## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00067748		2 Total pages fil 3	ed: 6
3	CANDIDATE /	MS / MRS / MR	FIRST	1	MI		JSE ONLY
	OFFICEHOLDER	The Honorable	James B.				JSE ONLY
	NAME	The Honorable	James D.			Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	10/07/2024	
			Frank				
			TTAIK				
	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
	OFFICEHOLDER MAILING	1206 Hatton Rd.					
	ADDRESS					Receipt #	Amount
	Change of Address	Wishita Falls TX 76202					
	Change of Address	Wichita Falls, TX 76302				Date Processed	•
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER	Mr.	Warren T.				
	NAME	1011.	wanen 1.				
		NICKNAME	LAST		SUFFIX		
			Ayers				
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
	TREASURER	2525 Kell Blvd., Ste. 510	20/11/22/10/20/	7.4		0.7	,
	ADDRESS						
	(Residence or Business)						
		Wichita Falls, TX 76308					
	CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
	TREASURER PHONE	(940) 723-7322					
	THOME						
8	REPORT						
	TYPE	January 15	30th day befor	e election	Runoff	15th day after car	
			_			appointment (offic	
		July 15	8th day before	election	Exceeded modified	Final Report (Atta	ich C/OH-FR)
					reporting innit		
	PERIOD	Month Day Year			Month Day	Year	
	COVERED	07/01/2024	TI	HROUGH	09/26/2024	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
<b>_</b>		Month Day Year		Primary	Runoff	Other	
		11/05/2024		lineary			
		11/03/2024	X	General	Special		
11	OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
		State Representative Dist	rict 69 Wichita		State Representa		
1							
1							
1			GO <sup>-</sup>	TO PAGE 2			
Ļ							
For	ms provided by Te	exas Ethics Commission	www.e	thics.state.tx.ι	IS	Versi	on V4.1.0.48da51f7

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2 2 of 36

13 C / OH NAME	Frank, James B. (The	14 Filer ID (I 00067748	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without th d officeholders are required to report this information	ne candidate's or office	holder'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 ADDRESS	S						
		4505 Corazon Cv							
		Round Rock, TX 78681							
16 CONTRIBUTION TOTALS	<b>\$</b> 0.00								
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	)	<b>\$</b> 33,075.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		<b>\$</b> 0.00					
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 52,581.20					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY OF THE	<b>\$</b> 311,205.03					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ( RTING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the acc information required to	ompanying report is be reported by me					
			rable James B. Frank						
		Signature of C	Candidate or Officehold	JEI					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subscribed before me, by the said, this the,									
of	, 20, to c	ertify which, witness my hand and seal of office.							
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath					
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.48da51f7					

## CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

## FORM C/OH

				Page 3 of 36
C / OH NAME	Frank, James B. (The	e Honorable)	Filer ID 00067748	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political committees to s been made without the candidate's or officeholder's d to report this information only if they receive notic	s knowledge or c	onsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Real Estate PAC		
		COMMITTEE ADDRESS		
		1115 San Jacinto Blvd, Ste 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
		POB 2246		
		Austin, TX 78768		

S	UBT	FORM C/OH COVER SHEET PG 3 4 of 36			
	ER NAM ank, Jai	ME mes B. (The Honorable)	19 Filer ID 00067748	(Ethics Co	ommission Filers)
		E SUBTOTALS SCHEDULE	I	SUB	TOTAL AMOUNT
1.	Х	\$	33,075.00		
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 CONTRIBUTION	S	\$	35,750.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	8,415.49
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	8,415.49	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/36					
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
	s B. (The Honorable)		00067748				
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)				
07/09/2024	BILSE, BRITTANI		\$1,000.00				
	6 Contributor address; City; State; Zip Code		1				
	AUSTIN, TX 78759						
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)				
09/06/2024	COLYANDRO, JOHN		\$1,000.00				
	Contributor address; City; State; Zip Code						
Dringing ago	AUSTIN, TX 78701	Employer (Cap Instructions					
CONSULTAI	pation / Job title (See Instructions)	Employer (See Instructions COLYANDRO AND FR					
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#	t <u></u> )	Amount of Contribution (\$) \$100.00				
0912012024			φ±00.00				
	Contributor address; City; State; Zip Code						
	Wichita Falls, TX 76302						
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
Date	Full name of contributor X out-of-state PAC (ID#	: C00097568 )	Amount of Contribution (\$)				
09/26/2024	Employees of Raytheon Technologies Corpora	ation PAC	\$750.00				
	Contributor address; City; State; Zip Code						
	Adjuster VA 2220						
Dringinglassy	Arlington, VA 22209						
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of Contribution (\$)				
08/09/2024	GORE, REX		\$25,000.00				
	Contributor address; City; State; Zip Code						
	AUSTIN, TX 78709						
-	pation / Job title (See Instructions)	Employer (See Instructions					
CEO/FOUND	DER	CLEAN SCAPES LAND	DSCAPING				

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 6/36 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Frank, James B. (The Honorable) 00067748 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/10/2024 Hardy, Charles \$100.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78215 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/06/2024 NOSEK, NICOLE \$1,025.00 Contributor address; City; State; Zip Code Austin, TX 78741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/09/2024 Ostrander, Peggy \$100.00 Contributor address; City; State; Zip Code Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2024 TREPAC TEXAS REALTORS PAC \$2,500.00 Contributor address; City; State; Zip Code AUSTIN, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/26/2024 \$500.00 Texas Agricultural Aviation Association Ag-Air PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 7/36 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Frank, James B. (The Honorable) 00067748 4 Date 5 Full name of contributor x out-of-state PAC (ID#: C00274431 Amount of Contribution (\$) 7 08/09/2024 \$1,000.00 UnitedHealth Group Inc PAC 6 Contributor address; City; State; Zip Code Washington, DC 20004 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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 F1:	FILER NAME	B Filer ID (Ethics Commission Filers)						
	Sch: 1/10 Rpt: 8/36	Frank, James B. (The Honorable)	00067748						
4	Date 08/19/2024	Payee name Ben Bumgarner for Texas House							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$10,000.00								
		Flower Mound, TX 75022							
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	itside of Texas. Complete Schedule T. <sup>T</sup> X, officeholder living expense candidate for HD63						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/01/2024	Bob Payton Consulting							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	4015 Kingsbury Dr Wichita Falls, TX 76309							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense for campaign services						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/01/2024	Bob Payton Consulting							
	Amount (\$) \$1,000.00	Payee address;City;State;Zip Code4015 Kingsbury Dr							
		Wichita Falls, TX 76309							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. "X, officeholder living expense for campaign services						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           y -         Gift/Awards/Memorials Expense         Printing Expense         Tr			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 F1:	2	FILER NAME		-	1	3	Filer ID (Ethics Commission Filers)	
	Sch: 2/10 Rpt: 9/36		Frank, James B. (The Honorable)					00067748	
4	Date	5	Payee name						
	09/01/2024		Bob Payton Consulting						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$1,000.00		4015 Kingsbury Dr						
			Wichita Falls, TX 76309						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Des	scription			
	OF		Salaries/Wages/Contract Labor	euule)	_	•	outsio	ide of Texas. Complete Schedule T.	
