# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00067748		2 Total pages file	led: 60
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	JSE ONLY
OFFICEHOLDER NAME	The Honorable	James B.			Date Received	
''''					ELECTRONIC	ALL V EIL ED
						ALLI FILLD
	NICKNAME	LAST		SUFFIX	07/12/2024	
		Frank				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	1206 Hatton Rd.					
ADDRESS					Receipt #	Amount
Change of Address	Wichita Falls, TX 76302					
	Wichita Falls, TX 70302				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Warren T.				
	NICKNAME	LAST		SUFFIX		
		Ayers				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	2525 Kell Blvd., Ste. 510					
ADDRESS						
(Residence or Business)	Wichita Falls, TX 76308					
	Wichita Falls, TX 70500					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(940) 723-7322					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
					appointment (offi	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	T1	IDOLICII	Month Day	Year	
OOVERED	01/01/2024	IH	IROUGH	06/30/202	24	
40 51 5051011	<b>-,</b>			ELEO-1011		
10 ELECTION	ELECTION DATE			ELECTION TYPE	□ out	
	Month Day Year		rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
				<del></del>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 69 Wichita		State Represent	ative District 69	
	1			1		
		00-	-0 DAGE 6			
		GOT	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 60

13 C / OH NAME	C / OH NAME Frank, James B. (The Honorable)  14 Filer ID 00067748						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without d officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or			
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	TEXAS ALLIANCE FOR LIFE PAC					
		COMMITTEE ADDRESS					
	SPECIFIC	8000 CENTRE PARK DRIVE					
		SUITE 380					
		AUSTIN, TX 78754					
		COMMITTEE CAMPAIGN TREASURER NAME					
		SHAW, JAMES					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
		4505 CORAZON CV					
		ROUND ROCK, TX 78681					
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	<b>\$</b> 92.48					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 52,550.56			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 63,282.76			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 304,283.98			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Hans	arable James B. Frank				
			orable James B. Frank Candidate or Officehold				
		Signature of	Candidate of Officeriola	Ci			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subscribed before me, by the said, this the							
of, 20, to certify which, witness my hand and seal of office.							
Signature of offi	ioor administoring	Dripted name of officer administering	Title of officer	administering oath			
Signature of offi	cer administering	Printed name of officer administering	riue oi oilicer a	administering oath			

## CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

## FORM C/OH ADDENDUM

Page 3 of 60

				rage 3 01 00
C / OH NAME	Frank, James B. (The	Honorable)	Filer ID 00067748	(Ethics Commission Filers)
7 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees been made without the candidate's or officehold d to report this information only if they receive	der's knowledge or co	onsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Real Estate PAC		
	LA GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	POB 2246		
		Austin, TX 78768		
		COMMITTEE CAMPAIGN TREASURER NAI	ME	
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADI	DRESS	
		POB 2246		
		Austin, TX 78768		

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

					4 of 60
	ER NAN		19 Filer ID	(Ethi	cs Commission Filers)
Fra	ank, Jai	nes B. (The Honorable)	00067748		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	52,550.56
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	54,413.76
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	4,434.50
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,434.50
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 5/60	
2	FILER NAME Frank, Jame	s B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 05/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ A&M PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occur	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	B Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_AUTRY PUBLIC AFFAIRS LLC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Timolpai occa	pation 7 oob title (occ mondellons)	Employer (See Managina)	,		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_Atmos Energy Corp PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
		Dallas, TX 75240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_BLACKRIDGE  Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ CAMMACK & STRONG PC  Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 6/60	
2	FILER NAME Frank, Jame	s B. (The Honorable)			3	Filer ID (Ethics Commission 00067748	n Filers)
4	Date 02/15/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$200.00
8	Principal occu	WICHITA FALLS, TX 76308 pation / Job title (See Instructions) IST	9	Employer (See Instructions SELF	<u> </u> 5)		
	Date 04/03/2024	Full name of contributor	C00	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Columbus, OH 43215 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ Centene Corporation PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	St Louis, MO 63105 pation / Job title (See Instructions)		Employer (See Instructions	j 5)		
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:_Clark, Deborah  Contributor address; City; State; Zip Code  Henrietta, TX 76365				Amount of Contribution (\$)	\$1,000.00
	Principal occu Cattle Ranch	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#:_Gipson, Nick  Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		)		Amount of Contribution (\$)	\$92.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 7/60	
2	FILER NAME Frank, Jame	s B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 05/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$46.24
8		Wichita Falls, TX 76308 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#: HOURGLASS STRATEGIES LLC  Contributor address; City; State; Zip Code  LEANDER, TX 78641	Retired		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#: Health Care Service Corporation PAC Texas  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	Chicago, IL 60601 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#: Hillco PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code  Houston, TX 77219			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 8/60	
2	FILER NAME Frank, Jame	s B. (The Honorable)			3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 05/28/2024	<ul> <li>Full name of contributor  out-of-state PAC (II Koebele, Stephen</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	- le	Employer (See Instructions	() ()		
•	Attorney			Self	,		
	Date 05/28/2024	Full name of contributor  out-of-state PAC (II LEE A WOODS PAC  Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/08/2024	Full name of contributor out-of-state PAC (II Lloyd Gosselink Rochelle & Townsend PC Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/24/2024	Full name of contributor X out-of-state PAC (II MCGUIREWOODS FEDERAL PAC Contributor address; City; State; Zip Code RICHMOND, VA 23219	D#: <u>C00</u>	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (II Moak Casey PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	<b>I</b>			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL COI	NTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to o	complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 9/60	
2	FILER NAME Frank, Jame	s B. (The Honorable)			3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 01/25/2024	<ul> <li>Full name of contributor</li></ul>		TORES PAC	7	Amount of Contribution (\$)	\$750.00
		ARLINGTON, VA 22209					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/03/2024	Sullivan, Raymond	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) and PR Consultant		Employer (See Instructions Sullivan Public Affairs In			
	30.0	3	l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 10/60	
2	FILER NAME Frank, Jame	s B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 05/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ TALAPAC  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$2,500.00
_	Dringing! good	AUSTIN, TX 78759	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS HOMECARE & HOSPICE PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3,500.00
	Principal occu	AUSTIN, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#: TEXAS LOBBY PARTNERS LLP  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Deireciant	AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS ASSOCIATION PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78701	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 11/60	
2	FILER NAME Frank, Jame	s B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 05/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
_	Drive in all account	Austin, TX 78701	O Familia var (Coo la atrustia an			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Plans PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Assn PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i illicipai occa	pation / vob title (oce motivations)	Employer (See Manacions	,		
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 12/60	
2	FILER NAME Frank, Jame	s B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 02/28/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
		Addison, TX 75001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/03/2024	Full name of contributor 🔯 out-of-state PAC (ID#: Cartifle The AES Corporation PAC Contributor address; City; State; Zip Code	00507962		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Arlington, VA 22203 pation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See instructions)	Employer (See instructions	,		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_ USAA Employee PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78288-0453				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/26/2024	Full name of contributor X out-of-state PAC (ID#: C UnitedHealth Group Inc PAC Contributor address; City; State; Zip Code Washington, DC 20004	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A	L
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/60		
2	FILER NAME Frank, Jame	es B. (The Honorable)		3 Filer ID (Ethics Commission Filers 00067748	)
4	Date 04/30/2024	5 Full name of contributor out-of-state PAC (ID# Zardain, Diane 6 Contributor address; City; State; Zip Code	:)	7 Amount of Contribution (\$) \$69	9.36
		Wichita Falls, TX 76308			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ns)	

#### SCHEDULE F1

**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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ	=	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 1/29 Rpt: 14/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	05/21/2024	919 Congress Ave Parking Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	919 Congress Ave
		Austin, TX 78701
_	PURPOSE	1
8	OF	(a) Category (See Categories listed at the top of this schedule)  Fvent Fxnense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		parking for JBF fundraiser in Austin 5/21/2024
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	05/27/2024	Amazon.com
	Amount (\$)	, ,
	\$21.52	440 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  office supplies for capitol office
		office supplies for capitor office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	03/14/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$662.20	POB 619616
		DFW Airport, TX 75261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Airfare for district director to travel to Washington DC to advocate for Sheppard Air Force Base
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	,

