						
	political contributions intended	Sugar Land, TX 77498					
_			70, 17, 1, 1, 17, 10, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	EXPENDITURE	Advertising Expense L	_				
		Door canvassing	with push cards.				
9		andidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH						
	Date	Payee name					
	02/10/2024	Johnson, Andrea (Mrs.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$160.00	15611 Brookwood					
	Reimbursement from						
	political contributions intended	Sugar Land, TX 77498					
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF	Advertising Expense	Check if Austin, TX, officeholder living expense				
	EXPENDITURE		Door canvassing with push cards.				
		500, 04,11405,111g	war paon carae.				
	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held				
	expenditure to benefit	andidate/Onicerolder name Onice sought	Office field				
	C/OH						
	Date	Payee name					
	02/11/2024	Johnson, Andrea (Mrs.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$400.00	15611 Brookwood					
	Reimbursement from political contributions						
	intended	Sugar Land, TX 77498					
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense				
	LXI LINDITORL	Door canvassing	with push cards.				
		andidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH						
	ООП						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Po y - Gift/Awards/Memorials Expense Pri	ice Overhead/Rental Expense Iling Expense nting Expense Iaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card F dyment	The Instruction Guide explains how	to complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 10/11	Fraley, Frank J. (The Honorable)		00080361
4	Date	5 Payee name		
	02/13/2024	Johnson, Andrea (Mrs.)		
6	Amount (\$)	7 Payee address; City; State; Zi	in Code	
	\$170.00	15611 Brookwood	,	
	Reimbursement from			
	political contributions intended	Sugar Land, TX 77498		
_		-) /h) Deparintion [Check if traval autoide of Tayas, Complete Schodule T
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Advertising Expense	Door canvassing	_
			Door carryassing	with push carus.
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit	Candidate/Onicenolder name	Office Sought	Office field
	C/OH			
	Date	Payee name		
	02/21/2024	Johnson, Andrea (Mrs.)		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$262.50	15611 Brookwood		
	Reimbursement from			
	political contributions intended	Sugar Land, TX 77498		
_	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Advertising Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Advertising Expense	Door canvassing	with push cards.
				·
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	C/OH			
	Date	Payee name		
	02/21/2024	Johnson, Andrea (Mrs.)		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$300.00	15611 Brookwood		
	Reimbursement from			
	political contributions intended	Sugar Land, TX 77498		
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	ZA ERDITORLE		Door canvassing	with push cards.
L				
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
_				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			mmittee	Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	s Expense				Travel in D Travel Out OTHER (er		oove)
1	, •	ı	FILER NAME		arabla)			1	Filer ID	(Ethics Commission	on Filers)
	Sch: 4/4 Rpt: 11/11			nk J. (The Hond	orable)				000803	90T	
4	Date	ı	Payee name								
	02/22/2024	_		ndrea (Mrs.)							
6	Amount (\$)	ı	Payee addre		State;	Zip Co	ode				
	\$155.00		15611 Broo	kwood							
	Reimbursement from political contributions intended		Sugar Land	, TX 77498							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b) Description	_		l outside of Texas. Comple	
	OF EXPENDITURE		Advertising	Expense				_		n, TX, officeholder living ex	pense
							Door canvassing	g with	n push (caras.	
9	Complete ONLY if direct	Can	ndidato/Office	nolder name			Office sought			Office held	
9	Complete ONLY if direct expenditure to benefit C/OH	can	ndidate/Office	юшен патте			Office Sought			Onice neia	
	Date		Payee name								
	02/23/2024		Johnson, A	ndrea (Mrs.)							
	Amount (\$)		Payee address; City; State; Zip Code								
	\$155.00		15611 Brookwood								
	Reimbursement from political contributions intended		Sugar Land	, TX 77498							
	PURPOSE		Category (S	ee Categories listed at	the top of this sche	edule)	Description	_		l outside of Texas. Comple	
	OF EXPENDITURE		Advertising Expense				<u> </u>	Che	eck if Austii	n, TX, officeholder living ex	pense
							Poll working				
	Complete ONLY if direct expenditure to benefit	Can	Candidate/Officeholder name C				Office sought			Office held	
	C/OH										
	Date		Payee name								
	02/24/2024		•	ndrea (Mrs.)							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$155.00		15611 Broo	kwood							
	Reimbursement from political contributions intended		Sugar Land	, TX 77498							
	PURPOSE		Category (S	ee Categories listed at	the top of this sche	edule)	Description	Che	eck if travel	l outside of Texas. Comple	te Schedule T.
	OF EXPENDITURE		Advertising	Expense			[Che	eck if Austii	n, TX, officeholder living ex	pense
	- -						Poll working				
	Complete ONLY if direct expenditure to benefit C/OH	Can	ndidate/Office	nolder name			Office sought			Office held	