	EXPENDITURE		5					, officeholder living expense	
					cor	ntract labor	r foi	r campaign services	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	09/10/2024		Braums #261						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$7.99		701 S Washburn Street						
			Decatur, TX 76234						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	dist	Check if Austin,	TX,	ide of Texas. Complete Schedule T. , officeholder living expense neal expense while traveling out of	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	09/09/2024		Capitol Grill						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$9.28		1400 Congress Ave, Ste E1.002						
			Austin, TX 78701	i					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)		scription			
	EXPENDITURE		Food/Beverage Expense		dist	Check if Austin,	TX,	ide of Texas. Complete Schedule T. , officeholder living expense neal expense while traveling out of	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	

			EXPENDITURE CATEGORIES FOR	BO	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Over           Food/Beverage Expense         Polling Exp           Gift/Awards/Memorials Expense         Printing Exp           nmittee         Legal Services         Salaries/Wa	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense			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 F1:	2	FILER NAME		ĺ	<b>3</b> F	Filer ID (Ethics Commission F	ilers)		
	Sch: 3/10 Rpt: 10/36		Frank, James B. (The Honorable)				00067748			
4	Date	5	Payee name							
	09/05/2024		Caroline Harris Davila for State Representative							
6	Amount (\$)	7	Payee address; City; State; Zip Coc	de						
	\$5,000.00		pob 700							
			Round Rock, TX 78680							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By	I			of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Committee	I			fficeholder living expense			
					contribution to	o cai	ndidate for HD52			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office soug	ght			Office held			
	Date		Payee name							
	07/01/2024		Crusius, Julia							
	Amount (\$)		Payee address; City; State; Zip Coc	de						
	\$100.00		2901 Barton Skyway #2303							
			AUSTIN, TX 78746							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	EXPENDITURE		Salaries/Wages/Contract Labor	ļ			of Texas. Complete Schedule T.			
				l			fficeholder living expense campaign services			
						101	campaign services			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		candidate/Officeholder name Office soug	ght			Office held			
	Date		Payee name							
	08/01/2024		Crusius, Julia							
	Amount (\$)		Payee address; City; State; Zip Coc	do						
	\$100.00		2901 Barton Skyway #2303	uc						
	Φ100.00		2301 Daiton Skyway #2303							
			AUSTIN, TX 78746							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	Į			of Texas. Complete Schedule T.			
				Ι			fficeholder living expense			
					contract labor	TOP	campaign services			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office soug	ght			Office held			

			EXPENDITURE	CATEGOR	RIES FOR	BO	K 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Trans           Food/Beverage Expense         Polling Expense         Trave           gift/Awards/Memorials Expense         Printing Expense         Trave				Travel in District Travel Out of Distric	ipment & Related Expense			
1	Total pages Schedule F1:	2						3	Filer ID (	(Ethics Commission Filers)
1	Sch: 4/10 Rpt: 11/36		Frank, James B. (The Honora	able)					00067748	
4	Date	5	Payee name							
	09/01/2024		Crusius, Julia							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de				
	\$100.00		2901 Barton Skyway #2303							
			AUSTIN, TX 78746							
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) [	Description			
	EXPENDITURE		Salaries/Wages/Contract Lab	or		Ļ			le of Texas. Comple	
						L	contract labor		officeholder living ex	
						, c		101	campaign se	ervices
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office held	1
	Date		Payee name							
	08/01/2024		FRANK, JAMES B (Mr.)							
				Stata	; Zip Coo	do				
	Amount (\$)			Siale,	, Ζιρ Ουι	ue				
	\$119.78		1638 HURSH AVE							
		<u> </u>	WICHITA FALLS, TX 76302							
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) [	Description			
	EXPENDITURE		Loan Repayment/Reimburse	ment		Ļ			le of Texas. Comple officeholder living ex	
						L				card payment (C)
							reported on S			and payment (C)
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ght			Office held	1
	Date		Payee name							
	09/26/2024		FRANK, JAMES B (Mr.)							
	Amount (\$)		Payee address; City;	State <sup>.</sup>	; Zip Coo	de				
	\$4,705.44		1638 HURSH AVE	otato,	, בוף סטנ	40				
	φ4,700.44		TOTOLIONAL							
			WICHITA FALLS, TX 76302							
	PURPOSE OF		Category (See Categories listed at the		nedule)	(b) [	Description			
	EXPENDITURE		Loan Repayment/Reimburse	ment		Ļ			le of Texas. Comple	
						L			officeholder living ex	card payment (C)(D)
							reported on S			aiu payment (C)(D)
					2.4%		•			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office held	
		-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 5/10 Rpt: 12/36		Frank, James B. (The Honorable)				00067748			