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee	Legal Services  The Instruction			/ages	/Contract Labor		OTHER (er		category not listed above	)
1	Total pages Schedule F1:	١ .							12	Filer ID		(Ethios Commission	Filore)
1	, -	l			1.1.2				3		40	(Ethics Commission	riieis)
	Sch: 2/29 Rpt: 15/60		⊢rank, Jam	es B. (The Ho	norable)					000677	48		
4	Date	5 F	Payee name										
	03/14/2024	1		munications									
6	Amount (\$)	├	Payee addre		Stor	te; Zip Co	do						
ľ	` '	l			Sia	ie, zip co	ue						
	\$9,000.00	-	1014 W Mil	เดก รเ									
		/	Austin, TX	78704									
8	PURPOSE	(a) (	Category (c	ee Categories listed a	t the ten of this s	abadula)	(b)	Description					
	OF		Consulting		ii trie top or triis s	scriedule)	()	:	outsi	ide of Texas.	Comp	olete Schedule T.	
	EXPENDITURE	`	Consuming	Схрепас				Check if Austin					
								campaign coi	ทรเ	ulting			
9	Complete ONLY if direct		andidate/Off	iceholder name		Office sou	aht			Offic	e he	ld	
ľ	expenditure to benefit C/O		andidate/On	iceriolaei riairie		Office 300	giit			Onic	ic nc	iu	
L		_											
	Date	F	Payee name										
	01/01/2024	E	Bob Paytor	Consulting									
	Amount (\$)	ı	Payee addre	ss; City;	Sta	te; Zip Co	de						
	\$1,000.00		4015 Kings	burv Dr									
	¥=,00000			,									
		Ι.											
		<u> </u>	wichita ⊢ai	ls, TX 76309									
	PURPOSE	(a) (	Category (S	ee Categories listed a	t the top of this s	schedule)	(b)	Description					
	OF EXPENDITURE	:	Salaries/Wa	ages/Contract	Labor			<b>=</b>				olete Schedule T.	
	ZXI ZXIDITOXZ							Check if Austin					
								contract labor	r to	r campa	ıgn s	services	
	Complete ONLY if direct		andidate/Off	iceholder name		Office sou	ght			Offic	e he	ld	
	expenditure to benefit C/O	Н											
	Date	-	Payee name										
	02/01/2024	1	•	Consulting									
		_											
	Amount (\$)	l	Payee addre	-	Sta	te; Zip Co	de						
	\$1,000.00	4	4015 Kings	bury Dr									
		١ ١	Wichita Fal	ls, TX 76309									
	PURPOSE			ee Categories listed a	****		(h)	Description					
	OF			ee Categories listed a ages/Contract		scnedule)	(5)		outsi	ide of Texas.	Comr	olete Schedule T.	
	EXPENDITURE	`	Salalles/ VV	ages/Contract	Laboi			Check if Austin					
								contract labor					
									-	1			
H	Complete ONLY if direct	<u> </u>	andidata/Off	iceholder name		Office sou	abt			Offic	e he	ld	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ai iuiuale/UII	icenoidei fiaille		Onice Sou	yrıl			OIIIC	C 116	ıu	

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/29 Rpt: 16/60	Frank, Jam	es B. (The Honorable	e)				00067748	
4	Date	<b>5</b> Payee name							
	03/01/2024	Bob Paytor	Consulting						
6	Amount (\$) \$1,000.00	7 Payee addre 4015 Kings		State; Zip C	ode				
	Ψ1,000.00	4013 Kings	bury Di						
		Wichita Fal	ls, TX 76309						
8	PURPOSE OF		ee Categories listed at the top of	of this schedule)	(b)	Description  Check if travel of	nutei	de of Tevas Com	nplete Schedule T.
	EXPENDITURE	Salaries/w	ages/Contract Labor			므		officeholder living	
						contract labor	r fo	r campaign	services
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office h	eld
	Date	Payee name							
	02/22/2024	Bob Paytor	Consulting						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$24.12	4015 Kings	bury Dr						
		Wichita Fal	ls, TX 76309						
	PURPOSE OF		ee Categories listed at the top o	of this schedule)	(b)	Description			
	EXPENDITURE	Travel In D	istrict			<b>=</b>		de of Texas. Com officeholder living	nplete Schedule T. g expense
						ш			travel in district for town
						hall 2/22/2024	4		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	02/29/2024	Bob Paytor	Consulting						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$20.10	4015 Kings	bury Dr						
		Wichita Fal	ls, TX 76309						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In D	istrict					de of Texas. Com officeholder living	nplete Schedule T.
						_			travel in district for town
						hall 2/29/2024			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Complete ONLY if direct expenditure to benefit C/Oł		iceholder name	Office so	ught			Office he	eld
_									

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/29 Rpt: 17/60	Frank, Jam	es B. (The Honorab	ole)				00067748	
4	Date	5 Payee name	!						
	04/08/2024	Bob Paytor	n Consulting						
6	Amount (\$) \$1,000.00	7 Payee addre		State; Zip C	ode				
	\$1,000.00	4015 Kings	buly Di						
		Wichita Fal	ls, TX 76309		_				
8	PURPOSE OF		iee Categories listed at the top ages/Contract Labo		(b)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Jaianes/W	ages/Contract Labo	ı		_		officeholder living	
						contract labor	r fo	r campaign	services
•	Complete ONLY if direct	Candidata/Off	iocholder neme	Office co	uabt			Office he	old.
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ugnt			Office he	eid
	Date	Payee name	!						
	05/01/2024	Bob Paytor	n Consulting						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$1,000.00	4015 Kings	bury Dr						
		Wichita Fal	ls, TX 76309						
	PURPOSE OF		see Categories listed at the top		(b)	Description			
	EXPENDITURE	Salaries/W	ages/Contract Labo	r				de of Texas. Com officeholder living	
						contract labor			
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name	!						
	06/01/2024	l <sup>*</sup>	n Consulting						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$1,000.00	4015 Kings	bury Dr						
		Wichita Fal	ls, TX 76309						
	PURPOSE		see Categories listed at the top	n of this schedule)	(b)	Description			
	OF EXPENDITURE	,	ages/Contract Labo		`´		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE					_		officeholder living	
						contract labor	1 10	r campaign	services
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/O				•				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/29 Rpt: 18/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	05/02/2024	Bob Payton Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$158.12	4015 Kingsbury Dr
		Wichita Falls, TX 76309
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		travel WF-DFW Airport-DFW for Washington DC trip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	04/29/2024	Boqueria
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.80	1837 M Street NW
		Washington, DC 20036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food expense for trip to Washington DC to advocate
		for Sheppard Air Force Base
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	01/25/2024	Candy Noble Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1105 E Main Street #223
		Allen, TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		contribution to candidate for HD89
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E nmittee Legal Services			se s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed a	above)
	orean eara'r ayment		The Instruction Gui	de explains how to c	ompl	ete this form.				
1	Total pages Schedule F1: Sch: 6/29 Rpt: 19/60	2	FILER NAME Frank, James B. (The Honor	able)			3	Filer ID 00067748	(Ethics Commis	sion Filers)
_	•	<del> -</del>	<u> </u>							
4	Date 04/29/2024	5	Payee name Chick-Fil-A							
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode					
	\$9.03		DFW International Airport	, ,						
	,,,,,		2400 Aviation Drive, Termina	al D						
				al D						
		ᆫ	Dallas, TX 75261							
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com		
						$\Box$		officeholder living		a advanata
						food expense for Sheppard				auvocale
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date		Payee name							
	02/14/2024		Chick-fil-A MLK							
	Amount (\$)		Payee address; City;	State; Zip C	ode					
	\$43.86		503 W Martin Luther King Jr	Blvd						
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense			ш		de of Texas. Com		
						_		officeholder living		
						staff meeting	io i	uiscuss C/O	n issues	
		<u> </u>			<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office he	eld	
	Date		Payee name							
	04/03/2024		Chick-fil-A MLK							
	Amount (\$)	H	Payee address; City;	State; Zip C	ode					
	\$44.34		503 W Martin Luther King Jr							
	Ψ1.01		ooo w maran Lather rang or	Diva						
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense			ш		de of Texas. Com		
	EXPENDITORE					_		officeholder living		
						staff meeting	to	discuss C/O	H Issues	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	П								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Mad Candidate/Officeholder/Po Credit Card Payment	
4	
1 Total pages Schedule F Sch: 7/29 Rpt: 20/6	
4 Date	5 Payee name
01/01/2024	Crusius, Julia
<b>6</b> Amount (\$) \$100.0	7 Payee address; City; State; Zip Code 2901 Barton Skyway #2303  AUSTIN, TX 78746
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense contract labor for campaign services
Complete ONLY if direct expenditure to benefit Complete.	
Date	Payee name
02/01/2024	Crusius, Julia
Amount (\$)	Payee address; City; State; Zip Code
\$100.0	2901 Barton Skyway #2303
	AUSTIN, TX 78746
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  contract labor for campaign services
Complete <u>ONLY</u> if direct expenditure to benefit C	
Date	Payee name
03/01/2024	Crusius, Julia
Amount (\$) \$100.0	Payee address; City; State; Zip Code 2901 Barton Skyway #2303
	AUSTIN, TX 78746
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  contract labor for campaign services
Complete ONLY if direct expenditure to benefit C	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/29 Rpt: 21/60 Frank, James B. (The Honorable) 00067748 4 Date Payee name 04/01/2024 Crusius, Julia 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 2901 Barton Skyway #2303 AUSTIN, TX 78746 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense contract labor for campaign services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2024 Crusius, Julia Amount (\$) Payee address; City; State; Zip Code \$100.00 2901 Barton Skyway #2303 AUSTIN, TX 78746 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense contract labor for campaign services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2024 Crusius, Julia Amount (\$) Payee address: City; State; Zip Code \$100.00 2901 Barton Skyway #2303 AUSTIN, TX 78746 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense contract labor for campaign services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
_	Sch: 9/29 Rpt: 22/60	Frank, James B. (The Honorable)	00067748
4	Date 04/28/2024	5 Payee name DFW International Airport	
6	Amount (\$) \$58.00	7 Payee address; City; State; Zip Code 2400 Aviation Drive Dallas, TX 75261	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T.  TX, officeholder living expense g expense for trip to Washington DC to Sheppard Air Force Base
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/25/2024	Payee name Dade Phelan Campaign	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code POB 5990  Austin, TX 78763	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense O candidate for HD21
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/27/2024	Payee name Dairy Bar LLC	
	Amount (\$) \$28.62	Payee address; City; State; Zip Code 221 E Commerce St	
		Crowell, TX 79227	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense for town hall on 2/27/2024
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
_	T T. T. T. T. T. T. T. T. T. T	this - Ossessianian	V

### SCHEDULE F1

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/29 Rpt: 23/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	03/12/2024	Dairy Queen #20
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.21	100 S Cleveland Ave
		Rotan, TX 79546
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		staff lunch while traveling in district for Town hall
		3/12/2024
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioritire to beriefit C/O	
	Date	Payee name
	04/22/2024	Flag Sales
	Amount (\$)	Payee address; City; State; Zip Code
	\$606.89	POB 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense replenish flag supply HD69
		repensit nag supply tibes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Power warms
	Date 02/01/2024	Payee name  Frank, James (Mr.)
		Frank, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$656.07	1638 Hursh
		Wichita Falls, TX 76302
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimb officeholder for credit card payment (C)
		reported on SCH G
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officials Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
1	Sch: 11/29 Rpt: 24/60	2 FILER NAME Frank, James B. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067748	
4	Date	5 Payee name	
	03/01/2024	Frank, James (Mr.)	
6	Amount (\$) \$241.49	7 Payee address; City; State; Zip Code 1638 Hursh Wichita Falls, TX 76302	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	Loan Repayment/Reimbursement  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Reimb officeholder for credit card payment (C) reported on SCH G	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/01/2024	Frank, James (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.78	1638 Hursh	
		Wichita Falls, TX 76302	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Reimb officeholder for credit card payment (C)	
		reported on SCH G	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/01/2024	Frank, James (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$537.39	1638 Hursh	
		Wichita Falls, TX 76302	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Reimb officeholder for credit card payment (C) reported on SCH G	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/29 Rpt: 25/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	02/06/2024	Frank, James (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.20	1638 Hursh
		Wichita Falls, TX 76302
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COH mileage reimbursement for district travel
		2/6/2024 (37.6 miles x \$0.67)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	Frank, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.94	1638 Hursh
		Wichita Falls, TX 76302
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		COH mileage reimbursement for district travel
		2/20/2024 (304.4 miles x \$0.67)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/22/2024	Frank, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.81	1638 Hursh
		Wichita Falls, TX 76302
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COH mileage reimbursement for district travel
		2/22/2024 (84.8 miles x \$0.67)
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	
1	Total pages Schedule F1: Sch: 13/29 Rpt: 26/60	2 FILER NAME Frank, James B. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067748
4	Date	5 Payee name
•	02/27/2024	Frank, James (Mr.)
6	Amount (\$) \$127.97	7 Payee address; City; State; Zip Code 1638 Hursh Wichita Falls, TX 76302
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		COH mileage reimbursement for district travel 2/27/2024 (191 miles x \$0.67)
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	Frank, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.65	1638 Hursh
		Wichita Falls, TX 76302
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		COH mileage reimbursement for district travel 2/29/2024 (33.8 miles x \$0.67)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2024	Frank, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.95	1638 Hursh
		Wichita Falls, TX 76302
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		COH mileage reimbursement for district travel 3/12/2024 (322.3 miles x \$0.67)
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/29 Rpt: 27/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	03/19/2024	Frank, James (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$158.58	1638 Hursh
		Wichita Falls, TX 76302
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		COH mileage reimbursement for district travel
		3/19/2024 (236.7 miles x \$0.67)
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2024	Frank, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,068.86	1638 Hursh
	, ,	
		Wichita Falls, TX 76302
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimb officeholder for credit card payment (C) (D)
		reported on SCH G
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2024	Frank, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$810.91	1638 Hursh
		Wichita Falls, TX 76302
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimb officeholder for credit card payment (C) (D)
		reported on SCH G
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	S	-	ges/Contract Labor	Travel Out of Dist OTHER (enter a c	rict category not listed above)
Ļ	T.1	<b>a</b> =:: ==		ic expiditio (10)	W to com	piete tina IVIIII.	la =" :-	/Edition 0
1	Total pages Schedule F1:	l					3 Filer ID	(Ethics Commission Filers)
	Sch: 15/29 Rpt: 28/60	Frank, 3	James B. (The Honora	able)			00067748	
4	Date	5 Payee n	ame					
	01/01/2024	Gonzale	es, Kristin					
6	Amount (\$)	7 Payee a	ddress; City;	State; 2	Zip Code	е		
	\$250.00	4405 H	OLLANDALE AVE					
		WICHIT	A FALLS, TX 76302					
8	PURPOSE	(a) Category	/ (See Categories listed at the	top of this schedu	ule) (k	Description		
	OF EXPENDITURE		s/Wages/Contract Lab				outside of Texas. Comp	
	LAFLINDITORE					_	n, TX, officeholder living	
						contract labo	or for campaign s	ervices
9	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Offi	ice sough	nt	Office hel	d
	experiorale to belieff C/OI							
	Date	Payee n	ame					
	02/01/2024	Gonzale	es, Kristin					
	Amount (\$)	Payee a	ddress; City;	State; 2	Zip Code	9		
	\$250.00	4405 H	OLLANDALE AVE					
		WICHIT	A FALLS, TX 76302					
	PURPOSE OF		/ (See Categories listed at the		ule) (k	Description		
	EXPENDITURE	Salaries	s/Wages/Contract Lab	or		<u> </u>	outside of Texas. Comp	
						ш	n, TX, officeholder living o or for campaign s	
						טווומטנ ומטט	, ioi campaigil s	CI VICCO
-	Complete ONLY if direct	Candidate	/Officeholder name	Offi	ice sough	nt	Office hel	d d
	expenditure to benefit C/OI		, Chiecholder Hame	Oili	.cc sougi		Office fiel	u
$\vdash$	Date	Daves :	ama					
	Date	Payee na						
	03/01/2024		es, Kristin					
	Amount (\$)	Payee a		State; 2	Zip Code	9		
	\$250.00	4405 H	OLLANDALE AVE					
L		WICHIT	A FALLS, TX 76302					
	PURPOSE	(a) Category	/ (See Categories listed at the	top of this schedu	ule) (k	Description		
	OF EXPENDITURE	Salaries	s/Wages/Contract Lab	or			outside of Texas. Comp	
							n, TX, officeholder living	
						contract Iabo	or for campaign s	ervices
	Operation ONE VALUE	0	IOE h - l d -				0	_1
	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Offi	ice sough	ìτ	Office hel	a