4	Date 09/26/2024	5	Payee name FRANK, JAMES B (Mr.)							
6	Amount (\$) \$3,590.27		Payee address; City; State; Zip Coo 1638 HURSH AVE WICHITA FALLS, TX 76302	le						
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Reimb officeholder for credit card payment (C)(D) reported on SCH G</li> </ul> </li> </ul>						officeholder living expense er for credit card payment (C)(D)				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	jht			Office held			
	Date		Payee name							
	07/01/2024		Gonzales, Kristin							
	Amount (\$) \$250.00		Payee address; City; State; Zip Coc 4405 HOLLANDALE AVE	de						
			WICHITA FALLS, TX 76302							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Check if Austin,	TX,	le of Texas. Complete Schedule T. officeholder living expense • campaign services			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office soug	jht			Office held			
	Date		Payee name							
	08/01/2024		Gonzales, Kristin							
	Amount (\$) \$250.00		Payee address; City; State; Zip Coc 4405 HOLLANDALE AVE	le						
			WICHITA FALLS, TX 76302							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Check if Austin,	TX,	le of Texas. Complete Schedule T. officeholder living expense • campaign services			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	jht			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office           Food/Beverage Expense         Pollin           Gift/Awards/Memorials Expense         Printi           mittee         Legal Services         Salar	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense					
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers)		
-	Sch: 6/10 Rpt: 13/36		Frank, James B. (The Honorable)			-	00067748		
4	Date	5	Payee name						
	09/01/2024		Gonzales, Kristin						
6	Amount (\$)	7	Payee address; City; State; Zip	Code					
	\$250.00		4405 HOLLANDALE AVE						
			WICHITA FALLS, TX 76302						
_	DUDDOOF			(1-)					
8	PURPOSE OF		Category (See Categories listed at the top of this schedule)	(d)	Description	outoid	de ef Tevres, Complete Cabadula T		
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T. officeholder living expense		
							r campaign services		
							1 3		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name Office	sought			Office held		
	Date		Payee name						
	07/09/2024		HEB Food 29						
				Codo					
	Amount (\$)			Coue					
	\$16.54 701 Capital of Texas Highway								
			West Lake Hills, TX 78746						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense upitol office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	sought			Office held		
-	Date		Payee name						
	09/24/2024		HILLARY HICKLAND CAMPAIGN						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$5,000.00		POB 1191	Couc					
	40,000.00								
			BELTON, TX 76513						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political Committee				officeholder living expense		
					contribution to	0 Ca	andidate for HD55		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	sought			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           y -         Gift/Awards/Memorials Expense         Printing Expense         T			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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 7/10 Rpt: 14/36		Frank, James B. (The Honorable)				00067748		
4	Date 07/01/2024	5	Payee name Hoegger Communications						
6	Amount (\$) \$25.00		Payee address; City; State 901 Indiana Ave, Suite 100 Wichita Falls, TX 76301	; Zip Co	de				
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign website hosting						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	08/02/2024		Hoegger Communications						
	Amount (\$) \$25.00		Payee address; City; State 901 Indiana Ave, Suite 100 Wichita Falls, TX 76301	; Zip Co	de				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Advertising Expense	nedule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ite hosting		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name (	Office sou	ght		Office held		
	Date		Payee name						
	09/06/2024		Hoegger Communications						
	Amount (\$) \$25.00		Payee address; City; State 901 Indiana Ave, Suite 100	; Zip Co	de				
			Wichita Falls, TX 76301						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Advertising Expense	nedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense ite hosting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe	nse	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense ense iense iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/10 Rpt: 15/36		Frank, James B. (The Honorab	le)				00067748	
4	Date	5	Payee name						
	09/10/2024		Jimmy John's 491						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	е			
	\$41.33		515 Congress Ave						
			Suite 1200						
			Austin, TX 78701						
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sched	tule)	b) Description			
	OF EXPENDITURE		Food/Beverage Expense		laioy	Check if travel		de of Texas. Com	
	EXPENDITORE							officeholder living	
						staff meeting	tO	discuss C/O	H ISSUES
_			)	0		1-4		0.000	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Un	fice soug	nt		Office he	90
	Date		Payee name						
	09/16/2024		Law Offices of Kevin C Stewart						
	Amount (\$)		Payee address; City;	State;	Zip Coo	e			
	\$625.00		6801 Yaupon Drive						
			Austin, TX 78759						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Legal Services	o of this sched	dule)		, тх	de of Texas. Com officeholder living	expense
						Tetainer iee in	51 6		ung
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	fice soug	ht		Office he	eld
	Date		Payee name						
	09/06/2024		Paypal, Inc.						
	Amount (\$)		Payee address; City;	State;	Zip Coo	e			
	\$59.50		POB 45950						
			Omaha, NE 68145						
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sched	dule)	b) Description	Outsi	de of Texas. Com	plete Schedule T
	EXPENDITURE		Fees					officeholder living	
						service fee to			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	fice soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 16/36		Frank, James B. (The Honoral	ole)				00067748
4	Date 09/24/2024	5	Payee name Phone.com					
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de		
•	\$150.09		POB 1808	Clair	, <u>     .</u> p    oo			
			Poway, CA 92074					
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Exper	ise				ide of Texas. Complete Schedule T.
								, officeholder living expense
						CAMPAIGN	PH	ONELINE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(	Office sou	ght		Office held
	Date		Payee name					
	08/14/2024		Republican Party of TX Candid	date Res	source C	ommittee		
_	Amount (\$)		Payee address; City;		; Zip Co			
	.,			Siale	, zip cu	ue		
	\$1,000.00		7008 61st Street					
			Lubbock, TX 79407					
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Made					ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Politica	al Comm	nittee		ι, TΧ,	, officeholder living expense
						contribution		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght		Office held
	Date		Payee name					
	07/01/2024		Roberts, Noelle					
				01-1-	7.00	-1 -		
	Amount (\$)		Payee address; City;	State	; Zip Co	ae		
	\$100.00		4500 Sarasota Drive					
			Austin, TX 78749					
	PURPOSE	(a)	Category (See Categories listed at the to	n of this sch	nedule)	(b) Description		
	OF		Salaries/Wages/Contract Labo		ieuuie)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Gularics, Wages, Contract Last			Check if Austin	, тх,	, officeholder living expense
						contract labo	r fo	r campaign services
	Complete ONLY if direct		andidate/Officeholder name	(	Office sou	aht		Office held
	expenditure to benefit C/Oł					<u>.</u>		

	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 Expen Imittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expens	e
_	Tatal same Oshadula Et.			Apiailis		ipie	te this form.		Eller ID	(Ethics Commission Fi	(a.r.e.)