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			egal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed	above)
	oreal oural ayment	٦	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 16/29 Rpt: 29/60	F	rank, Jame:	s B. (The Hono	rable)					00067748		
4	Date	5 P	ayee name									
	04/01/2024	ı	Sonzales, Kr	istin								
6	Amount (\$)	<b>7</b> Pa	ayee address	s; City;	State;	Zip Co	de					
	\$250.00	4.	405 HOLLA	NDALE AVE								
		Ιw	VICHITA FA	LLS, TX 76302	2							
8	PURPOSE	├		Categories listed at th		-dula)	(b)	Description				
	OF			jes/Contract La		edule)	(-,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		alarioo, rrag	,00,001111401 20	X.D.O.1			Check if Austin,	, TX,	officeholder livi	ng expense	
								contract labor	r fo	r campaigr	n services	
9	Complete ONLY if direct		ndidate/Office	eholder name	0	ffice sou	ght			Office I	neld	
	expenditure to benefit C/O	Н										
	Date	P	ayee name									
	05/01/2024	G	Gonzales, Kr	istin								
	Amount (\$)	Pi	ayee address	s; City;	State;	Zip Co	de					
	\$250.00	4	405 HOLLA	NDALE AVE								
		l v	VICHITA FA	LLS, TX 76302	2							
	PURPOSE	(a) C	ategory (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			jes/Contract La				<b>=</b>			mplete Schedule T.	
								<b>—</b>		officeholder livi		
								contract labor	1 10	r campaigi	Services	
	Complete ONL V if direct		ndidata/Office	ahaldar nama		ffice cou	abt			Office	anld	
	Complete ONLY if direct expenditure to benefit C/O		nuluale/Onici	eholder name	U	ffice sou	gni			Office I	ieiu	
		_										
	Date	l	ayee name	iatio								
	06/01/2024		Gonzales, Kr									
	Amount (\$)		ayee address		State;	Zip Co	de					
	\$250.00	4	405 HOLLA	NDALE AVE								
		M	VICHITA FA	LLS, TX 76302	2							
	PURPOSE			Categories listed at th		edule)	(b)	Description				
	OF EXPENDITURE	S	alaries/Wag	jes/Contract La	abor						mplete Schedule T.	
								contract labor		officeholder livi		
								סוונימטו ומטטו	. 10	. campaigi	1 301 11003	
_	Complete ONLY if direct	Cal	ndidate/Office	eholder name		ffice sou	aht			Office I	neld	
	expenditure to benefit C/O		. iaidato/Oillo	SHOWER HUITIC	O	cc 30u	9.11			Office I	ioiu	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 17/29 Rpt: 30/60	Frank, James B. (The Honorable)	00067748					
4	Date	5 Payee name						
	05/26/2024	HEB Food 29						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$8.27	701 Capital of Texas Highway						
		West Lake Hills, TX 78746						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense					
			beverages for campaign office					
_	0 1: 0 1: 0		0" 111					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/01/2024	Hoegger Communications						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$25.00	901 Indiana Ave, Suite 100						
		Wichita Falls, TX 76301						
	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 campaign website hosting					
			campaign resolutioning					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	3						
	Date	Payee name						
	02/19/2024	Hoegger Communications						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$25.00	901 Indiana Ave, Suite 100						
	Ψ20.00	dor maiana / tvo, dato 100						
		Wichita Falls, TX 76301						
	DUDDOOF							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense					
			campaign website hosting					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						

### 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/29 Rpt: 31/60	Frank, James B. (The Honorable)	00067748
4	Date	5 Payee name	
	03/01/2024	Hoegger Communications	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	901 Indiana Ave, Suite 100	
		Wichita Falls, TX 76301	
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.
			Check if Austin, TX, officeholder living expense campaign website hosting
			campaign website nosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
-	Date	Payee name	
	03/01/2024	Hoegger Communications	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$312.50	901 Indiana Ave, Suite 100	
		Wichita Falls, TX 76301	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
		, , ,	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	, , ,	Check if travel outside of Texas. Complete Schedule T.
	OF	, , ,	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
	OF EXPENDITURE	Fees  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
	OF EXPENDITURE  Complete ONLY if direct	Fees  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol	Fees  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H Payee name	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date 04/05/2024	Candidate/Officeholder name Office sought H Payee name Hoegger Communications	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
=	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)	Candidate/Officeholder name Office sought H Payee name Hoegger Communications Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)	Candidate/Officeholder name Office sought H Payee name Hoegger Communications Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)  \$25.00	Fees  Candidate/Officeholder name  Payee name Hoegger Communications  Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100  Wichita Falls, TX 76301	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website maintenance and updates
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)  \$25.00	Fees  Candidate/Officeholder name  Payee name Hoegger Communications  Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100  Wichita Falls, TX 76301	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website maintenance and updates  Office held  Description  Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)  \$25.00	Fees  Candidate/Officeholder name  Office sought  Payee name Hoegger Communications  Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100  Wichita Falls, TX 76301  (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website maintenance and updates  Office held  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)  \$25.00	Fees  Candidate/Officeholder name  Office sought  Payee name Hoegger Communications  Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100  Wichita Falls, TX 76301  (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website maintenance and updates  Office held  Description  Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)  \$25.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name Hoegger Communications  Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100  Wichita Falls, TX 76301  (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website maintenance and updates  Office held  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website hosting
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)  \$25.00	Candidate/Officeholder name  Payee name Hoegger Communications  Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100  Wichita Falls, TX 76301  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website maintenance and updates  Office held  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website hosting
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 04/05/2024  Amount (\$)  \$25.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Payee name Hoegger Communications  Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100  Wichita Falls, TX 76301  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website maintenance and updates  Office held  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign website hosting

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Fees
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/29 Rpt: 32/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	05/08/2024	Hoegger Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	901 Indiana Ave, Suite 100
		Wichita Falls, TX 76301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		campaign website hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/05/2024	Hoegger Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	901 Indiana Ave, Suite 100
		Wichita Falls, TX 76301
	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
		campaign website hosting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	oxperiantare to seriem ever	
	Date	Payee name
	05/22/2024	Jimmy John's 491
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.18	515 Congress Ave
		Suite 1200
		Austin, TX 78701
$\vdash$	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff meeting to discuss C/OH issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 20/29 Rpt: 33/60	<b>2</b> FILER NAME Frank, James B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067748	
4	Date 05/02/2024	5 Payee name Kapnos Taverna		-
6	Amount (\$) \$35.51	7 Payee address; City; State; Zip Coor Ronald Reagan International Airport 2401 Ronald Reagan Washington Ntl Airport Ac Arlington, VA 22202		ss Rd, D
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food expense for trip to Washington DC to advocate for Sheppard Air Force Base
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
	Date 03/01/2024	Payee name LANNON, CHARLOTTE		
	Amount (\$) \$20.04	Payee address; City; State; Zip Coo 2900 WEST AVENUE Austin, TX 78705	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense fuel reimbursement to staff for transportation of C/OH
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
	Date 04/08/2024	Payee name LANNON, CHARLOTTE		
	Amount (\$) \$47.07	Payee address; City; State; Zip Coo 2900 WEST AVENUE	le	
		Austin, TX 78705		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense fuel reimbursement to staff for transportation of C/OH
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/29 Rpt: 34/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	02/01/2024	Lacey Hull for Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	POB 19231
		Houston, TX 77224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		contribution to candidate for HD138
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/01/2024	Law Offices of Kevin C Stewart
	Amount (\$)	Payee address; City; State; Zip Code
	\$625.00	6801 Yaupon Drive
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		retainer fee for ethics consulting
		. Statute 100 to 101 out to g
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	06/14/2024	Law Offices of Kevin C Stewart
	Amount (\$)	Payee address; City; State; Zip Code
	\$625.00	6801 Yaupon Drive
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Legal Services  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		retainer fee for ethics consulting
	0 1. 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/29 Rpt: 35/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	02/01/2024	Matt Shaheen Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	3917 Malton Dr
		Plano, TX 75025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		contribution to candidate for HD66
_	Operation ONLY if allowed	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/23/2024	Office Depot #3267
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.99	3201 Lawrence Rd Suit 350
		Wichita Falls, TX 78308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		toner for campaign printer
		torior for ouripaign printer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dougo nama
	02/29/2024	Payee name Panera Bread WF
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.09	3812 Kemp Blvd
L		Wichita Falls, TX 76308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting to discuss district issues with Senator Perry
		and staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-		Wages	s/Contract Labor	Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:		<u> </u>		3	Filer ID	(Ethics Commission Filers)
	Sch: 23/29 Rpt: 36/60	Frank, James B. (The Ho	onorable)		3	00067748	(Eurica Commission Filera)
4	Date	Payee name					
	03/19/2024	Penman's					
6	Amount (\$) \$24.89	Payee address; City; L02 E Hayes St Benjamin, TX 79505	State; Zip Co	ode			
8	PURPOSE			(h)	Description		
١	OF	Category (See Categories listed		(6)	Check if travel outsi	ide of Texas. Comr	olete Schedule T.
	EXPENDITURE	Food/Beverage Expense			Check if Austin, TX,		
					<b>—</b>		district for Town Hall
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	andidate/Officeholder name	Office sou	ught		Office he	ld
	Date	Payee name					
	02/28/2024	Prosperity Bank					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$20.00	2525 Kell Blvd, Suite 100	)				
		Wichita Falls, TX 76308		Las			
	PURPOSE OF	Category (See Categories listed	at the top of this schedule)	(b)	Description	ide of Toyon Comm	slote Cobodule T
	EXPENDITURE	-ees			Check if travel outsi		
					wire transfer fee		
	Complete ONLY if direct expenditure to benefit C/Ol	andidate/Officeholder name	Office sou	ught		Office he	ld
	Date	Payee name					
	05/01/2024	Restaurant Associates					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$36.50	JS Capitol Visitor Center					
		Jnit 20515					
		Washington, DC 20515					
	PURPOSE	Category (See Categories listed	at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense			Check if travel outsi	ide of Texas. Comp	olete Schedule T.
	EXPENDITURE				Check if Austin, TX,		· ·
					expense for trip Sheppard Air Fo		on DC to advocate for
	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	ught		Office he	ld

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/29 Rpt: 37/60	Frank, James B. (The Honorable)	00067748
4	Date	5 Payee name	
	01/01/2024	Roberts, Noelle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	4500 Sarasota Drive	
		Austin, TX 78749	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/Wages/Contract Easter	outside of Texas. Complete Schedule T.
		l	n, TX, officeholder living expense or for campaign services
		Contract last	in for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/01/2024	Roberts, Noelle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	4500 Sarasota Drive	
		Austin, TX 78749	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	LAPENDITORE	I — I —	n, TX, officeholder living expense
		Contract labor	or for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office Held
-	Date	Payee name	
	03/01/2024	Roberts, Noelle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	4500 Sarasota Drive	
	7_00.00	1000 001 000 001	
		Austin, TX 78749	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		contract labo	or for campaign services
	0 1. 0		05
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

# 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/29 Rpt: 38/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	04/01/2024	Roberts, Noelle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	4500 Sarasota Drive
		A . (C. TV 70740
		Austin, TX 78749
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor for campaign services
_		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Data	
	Date 05/01/2024	Payee name Roberts, Noelle
_	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4500 Sarasota Drive
	,	
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		contract labor for campaign services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	06/01/2024	Roberts, Noelle
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 4500 Sarasota Drive
	φ100.00	4300 Salasola Dilve
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

# SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/29 Rpt: 39/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	02/28/2024	Stephanie Klick Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	POB 7592
		Fort Worth, TX 76111
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution to candidate for HD91
		Continuation to cartalacte for TIBSI
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	02/01/2024	Terry Wilson Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	POB 2302
		Georgetown, TX 78627
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		contribution to cardidate for ribzo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	02/01/2024	The Grove Event Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	203 N Avenue D
		Burkburnett, TX 76354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		event expense for town hall hosted 2/22/2024
	Commission ONU Wife allows	Condidate/Officeholder come
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Legal Serv				/ages	se s/Contract Labor ete this form.		Travel Out of OTHER (ente		t egory not listed above)
1	Total pages Schedule F1:	12	EII ED NIANAT			. ,	- 33 30			3	Filer ID	/1	Ethics Commission Filers)
_					ho Hone:	abla)						•	_unco Commission Filets)
	Sch: 27/29 Rpt: 40/60	L	Frank, Jam	es B. (I	ne Honora	avie)					0006774	<u> </u>	
4	Date	5	Payee name										
	05/02/2024		The Mayflo	wer Hote	el								
6	Amount (\$)	7	Payee addre	ss; C	City;	State	; Zip Co	de					
	\$1,493.48		Autograph (		-		-						
			1127 Conne										
					_								
L		_	Washingtor										
8	PURPOSE OF	(a)	Category (S			top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Travel Out	of Distric	ct				Check if travel				
	-								Check if Austin				
									for Sheppard				ngton DC to advocate
									ισι σπερματα	730	i i dice da		
9	Complete ONLY if direct		Candidate/Offi	ceholder	name	(	Office sou	ght			Office	held	
L	expenditure to benefit C/OI	Н											
	Date		Payee name										
	01/23/2024		The UPS S	tore #52	22								
$\vdash$	Amount (\$)	$\vdash$	Payee addre	ss: C	City;	State	; Zip Co	de					
	\$240.00		3808 Kemp	-	•	J	,, 50						
	ΨΔ40.00		cooo ivemp	ט ייטיום, ט	ic D								
		L	Wichita Fall	s, TX 76	5308								
	PURPOSE	(a)	Category (S	ee Categori	es listed at the	top of this sch	nedule)	(b)	Description	_			
	OF EXPENDITURE		Office Over	head/Re	ental Expe	ense			Check if travel				
									Check if Austin				pense
									renew campa	aıgr	1 POB #32	1.	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder	name	(	Office sou	ght			Office	held	
	capenditule to belieff C/OI												
	Date		Payee name										
	01/01/2024		The UPS S	tore #52	222								
	Amount (\$)	H	Payee addre	ss: C	City;	State	; Zip Co	de					
	\$240.00		3808 Kemp	-		Ciaic	, _,, 00						
	ΨΔ40.00		cooo ivemp	ט ייטיום, ט	ic D								
L		L	Wichita Fall	s, TX 76	5308								
	PURPOSE	(a)	Category (S	ee Categori	es listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Re	ental Expe	ense			Check if travel				
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Check if Austin			-	pense
									renew campa	aıgr	1 POB #32	1.	
	Complete ONLY if direct		Candidate/Offi	ceholder	name	(	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н											

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/29 Rpt: 41/60	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	02/01/2024	Troxclair for Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	114 Medalist St
		Lakeway, TX 78734
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
		contribution to candidate for HD19
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	04/30/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.22	1515 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel expense for trip to Washington DC to advocat
		for Sheppard Air Force Base
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	05/02/2024	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4.33	1515 3rd Street
	*	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		D/D transportation expense for trip to Washington DC to advocate for Sheppard Air Force Base
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

# SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee Legal S	ards/Memorials Exper ervices instruction Guide (	Salarie	s/Wage	s/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
┰	Total pages Schedule F1:	2	EII ER NAME				14	Filer ID	(Ethics Commission Filers)
-	Sch: 29/29 Rpt: 42/60	-	Frank, James B.	(The Honorabl	e)			00067748	(,
4	Date	5	Payee name				-		
	05/20/2024		Wichita Falls Cha	amber of Comr	merce and Inc	lustry	′		
6	Amount (\$)	7	Payee address;	City;	State; Zip (	Code			
	\$538.28		900 8th Street, S	uite 100					
l									
Ļ		<u> </u>	Wichita Falls, TX			100			
8	PURPOSE OF	(a)	Category (See Category		of this schedule)	(b)	Description	taids of Toyon Com	plata Cabadula T
	EXPENDITURE		Travel Out of Dis	trict				tside of Texas. Com X, officeholder living	
							_		merce for expense for
									vocate for Sheppard Air
9	Complete ONLY if direct		Candidate/Officeholo	ler name	Office s	<u> </u>		Office he	eld
l	expenditure to benefit C/O	Н							
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# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officeholder/Politica			Salaries/Wages/Cont		THER (enter a categor	ry not listed at	oove)
	The Inst	ruction Guide explains ho	w to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 1/14 Rpt: 43/60	Frank, James B. (T	he Honorable)			00067748		
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED			
ISSUER	Chase Cardmember Services		EXPEND	ITURES ED TO A CREDIT	\$		
			CARD	LD TO A CIVEDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$66.09	05/11/2024	06/26/202	24			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			1601 Trap	elo Road			
	Constant Contact						
			Waltham,	MA 02451			
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE 	(See Categories listed at the top  Advertising Expense	of this schedule)	campaign	newsletter			
X Political	- recreationing Expenses						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. [	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$66.09	01/11/2024	02/26/202	.4			
PAYEE	(a) Payee name	(b) Payee a	ddress;	City,	State,	Zip Code	
	Constant Contact	1601 Trap	elo Road				
	Constant Contact						
	(-) O-t		Waltham,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	newsletter			
X Political	Advertising Expense		Campaign	Hewsiettei			
l 📙			_	_			
Non-Political	· · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Oil	ice sought		Office held		
PAYMENT	(a) Amount Charged	(h) Date of Charge	(a) Data(c) (	Credit Card Issue	r Doid		
PATMENT		(b) Date of Charge	02/26/202		i Paiu		
	\$17.05	01/12/2024					
PAYEE	(a) Dayon nama		(b) Payee a	ddrooo	City	Ctoto	Zip Code
FAILL	(a) Payee name		55 Almade		City,	State,	Zip Code
	Zoom.us		6th floor	en Bivu			
				CA 95113			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top	,	1 ' '	erence call ser	ice for campai	gn purpo	ses
X Political	Office Overhead/Rent	tal Expense			•		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TV	officeholder living exp	nense	
Complete ONLY if direct	Candidate/Officeholder		ice sought	Gricok ii Austiri, TA,	Office held		
expenditure to benefit C/OH			9				
,	<u> </u>						
Ī							

# 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
Sch: 2/14 Rpt: 44/60	Frank, James B. (T	he Honorable)		00067748						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRI CARD	<b> \$</b>						
6 PAYMENT	(a) Amount Charged \$87.27	(b) Date of Charge 01/20/2024	(c) Date(s) Credit Card I: 02/26/2024	ssuer Paid						
7 PAYEE	(a) Payee name  ReadyRefresh by N	lestle	(b) Payee address; City, State, 2 6661 Dixie Hwy, Ste 4 Louisville, KY 40258							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description capitol office beverag	e service						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH				Office held						
PAYMENT	(a) Amount Charged \$371.66	(b) Date of Charge 01/09/2024	(c) Date(s) Credit Card Issuer Paid 02/26/2024							
PAYEE	PAYEE (a) Payee name  Jason's Deli WF			City, State, Zip Code						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description lunch meeting with community leaders and SD 30 candidates							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$99.00	(b) Date of Charge 01/30/2024	(c) Date(s) Credit Card I: 02/26/2024	ssuer Paid						
PAYEE	(a) Payee name  Clay County Leade	r	(b) Payee address; POB Drawer 10 Henrietta, TX 76365	City, State, Zip Code						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description town hall ad expense							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	in, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(*				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 3/14 Rpt: 45/60	Frank, James B. (T	he Honorable)		00067748				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$66.09	(b) Date of Charge 02/11/2024	(c) Date(s) Credit Card Issuel 03/26/2024	r Paid				
7 PAYEE	(a) Payee name  Constant Contact		(b) Payee address; 1601 Trapelo Road Waltham, MA 02451	City, State, Zip Code				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE    X   Political	(See Categories listed at the top Advertising Expense	of this schedule)	campaign newsletter					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 02/10/2024	(c) Date(s) Credit Card Issuer Paid 03/26/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	UberConference by	<sup>,</sup> Dialpad	100 California St					
	() 0 :		San Francisco, CA 94111					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description conference call service for campaign purposes					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuel 03/26/2024	r Paid				
PAYEE	(a) Payee name Zoom.us		(b) Payee address; 55 Almaden Blvd 6th floor San Jose, CA 95113	City, State, Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description video conference call serv	vice for campaign purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

#### 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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeriolide//Folitica	· ·	ruction Guide explains how	•	TILK (eliter a category fi	ot listeu at	Jove)
1 Total pages Schedule F4:		·	·	3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 4/14 Rpt: 46/60	Frank, James B. (T	he Honorable)		00067748		•
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$70.00	(b) Date of Charge 02/15/2024	(c) Date(s) Credit Card Issuer 03/26/2024	Paid		
7 PAYEE	(a) Payee name  Burkburnett Informe	er Star	(b) Payee address; 417 North Avenue C Burkburnett, TX 76354	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description town hall ad			
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	( )	L (1) 2 (2)	1() 5 . () 6 . 10 . 11			
PAYMENT	(a) Amount Charged \$73.35	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer 03/26/2024	Paid		
PAYEE	(a) Payee name  ReadyRefresh by Nestle		(b) Payee address; 6661 Dixie Hwy, Ste 4 Louisville, KY 40258	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description capitol office beverage ser	rvice		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$66.09	(b) Date of Charge 03/11/2024	(c) Date(s) Credit Card Issuer 04/26/2024	· Paid		
PAYEE	(a) Payee name  Constant Contact		(b) Payee address; 1601 Trapelo Road Waltham, MA 02451	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description campaign newsletter			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expens	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 5/14 Rpt: 47/60	Frank, James B. (The Honorable)				00067748		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 03/10/2024	(c) Date(s) 0 04/26/202	Credit Card Issuei 4	r Paid		
7	PAYEE	(a) Payee name  UberConference by	/ Dialpad	(b) Payee at 100 Califor		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti			poses	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b>	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH					Office held		
	PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 03/12/2024	(c) Date(s) 0 04/26/202	Credit Card Issuei 4	r Paid		
	PAYEE	Zoom.us 55 6th			ddress; en Blvd CA 95113	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti video conf	on erence call serv	rice for campai	gn purpo	ses
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 03/20/2024	(c) Date(s) ( 04/26/202	Credit Card Issuei 4	r Paid		
	PAYEE	(a) Payee name  ReadyRefresh by Nestle		(b) Payee at 6661 Dixie	Hwy, Ste 4	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descripti capitol office	ion ce beverage se	rvice		
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ĺ								

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(*		,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 6/14 Rpt: 48/60	Frank, James B. (T	he Honorable)		00067748				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$66.09	(b) Date of Charge 04/11/2024	(c) Date(s) Credit Card Issue 05/26/2024	er Paid				
7 PAYEE	(a) Payee name  Constant Contact		(b) Payee address; 1601 Trapelo Road Waltham, MA 02451	City,	State,	Zip Code		
PURPOSE OF (a) Category (b) Description								
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	campaign newsletter					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 04/10/2024	(c) Date(s) Credit Card Issuer Paid 05/26/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	UberConference by	<sup>,</sup> Dialpad	100 California St					
			San Francisco, CA 94111					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description conference call service for campaign purposes					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	., officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 04/12/2024	(c) Date(s) Credit Card Issue 05/26/2024	er Paid				
PAYEE	(a) Payee name Zoom.us		(b) Payee address; 55 Almaden Blvd 6th floor San Jose, CA 95113	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description video conference call ser	vice for campaiç	gn purpo	ses		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		_		