1	Total pages Schedule F1: Sch: 10/10 Rpt: 17/36		FILER NAME Frank, James B. (The Honorable	e)				3	Filer ID 00067748	(Ethics Commission Fi	iers)
4	Date	5	Payee name								
	08/01/2024		Roberts, Noelle								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coc	le					
	\$100.00		4500 Sarasota Drive								
			Austin, TX 78749								
_	DUDDOCE	<u> </u>				(1-)					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this sch	nedule)	(D)	Description	outoi	de of Texas. Com	plata Sabadula T	
	EXPENDITURE		Salaries/Wages/Contract Labor						officeholder living		
							contract labo				
							oontraot labo		roampaign		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	0	Office soug	jht			Office he	eld	
_	Date		Payee name								
	09/01/2024		Roberts, Noelle								
	Amount (\$)		Payee address; City;	State;	; Zip Coc	le					
	\$100.00		4500 Sarasota Drive								
			Austin, TX 78749								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	(b)	Description				
	OF		Salaries/Wages/Contract Labor				Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	, тх,	officeholder living	expense	
							contract labo	r fo	r campaign :	services	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office soug	ht			Office he	eld	
-	Data	<u> </u>	D								
	Date		Payee name								
	08/28/2024		Texans for Medical Freedom								
	Amount (\$)		Payee address; City;	State;	; Zip Coc	le					
	\$1,000.00		POB 175272								
			Arlington, TX 76003								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made E	By					de of Texas. Com		
	LAFENDITORE		Candidate/Officeholder/Political	Comm	nittee				officeholder living		
							2024 Grassro	oots	Gala Spon	sorship	
	Complete ONLY if direct		andidate/Officeholder name	0	Office soug	ht			Office he	eld	
	expenditure to benefit C/OI	Н									
-											

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	ffice Overhead/Rental Expense       Transportation Equipment & Related Expense         plling Expense       Travel in District         inting Expense       Travel Out of District         alaries/Wages/Contract Labor       OTHER (enter a category not listed above)					
1 Total pages Cabadula F4				2 Filer ID (Ethics Commission Filers)					
1 Total pages Schedule F4:		ha Llanarahla)		<b>3</b> Filer ID (Ethics Commission Filers)					
Sch: 1/17 Rpt: 18/36	Frank, James B. (T	-		00067748					
4 CREDIT CARD ISSUER		ncial institution ember Services	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$1,151.28	08/17/2024	09/26/2024						
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code					
			185 Berry St						
	Dropbox Inc.								
			San Francisco, CA 94	107					
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		_	d sharing service for campaign					
X Political		lai Experise	purposes						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$15.00	07/10/2024	08/26/2024						
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code					
	UberConference by	/ Dialpad	100 California St						
			San Francisco, CA 94	111					
PURPOSE OF	(a) Category		(b) Description						
	(See Categories listed at the top Office Overhead/Rent		conference call service for campaign purposes						
X Political		··· • • • •							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid					
	\$17.05	07/12/2024	08/26/2024						
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code					
	_		55 Almaden Blvd						
	Zoom.us		6th floor						
			San Jose, CA 95113						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		video conference call	video conference call service for campaign purposes					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held					
expenditure to benefit C/OH									

8     PURPOSE OF EXPENDITURE     (a) Category (See Categories isted at the top of this schedule) Office Overhead/Rental Expense     (b) Description Capitol office beverage service       9     Complete DNLY if direct expenditure to benefit C/OH     (c) Catek if travel audiate or Texas. Complete Schedule T. Candidate/Officeholder name     (c) Catek if travel audiate or Texas. Complete Schedule T. Candidate/Officeholder name     (c) Date of Charge 08/10/2024     (c) Date(s) Credit Card issuer Paid 09/26/2024       PAYMENT     (a) Amount Charged \$15.00     (b) Date of Charge 08/10/2024     (c) Date(s) Credit Card issuer Paid 09/26/2024       PAYEE     (a) Payee name UberConference by Dialpad     (b) Payee address; City, State, Zip Cod 100 California St       PURPOSE OF EXPENDITURE     (a) Category (See Categories isted at the top of this schedule) Office Overhead/Rental Expense     (b) Dascription conference call service for campaign purposes       PAYEE     (a) Amount Charged S17.05     (b) Date of Charge 08/12/2024     (c) Cate(s) Credit Card issuer Paid 09/26/2024       PAYMENT     (a) Category (See Categories isted at the top of this schedule) Office Overhead/Rental Expense     (c) Date(s) Credit Card issuer Paid 09/26/2024       PAYEE     (a) Amount Charged \$17.05     (b) Date of Charge 08/12/2024     (c) Date(s) Credit Card issuer Paid 09/26/2024       PAYEE     (a) Amount Charged \$17.05     (b) Date of Charge 08/12/2024     (c) Date(s) Credit Card issuer Paid 09/26/2024       PAYEE     (a) Payee name Zoom.us     (b) Date of Charge 08/12/2024						_		
1       Total pages Schedule F4: Sch: 2J7 Rpt: 19/36       2       FILER NAME       3       Filer ID (Ethics Commission Files) 00067748         4       CREDIT CARD ISSUER       Name of financial institution See previous       5       TOTAL OF UNITERIZED EXPENDITURES CHARGED TO A CREDIT CARD       \$         6       PAYMENT       (a) Amount Charged \$21.64       (b) Date of Charge 07/19/2024       5       City, State, Zip Cot 6661 Dixie Hwy, Ste 4         7       PAYEE       (a) Payee name ReadyRefresh by Nestle       (b) Description captiol office beverage service       City, State, Zip Cot 6661 Dixie Hwy, Ste 4         9       Complete ONLY if direct expenditure to benefit C/OH       (c)	Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expe Fees Food/Beve - Gift/Award	ense L erage Expense F s/Memorials Expense F	oan Repayment/Reimb Office Overhead/Rental   Polling Expense Printing Expense	ursement So Expense Tra Tra Tra	ansportation Equipme avel in District avel Out of District	nt & Related I	
Sch: 2/17 Rpt: 19/36       Frank, James B. (The Honorable)       00067748         4 CREDIT CARD ISSUER       Name difinancial institution see previous       5 TOTAL OF UNITEMIZE CHARGED TO A CREDIT CHARGED TO A CREDIT CHARGED TO A CREDIT       \$         6 PAYMENT       (a) Amount Charged \$21.64       (b) Date of Charge 07/19/2024       (c) Date(s) Credit Card Issuer Paid 08/26/2024       \$         7 PAYEE       (a) Payee name ReadyRefresh by Nestle       (b) Deve address; (c) Category (see Categories Isset at the top of this schedule; Office Overfread/Rental Expense       City, State, Zip Cot 6661 Dixie Hwy, Ste 4         8 PURPOSE OF EXPENDITURE       (a) Category (see Categories Isset at the top of this schedule; Office Coverfread/Rental Expense       (c) Description Capitol office beverage service         9 Complete ONLY if direct expenditure to beneft CiOH       Candidate/Officeholder name 08/10/2024       Office sought 09/26/2024       Office held         PAYEE       (a) Payee name (b) Payee address; City, State, Zip Cot 100 California St UberConference by Dialpad       City, State, Zip Cot 100 California St UberConference by Dialpad       City Office held         PAYEE       (a) Category (Gite Coverhead/Rental Expense       (b) Payee address; City, State, Zip Cot 100 California St 100 Califore held <td></td> <td>The Inst</td> <td>ruction Guide explains ho</td> <td>w to complete this</td> <td>form.</td> <td></td> <td></td> <td></td>		The Inst	ruction Guide explains ho	w to complete this	form.			
4       CREDIT CARD ISSUER       Name of financial institution see previous       5       TOTAL OF UNITEMIZED EXPENDITURE CARDO TO A CREDIT CARDO 07/19/2024       \$         6       PAYMENT       (a) Amount Charged \$21.64       (b) Date of Charge 07/19/2024       (c) Deate(s) Credit Card Issuer Paid 08/26/2024         7       PAYEE       (a) Payee name ReadyRefresh by Nestle       (b) Date of Charge 07/19/2024       (c) Deate(s) Credit Card Issuer Paid 08/26/2024         8       PURPOSE OF EXPENDITURE Complete OBLX if direct Payment       (a) Category (b) Category Office Overhead/Rental Expense       (b) Description capitol office beverage service         9       Complete OBLX if direct Payment       (c) Category (b) Date of Charge 08/10/2024       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Amount Charged \$15.00       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name UberConference by Dialpad       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Category (c) Categories Issed at the top of this schealue) Office Overhead/Rental Expense       (b) Payee address: City: State. Zip Cot 100 California St San Francisco, CA 94111         PURPOSE OF EXPENDITURE       (a) Categorie Issed at the top of this schealue Office Overhead/Rental Expense       (b) Date of Charge 09/26/2024       (c) Foreit Card Issuer Paid 09/26/2024 <td><b>1</b> Total pages Schedule F4:</td> <td>2 FILER NAME</td> <td></td> <td></td> <td></td> <td>3 Filer ID (Ethi</td> <td>cs Commiss</td> <td>sion Filers)</td>	<b>1</b> Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
ISSUER     see previous     EXPENDITURES CHARGED TO A CREDIT CARD     \$       6     PAYMENT     (a) Amount Charged \$21.64     (b) Date of Charge 07/19/2024     (c) Date(s) Credit Card Issuer Paid 08/26/2024       7     PAYEE     (a) Payee name     (b) Payee address; ReadyRefresh by Nestle     City, State, Zip Cox 6661 Dixie Hwy, Ste 4       8     PURPOSE OF EXPENDITURE     (a) Category (file: Cardioscie listed at the top of this schedule) (file: Overhead/Rental Expense     (b) Description capitol office beverage service       9     Complete ONLY if direct expenditure to benefit C/OH     Candidate/Officeholder name     Office sought     Office overlage service       9     Complete ONLY if direct expenditure to benefit C/OH     (a) Amount Charged \$15.00     (b) Date of Charge 08/10/2024     (c) Date(s) Credit Card Issuer Paid 09/26/2024       PAYEE     (a) Payee name UberConference by Dialpad     (b) Date of Charge 08/10/2024     (b) Payee address; City, State, Zip Cot 100 California St       PAYEE     (a) Payee name UberConference by Dialpad     San Francisco, CA 94111       PURPOSE OF EXPENDITURE PAYMENT     (a) Category (file: Overhead/Rental Expense     (b) Description conference call service for campaign purposes       (b) Description Complete OXLY if direct expenditure to benefit C/OH     (b) Date of Charge 08/12/2024     Office Next Austin, TX, efficienter file openme       PAYEE     (a) Amount Charged \$17.05     (b) Date of Charge 08/12/2024     Office Credit Card Issuer P	Sch: 2/17 Rpt: 19/36	Frank, James B. (T	he Honorable)			00067748		
See previous       CHARGED TO A CREDIT         6       PAYMENT       (a) Amount Charged \$21.64       (b) Date of Charge 07/19/2024       (c) Date(s) Credit Card Issuer Paid D8/26/2024         7       PAYEE       (a) Payee name ReadyRefresh by Nestle       (b) Payee address; 661 Dixie Hwy, Ste 4       City, State, Zip Cordit Card Issuer Paid D8/26/2024         8       PURPOSE OF EXPENDITURE       (a) Category (c) Category (c) Category (c) Category (c) Category (c) Cate Carditate/Office Overhead/Rental Expense       (b) Description capitol office Deverage service         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office overhead/Rental Expense         9. Complete ONLY if direct expenditure to benefit C/OH       (a) Amount Charged \$15.00       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name UberConference by Dialpad       (b) Payee address; City, State, Zip Cot 08/10/2024       City, State, Zip Cot 09/26/2024         PAYEE       (a) Category Citice Overhead/Rental Expense       (b) Description conference call service for campaign purposes         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office sought         PAYEE       (a) Amount Charged B Vite/Complete Site Sitedule Conference call service for campaign purposes       City, State, Zip Cot Sis Alloge Address; City, State, Zip Cot Sis	4 CREDIT CARD	Name of fina	5 TOTAL OF	UNITEMIZED				
\$21.64     07/19/2024     08/26/2024       7 PAYEE     (a) Payee name     (b) Payee address;     City,     State,     Zip Coc       8 PURPOSE OF EXPENDITURE     (a) Category     (b) Category     (c) Catego	ISSUER	see pi	see previous		CHARGED TO A CREDIT			
7     PAYEE     (a) Payee name ReadyRefresh by Nestle     (b) Payee address; 6661 Dixie Hwy, Ste 4     City, State, Zip Coc 6661 Dixie Hwy, Ste 4       8     PURPOSE OF EXPENDITURE     (a) Category (See Category State, State)     (b) Description Capitol office beverage service       9     Complete QNLY if direct expenditure to benefit C/OH     (c) Category (See Category State, State	6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid		
Image: Construction of the second		\$21.64	07/19/2024	08/26/2024	08/26/2024			
ReadyRefresh by Nestle       Louisville, KY 40258         8       PURPOSE OF EXPENDITURE       (a) Category (bec chargones listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description capitol office beverage service         9       Complete DNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$15.00       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name UberConference by Dialpad       (b) Payee address; City, State, Zip Coc 100 California St         PURPOSE OF EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Payee address; City, State, Zip Coc 100 California St         PURPOSE OF EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description Conference call service for campaign purposes         Mon-Political       (c) Check if travel outside of Texas. Complete Schedule T. Complete DNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held expenditure to benefit C/OH         PAYMENT       (a) Amount Charged \$17.05       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYMENT       (a) Amount Charged \$17.05       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issu	7 PAYEE	(a) Payee name	•	(b) Payee add	lress;	City,	State,	Zip Code