#### 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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeriolder/Folitica		uction Guide explains how	•	THEN (enter a category not listed above)				
1 Total pages Schedule F4:		uction Cuide explains now	to complete this form.	3 Filer ID (Ethics Commission Filers)				
Sch: 7/14 Rpt: 49/60	Frank, James B. (Th	00067748						
4 CREDIT CARD	Name of finan		5 TOTAL OF UNITEMIZED	00007748				
ISSUER			EXPENDITURES	\$				
	see pr	evious	CHARGED TO A CREDIT CARD	-				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
O TATMENT	, ,	, ,	05/26/2024	i i did				
	\$21.64	04/19/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			6661 Dixie Hwy, Ste 4	Oity, State, Zip code				
	ReadyRefresh by N	estle	1 0001 Dixie Hwy, Ste 4					
			Louisville, KY 40258					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of		capitol office beverage se	ervice				
X Political	Office Overhead/Rent	al Expense						
Non-Political	(a) Charle if traval autoida	of Texas. Complete Schedule T.	Chapte if Austin TV	, officeholder living expense				
9 Complete ONLY if direct	(c) Check if travel outside of Candidate/Officeholder	·	e sought	Office held				
expenditure to benefit C/OH	Carrardate, Ciniconolaci	That To	o oodgiit	emoc nota				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$417.61	04/04/2024	05/26/2024					
	Φ417.01	04/04/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	(4) 1 4) 2 2 1141112		1617 N IH 35					
	DoubleTree Suites	DoubleTree Suites						
			Austin, TX 78702					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of	of this schedule)	hotel expense while in Austin for political business					
X Political	Travel Out of District							
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$17.05	05/12/2024	06/26/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	_		55 Almaden Blvd					
	Zoom.us		6th floor					
			San Jose, CA 95113					
PURPOSE OF	(a) Category (See Categories listed at the top of	of this color dule)	(b) Description					
EXPENDITURE 	Office Overhead/Rent		video conference call serv	vice for campaign purposes				
X Political								
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(*		,	
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 8/14 Rpt: 50/60	Frank, James B. (T	he Honorable)			00067748			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$66.09	(b) Date of Charge 06/11/2024	(c) Date(s) 06/26/20	Credit Card Issuei 24	Paid			
7	PAYEE	(a) Payee name  Constant Contact  (b) Payee address;  1601 Trapelo Road  Waltham, MA 02451			City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description campaign newsletter							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 05/10/2024	(c) Date(s) 06/26/20	Credit Card Issuei 24	Paid			
	PAYEE (a) Payee name  UberConference by Dialpad			(b) Payee 100 Calif		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description conference call service for campaign purposes					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 06/10/2024	(c) Date(s)	Credit Card Issue	Paid			
	PAYEE (a) Payee name  UberConference by Dialpad		(b) Payee address; City, State, Zip Code 100 California St  San Francisco, CA 94111						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description conference call service for campaign purposes					
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
1									

# 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		ruction Guide explains how	•					
1 Total pages Schedule F4:	pages Schedule F4: 2 FILER NAME							
Sch: 9/14 Rpt: 51/60	Frank, James B. (T	he Honorable)	00067748					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid				
	\$17.05	06/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Zoom.us		55 Almaden Blvd 6th floor San Jose, CA 951	13				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent	d at the top of this schedule) ad/Rental Expense  video conference call serv			vice for campaign purposes			
Non-Political								
9 Complete ONLY if direct	Candidate/Officeholder	name Office	sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca 06/26/2024	rd Issuer Paid				
	\$21.64	05/21/2024	00/20/2024					
PAYEE	PAYEE (a) Payee name (b) Payee address;				State,	Zip Code		
	ReadyRefresh by N	lestle	6661 Dixie Hwy, S	ste 4				
			Louisville, KY 402	58				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	rago convico				
X Political	Office Overhead/Rent		capitol office beverage service					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Austin, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid				
	\$21.64	06/21/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	PoodyPofroch by N	lostlo	6661 Dixie Hwy, S	ste 4				
	ReadyRefresh by N	iesiie						
			Louisville, KY 402	58				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	rago contino				
X Political	tal Expense	capitol office beve	rage service					
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Austin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	esought	Office held				
experialitie to beliefft C/OF								

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 10/14 Rpt: 52/60	Frank, James B. (T	he Honorable)		00067748				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 05/06/2024	(c) Date(s) Credit Card Issuel 06/26/2024	r Paid				
7 PAYEE	(a) Payee name YRNC Dallas		(b) Payee address; 2604 Bright Rock Lane	City, State, Zip Code				
	( ) 5 :		Conroe, TX 77304 (b) Description					
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,							
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$50.42	06/04/2024						
PAYEE (a) Payee name (b) Payee			(b) Payee address;	City, State, Zip Code				
	HEB (BRODIE)		6900 Brodie Lane					
			Austin, TX 78745					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description food for committee hearing					
Non-Political	(a) Chaple if traval autoids	of Toyon, Complete Cohodula T	Chapte if Austin TV	office helder living everyone				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expense Office held				
Complete ONLY if direct expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$300.45	(b) Date of Charge 06/04/2024	(c) Date(s) Credit Card Issuer	r Paid				
PAYEE (a) Payee name  CHUY'S (Arbor Trails)			(b) Payee address; City, State, Zip Code 4301 W WILLIAM CANNON DR BUILDING C AUSTIN, TX 78749					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description food for committee hearin	g				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

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

pense Travel in District
spense Travel Out of Dis
fages/Contract Labor OTHER (enter a

		The Insti	ruction Guide explains how	to complete t	this form.		,	,		
1	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
	Sch: 11/14 Rpt: 53/60	Frank, James B. (T	he Honorable)			00067748				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 01/10/2024	(c) Date(s) 02/26/20	Credit Card Issuer 24	Paid				
7	PAYEE	(a) Payee name  UberConference by	<sup>,</sup> Dialpad	(b) Payee a	ornia St	City,	State,	Zip Code		
Ļ	DUDDO05.05	(a) Cataman			cisco, CA 94111					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip		r campaign purposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•						
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Political									
	Non-Political	(c) Check if travel outside								
Ĺ	Complete ONLY if direct xpenditure to benefit C/OH	mplete ONLY if direct								
_	Apenditure to benefit C/OH									
ı										

# 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 12/14 Rpt: 54/60	Frank, James B. (T	he Honorable)		00067748					
4	CREDIT CARD ISSUER		ncial institution cover	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	\$				
6	PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 05/24/2024	(c) Date(s) Credit Card Issu 06/14/2024	er Paid					
7	PAYEE	(a) Payee name  COSA - Meters	POB 839966		City, State	, Zip Code				
_		(a) Category		San Antonio, TX 78283						
8	(See Categories listed at the top of this schedule)  Travel Out of District  C/OH parking expensions of the control of this schedule of District			(b) Description C/OH parking expense f	or travel out of district					
	Non-Political	X, officeholder living expense								
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid					
		\$170.07	06/04/2024							
	PAYEE (a) Payee name  Go Rentals Austin			(b) Payee address; 6012 Aviation Drive	City, State	, Zip Code				
				Pflugerville, TX 78660						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH TRAVEL OUT OF DISTRICT FOR STATE BUSINESS						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$11.50	(b) Date of Charge 05/21/2024	(c) Date(s) Credit Card Issu 06/14/2024	er Paid					
	PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code				
		COA PARKING ME	TERS	1100 CONGRESS AVE						
-	PURPOSE OF	(a) Category		AUSTIN, TX 78701 (b) Description						
	EXPENDITURE    X   Political	(See Categories listed at the top	of this schedule)	parking expense at the Capitol						
		<u> </u>		<u> </u>						
	Non-Political	1	of Texas. Complete Schedule T.	<u> </u>	X, officeholder living expense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	esought	Office held					