8       PURPOSE OF EXPENDITURE       (a) Category (be categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description capitol office beverage service         9       Complete QNLY if direct expenditure to benefit C/OH       (c)		ReadyRefresh by N	lestle	6661 Dixie H	lwy, Ste 4			
EXPENDITURE       Coeffice Coverhead/Rental Expense       capitol office beverage service         Mon-Political       (c)       Check if ravel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$15.00       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Control Card Issuer Paid 09/26/2024         PURPOSE OF       (a) Category       (b) Category (Gee Caregories Issted at the top of this schedule)       (b) Payee address;       City,       State,       Zip Control Card Issuer Paid 09/26/2024         PURPOSE OF       (a) Category       (b) Category (Gee Caregories Issted at the top of this schedule)       (b) Description       conference call service for campaign purposes         Mon-Political       (c)       Check if ravel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Mon-Political       (c)       Check if ravel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Mon-Political       (c)       Check if ravel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholde			Louisville, K	Y 40258				
Image: Second								
Image: Somplete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$15.00       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PURPOSE OF EXPENDITURE       (a) Category       (b) Date of this schedule)       (b) Date of this schedule)         Office Overhead/Rental Expense       (b) Description       conference call service for campaign purposes         Mon-Political       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYMENT       (a) Amount Charged       (b) Date of Charge 08/12/2024       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge 08/12/2024       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge 08/12/2024       Office held			capitol office beverage service					
PAYMENT       (a) Amount Charged \$15.00       (b) Date of Charge 08/10/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name UberConference by Dialpad       (b) Payee address; San Francisco, CA 94111       City, State, Zip Cor 100 California St         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description conference call service for campaign purposes         Omplete DNLY if direct expenditure to benefit C/OH       (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name       (c) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid (b) Description conference call service for campaign purposes         PAYMENT       (a) Amount Charged \$17.05       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name (b) Payee address; Zoom.us       (c) Date(s) Credit Card Issuer Paid 09/26/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Payee address; San Jose, CA 95113       (b) Description video conference call services for campaign purposes	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	ense	
PAYEE     (a) Payee name     (b) Payee address;     City,     State,     Zip Cor       UberConference by Dialpad     San Francisco, CA 94111     (b) Description     (c) Category     (c) Category     (c) Category     (c) Check if ravel outside of Texas. Complete Schedule     (c) Check if ravel outside of Texas. Complete Schedule     (c) Description     Conference call service for campaign purposes       Complete QNLLY if direct     Candidate/Officeholder name     Office sought     Office held       PAYEE     (a) Amount Charged     (b) Date of Charge     (c) Date(s) Credit Card Issuer Paid       PAYEE     (a) Payee name     (b) Date of Charge     (c) Date(s) Credit Card Issuer Paid       PAYEE     (a) Payee name     (b) Date of Charge     (b) Payee address;     City,     State,     Zip Cod       PAYEE     (a) Payee name     (b) Date of Charge     (c) Date(s) Credit Card Issuer Paid     09/26/2024       PAYEE     (a) Payee name     (b) Payee address;     City,     State,     Zip Cod       PURPOSE OF     (a) Category     (a) Category     (b) Date of Charge     (c) Date(s) Credit Card Issuer Paid     09/26/2024       PURPOSE OF     (a) Category     (b) Date of Charge     (b) Payee address;     City,     State,     Zip Cod       PURPOSE OF     (a) Category     (b) Description     (c) Description     Video conference		Candidate/Officeholder	name Off	ice sought		Office held		
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Cod         UberConference by Dialpad       San Francisco, CA 94111       San Francisco, CA 94111       (b) Description       conference call service for campaign purposes         PURPOSE OF       (a) Category       (b) California St       (b) Description       conference call service for campaign purposes         Political       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office hold         PAYEE       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       09/26/2024         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Cod         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Cod         PAYEE       (a) Category       (b) Date of this schedule)       (b) Payee address;       City,       State,       Zip Cod         PAYEE       (a) Category       (b) Payee address;       City,       State,       Zip Cod         PURPOSE OF       (a) Category       (b) Description       San Jose, CA 95113       (b) Description       Video conf	PAYMENT	(a) Amount Charged	(b) Date of Charge		edit Card Issuer	r Paid		
Image: tell region tables       (a) region tables       (b) region tables       (c) region tables		\$15.00	08/10/2024	09/26/2024				
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description conference call service for campaign purposes         Mon-Political       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$17.05       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name Zoom.us       (b) Payee address;       City,       State,       Zip Coor 55 Almaden Blvd 6th floor San Jose, CA 95113         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description video conference call services for campaign purposes	PAYEE			100 California St				Zip Code
EXPENDITURE       (See Categories listed at the top of this schedule)       conference call service for campaign purposes         Mon-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 sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       09/26/2024         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Constance         Zoom.us       (a) Category       (a) Category       (b) Description       State,       Zip Constance         PURPOSE OF       (a) Category       (b) Category       (b) Description       (b) Description       State,       Zip Constance         Office Overhead/Rental Expense       (a) Category       (b) Description       State,       Zip Constance								
Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$17.05       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name Zoom.us       (b) Payee address;       City,       State,       Zip Coor 55 Almaden Blvd 6th floor San Jose, CA 95113         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description video conference call services for campaign purposes	EXPENDITURE	(See Categories listed at the top	,					
expenditure to benefit C/OH       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         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 Cod         Zoom.us       Zoom.us       (b) Payee address;       City,       State,       Zip Cod         PURPOSE OF       (a) Category       (b) Description       (b) Description       (b) Description         Charge       (c) Date(s) Credit Card Issuer Paid       (c) Date(s) Credit Card Issuer Paid       (c) Date(s) Credit Card Issuer Paid         PURPOSE OF       (a) Category       (b) Payee address;       City,       State,       Zip Cod         Com.us       (a) Category       (b) Description       (b) Description       (b) Description         Video conference call services for campaign purposes       Office Overhead/Rental Expense       (c) Date(s) Credit Card Issuer Paid       (c) Date(s) Credit Card Issuer Paid	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	oense	
PAYMENT       (a) Amount Charged \$17.05       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 09/26/2024         PAYEE       (a) Payee name Zoom.us       (b) Payee address;       City,       State,       Zip Coor 55 Almaden Blvd 6th floor San Jose, CA 95113         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description       Video conference call services for campaign purposes	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held		
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Cod         Zoom.us       Zoom.us       (b) Payee address;       City,       State,       Zip Cod         PURPOSE OF       (a) Category       (b) Description       State,       City,       State,       City,         Office Overhead/Rental Expense       (b) Description       video conference call services for campaign purposes       Video conference call services for campaign purposes								
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Cod         Zoom.us       Zoom.us       55 Almaden Blvd       6th floor       San Jose, CA 95113         PURPOSE OF       (a) Category       (b) Description       (b) Description         Children       Office Overhead/Rental Expense       (b) Description	PAYMENT	(a) Amount Charged	(b) Date of Charge		edit Card Issuer	r Paid		
PURPOSE OF       (a) Category       (b) Category       (b) Description         PURPOSE OF       (c) Category       (b) Description         Communication       Office Overhead/Rental Expense       video conference call services for campaign purposes		\$17.05	08/12/2024	09/20/2024				
Zoom.us     6th floor       PURPOSE OF     (a) Category     (b) Description       EXPENDITURE     Office Overhead/Rental Expense     video conference call services for campaign purposes	PAYEE	(a) Payee name	•	(b) Payee add	ress;	City,	State,	Zip Code
PURPOSE OF       (a) Category       (b) Description         EXPENDITURE       (See Categories listed at the top of this schedule)       video conference call services for campaign purposes         Office Overhead/Rental Expense       video conference call services for campaign purposes		Zoomus	55 Almaden					
PURPOSE OF       (a) Category       (b) Description         EXPENDITURE       (See Categories listed at the top of this schedule)       video conference call services for campaign purposes          Office Overhead/Rental Expense       video conference call services for campaign purposes		20011.US						
EXPENDITURE (See Categories listed at the top of this schedule) video conference call services for campaign purposes								
Office Overhead/Rental Expense			of this schedule)	.,		iooo for com-		0000
X I onted	X Political			video conterence call services for campaign purposes				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought		Office held		
	expenditure to benefit C/OH							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Bev - Gift/Award	erage Expense ds/Memorials Expense	ES FOR BOX Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	einbursement ental Expense	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related I			
		The Inst	truction Guide explains ho	ow to complete	this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
	Sch: 3/17 Rpt: 20/36	Frank, James B. (1	The Honorable)			00067748				
4	CREDIT CARD	Name of fina	incial institution	5 TOTAL	OF UNITEMIZED	5				
	ISSUER	see p	previous		DITURES GED TO A CREDI	IT <b>\$</b>				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	ier Paid				
		\$25.43	07/31/2024	09/26/20	24					
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		Office Depot #3267	7	3201 Lav	vrence Rd Suit	350				
	Wicl				alls, TX 78308					
8	PURPOSE OF	(a) Category	a) Category (b) Description See Categories listed at the top of this schedule) white board calendar for c							
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		white boa	ard calendar for	r district office				
	X Political	Once Overneau/Ren	itai Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, T	X, officeholder living ex	pense			
9	Complete ONLY if direct	r name Off	fice sought		Office held					
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issu	ier Paid				
		\$260.29	08/06/2024	09/26/20	24					
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code		
				701 Con	gress Avenue					
		Roaring Fork Austi	n							
				Austin, T	X 78701					
	PURPOSE OF	(a) Category		(b) Description						
		(See Categories listed at the top Food/Beverage Expe		meeting with members to discuss C/OH issues						
	X Political	· · · · · · · · · · · · · · · · · · ·								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, T	X, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholde	r name Off	fice sought		Office held				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issu	ier Paid				
		\$34.10	08/27/2024	09/26/20	24					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Parking Managem	ent Company	1617 IH 3	35 N					
		Parking Management Company								
			Austin, T							
	PURPOSE OF     (a) Category       EXPENDITURE     (See Categories listed at the top of this schedule)			(b) Descrip		or travel out of d	listrict for (	etato		
Fees			business		n llavel out of a		Sidle			
X Political										
L	Non-Political		of Texas. Complete Schedule T		Check if Austin, T	X, officeholder living ex	pense			
	Complete <u>ONLY</u> if direct	Candidate/Officeholde	r name Off	fice sought		Office held				
e	xpenditure to benefit C/OH									

			D	SCHEDULE F4				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve / - Gift/Award I Committee Legal Serv	rage Expense s/Memorials Expense ices	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 OTHER (enter a category not listed above)				