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 13/14 Rpt: 55/60	Frank, James B. (T	he Honorable)			00067748			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid			
		\$170.19	06/04/2024						
7	PAYEE	(a) Payee name  DOUBLETREE BY	(a) Payee name  (b) Payee address;  1617 IH 35 NORTH  AUSTIN, TX 78702			City,	State,	Zip Code	
8	PURPOSE OF	(a) Category		(b) Descrip					
ľ	EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District  C/OH TRAVEL OUT OF D BUSINESS			DISTRICT FOR	STATE			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$71.45	(b) Date of Charge 05/21/2024	(c) Date(s) 06/14/20	) Credit Card Issuer 124	Paid			
	PAYEE (a) Payee name (b) Payee address;				address;	City,	State,	Zip Code	
		Parking Manageme	ent Company	1617 IH 35 N					
L	DUDDOOF OF	(a) Catagoni		Austin, T					
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description hotel parking expense for travel out of district					
	Non-Political	(-) 🗆 a	(7. 0. 1. 0. 1. 7.			· · · · · · · · · · · · · · · · · · ·			
L	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense		
l e	expenditure to benefit C/OH	Carialacte, Cineciolaci	Tidille Cilies	o sought		Office field			
	PAYMENT	(a) Amount Charged \$400.36	(b) Date of Charge 05/23/2024	(c) Date(s) 06/14/20	) Credit Card Issuer 124	r Paid			
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code	
		DOUBLETREE BY	HILTON	1617 IH 35 NORTH					
L					TX 78702				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH hotel expense for travel out of district while in Austin for state business					
1	X Political	I State Susmoss							
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
  -	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	•	l							

# 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 14/14 Rpt: 56/60	Frank, James B. (T	he Honorable)		00067748			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b> \$</b>			
6 PAYMENT	(a) Amount Charged \$6.14	(b) Date of Charge 05/24/2024	(c) Date(s) Credit Card Issue 06/14/2024	er Paid			
7 PAYEE	(a) Payee name Uber		City, State, Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	EXPENDITURE  (See Categories listed at the top of this schedule)  Travel Out of District  C/OH transportation expe			ense while traveling out of district			
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$14.04	(b) Date of Charge 05/24/2024	(c) Date(s) Credit Card Issue 06/14/2024	er Paid			
PAYEE	PAYEE  (a) Payee name  (b) Payee address;  1725 3rd Street  San Francisco, CA 9415			City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expense while traveling out of district				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$415.59	(b) Date of Charge 05/24/2024	(c) Date(s) Credit Card Issue 06/14/2024	er Paid			
Hyatt Regency San Antonio			(b) Payee address; 123 Losoya San Antonio, TX 78205	City, State, Zip Code			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expense while traveling out of district				
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austin, TX e sought	s, officeholder living expense Office held			

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 57/60 Frank, James B. (The Honorable) 00067748 Date Payee name 02/01/2024 Chase Cardmember Services Payee address; Amount (\$) City; State; Zip Code POB 94014 \$656.07 Reimbursement from political contributions Х intended Palatine, IL 60094-4014 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Monthly credit card payment for expenditures reported on F4 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2024 Chase Cardmember Services Amount (\$) Payee address; City; State; Zip Code \$241.49 POB 94014 Reimbursement from political contributions Χ Palatine, IL 60094-4014 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Monthly credit card payment for expenditures reported on F4 Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2024 Chase Cardmember Services Payee address; City; State; Zip Code Amount (\$) \$119.78 POB 94014 Reimbursement from Χ political contributions intended Palatine, IL 60094-4014 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Monthly credit card payment for expenditures reported on F4 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

C/OH

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

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			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)				
	oroun oura'r aymone			The Instruction Guide ex	xplains h	ow to co	mplete this form.				
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/3 Rpt: 58/60		Frank, Jame	es B. (The Honorable	<del>)</del> )				00067	748	
4	Date	5	Payee name								
	05/01/2024	ı		member Services							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$537.39	ı	POB 94014								
	Reimbursement from										
	X political contributions intended		Dalatino II	60094-4014							
_		l					(b) December 5	7.0		al autoido at Taura - Carrala	t- O-b-dul- T
8	PURPOSE OF	l` ′		e Categories listed at the top of	of this sched	dule)	(b) Description	_		el outside of Texas. Comple tin, TX, officeholder living ex	
	EXPENDITURE		Credit Card	Payment			Monthly crodit of			nt for expenditures	
							on F4	aru	paymen	it for experiultures	reported
_	Complete ONLY if direct	<u> </u>	didata/Offical				Office course			Office held	
9	Complete ONLY if direct expenditure to benefit	Can	aldate/Officer	loider name			Office sought			Office held	
	C/OH										
	Date		Payee name								
	06/01/2024	ı	•	member Services							
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de				
	\$1,119.78	l	POB 94014	os, only,	Otato,	<b>L</b> ip <b>C</b> 0	uo				
	Reimbursement from		. 00 0 101 1								
	X   political contributions intended		Dalatina II	60004 4014							
		⊢		60094-4014		-					
	PURPOSE OF	ı		e Categories listed at the top of	of this sched	dule)	Description [	_		el outside of Texas. Comple tin, TX, officeholder living ex	
	EXPENDITURE		Credit Card	Payment			Monthly credit c	_		nt for expenditures	
							on F4	aru	paymen	it for experiultures	reported
_	Complete ONLY if direct	Can	didate/Officek	nolder name			Office sought			Office held	
	expenditure to benefit	Carr	Jidate/Officer	iolaei fiairie			Office sought			Office field	
	C/OH										
	Date		Payee name								
	06/30/2024		Chase Card	member Services							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$119.78		POB 94014								
	Reimbursement from										
	X political contributions intended		Palatine, IL	60094-4014							
$\vdash$	PURPOSE		Category (Se	ee Categories listed at the top o	of this sched	dule)	Description	CI	neck if trave	el outside of Texas. Comple	te Schedule T.
	OF	ı	Credit Card			ĺ		CI	neck if Aust	tin, TX, officeholder living ex	pense
	EXPENDITURE			•			Monthly credit ca	ard	paymer	nt for expenditures	reported
							on F4				
		Can	didate/Officeh	nolder name			Office sought			Office held	
	expenditure to benefit C/OH										
<u> </u>											

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 3/3 Rpt: 59/60		Frank, James B. (The Honorable)				00067748	
4	Date	5	Payee name					
	06/01/2024		Discover					
6	Amount (\$) \$949.08	7	Payee address; City; State; Zip Code POB 29033					
	Reimbursement from political contributions intended		Phoenix, AZ 85038-9033					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Credit Card Payment			_	heck if Austin, TX, officeholder living expense	
					Monthly credit ca on F4	rd	payment for expenditures reported	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held	
	Date		Payee name					
	06/30/2024		Discover					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$691.13		POB 29033					
	Reimbursement from political contributions intended		Phoenix, AZ 85038-9033					
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description [	CI	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Credit Card Payment		[	CI	heck if Austin, TX, officeholder living expense	
					Monthly credit ca on F4	rd	payment for expenditures reported	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction C	Guide explains how to complet	1	Total pages Schedule T: Sch: 1/1 Rpt: 60/60	
2 FILER NAME				3	Filer ID (Ethics Commission Filers)
Frank, James B.	(The Hon	orable)			00067748
4 Name of Contribut	or / Corpora	ation or Labor Organization / Pledgor /Pa	ayee	•	
American Airline	s				
5 Contribution / Expe	enditure rep	oorted on:			
Schedule A2		Schedule B Schedule B(J)	Schedule C2		Schedule D X Schedule F1
Schedule F2		Schedule F4 Schedule G	Schedule H		Schedule COH-UC
6 Dates of Travel	7 Name	of person(s) traveling			
<b>b</b> Dates of Travel	I	ON, ROBERT			
		ure city or name of departure location			
04/29/2024	8 Depart				
04/25/2024					
05/02/2024	l	ation city or name of destination location			
			<b>. .</b>	41-	
10 Means of transpor		11 Purpose of travel (including name of Airfare for district director to trav		r otn	ier event)
Commercial Airp	лапе	Alliare for district director to trav			
I					