1 Total pages Schedule F4:			•	3 Filer ID (Ethics Commission Filers)				
Sch: 4/17 Rpt: 21/36	Frank, James B. (T	ha Hanarahla)		00067748				
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZE					
ISSUER		revious	EXPENDITURES CHARGED TO A CRED CARD	\$				
6 PAYMENT	(a) Amount Charged \$166.81	(b) Date of Charge 08/20/2024	(c) Date(s) Credit Card Issu 09/26/2024	ier Paid				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			1617 IH 35 NORTH					
	DOUBLETREE BY	HILTON						
			AUSTIN, TX 78702					
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top Travel Out of District	of this schedule)	C/OH travel out of distric	ct for state business				
X Political								
Non-Political (C) Check if travel outside of Texas. Complete Sche			T. Check if Austin, T	X, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$182.68	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Issu 09/26/2024	ier Paid				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	DOUBLETREE BY		502 W Cesar E Chavez	Blvd				
		HILTON	San Antonio, TX 78207					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
	Travel Out of District		C/OH Travel out of distri	ict for state business				
X Political								
Non-Political		of Texas. Complete Schedule 1		X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held				
expenditure to benefit C/OH				2.1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 09/26/2024	ier Pald				
	\$25.98	08/12/2024	00/20/2021					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	922 Congross Dark	ing	823 Congress St					
823 Congress Parking			Austin, TX 78701					
PURPOSE OF (a) Category			(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule) Fees			C/OH parking expense f	or travel out of district				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin, T	X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held				
expenditure to benefit C/OH								

	SCHEDULE F	4						
Advartising Evnance			.,	Solicitation/Eurodesicing Expanse				
Advertising Expense Accounting/Banking	Event Expe Fees		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District	е			
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense	Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)				
Canuldate/Officenoide//Politica	5		how to complete this form.					
<b>1</b> Total pages Schedule F4:	i			3 Filer ID (Ethics Commission Fil	lers)			
Sch: 5/17 Rpt: 22/36	Frank, James B. (T	he Honorable)		00067748	,			
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZ					
ISSUER			EXPENDITURES	\$				
	see pi	revious	CHARGED TO A CRE CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	.,	C) C	08/26/2024					
	\$66.09	07/11/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip	Code			
=			1601 Trapelo Road		Couc			
	Constant Contact							
			Waltham, MA 02451					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	campaign newsletter					
X Political	Advertising Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought	Office held				
expenditure to benefit C/OH			C C					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$59.21	08/27/2024	09/26/2024					
	+++++++++++++++++++++++++++++++++++++++	00/1//2011						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip	Code			
			6900 Brodie Lane					
	HEB (BRODIE)							
			Austin, TX 78745					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
	Food/Beverage Expe		food for committee he	aring				
X Political								
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 09/26/2024	suer Paid				
	\$292.62	08/27/2024	03/20/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip	Code			
				(b) Payee address; City, State, Zip C 522 Congress Ave, Suite 100				
	Velvet Taco		522 CONVICESS AVE, SUILE 100					
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		food for committee hearing					
X Political		100						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held				
expenditure to benefit C/OH								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	erage Expense P Is/Memorials Expense P	ES FOR BOX 10(a) oan Repayment/Reimbursement Iffice Overhead/Rental Expense Iolling Expense rinting Expense Ialaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equi Travel in District Travel Out of Distric OTHER (enter a cat	pment & Related I				
		The Inst	ruction Guide explains ho	w to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (	Ethics Commiss	sion Filers)			
	Sch: 6/17 Rpt: 23/36	Frank, James B. (T	he Honorable)		00067748					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
		\$70.36	09/11/2024							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Constant Contact		1601 Trapelo Road						
	Waltham,									
8	PURPOSE OF	(a) Category	(b) Description							
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	campaign newsletter						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense				
9	Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought	Office held					
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
		\$15.00	09/10/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		LiberConference by	Dialaad	100 California St						
		UberConference by	y Diaipau							
				San Francisco, CA 94	111					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description conference call service for campaign purposes						
	X Political	Office Overhead/Ren		conference can service	e ior campaign	purposes				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense				
	Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought	Office held					
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
		\$17.05	09/12/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		7		55 Almaden Blvd						
Zoom.us			6th floor							
				San Jose, CA 95113						
	PURPOSE OF (a) Category			(b) Description						
EXPENDITURE         (See Categories listed at the top of this schedule)           Office Overhead/Rental Expense			video conference call	service for cam	paign purpo	ses				
	X Political		•							
	Non-Political		of Texas. Complete Schedule T.		n, TX, officeholder living	expense				
	Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought	Office held					
e	expenditure to benefit C/OH									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Ex Fees Food/Bev - Gift/Awar	verage Expense ds/Memorials Expense	ES FOR BOX Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Con	eimbursement sental Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District DTHER (enter a catego	ent & Related E			
		The Ins	struction Guide explains he	ow to complete	this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	ion Filers)		
	Sch: 7/17 Rpt: 24/36	Frank, James B. (	The Honorable)			00067748				
4	CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZED					
	ISSUER	see	previous		DITURES GED TO A CREDI	⊤  \$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$24.64	09/19/2024							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		ReadyRefresh by Nestle		6661 Dixie Hwy, Ste 4						
				Louisville	, KY 40258					
8	PURPOSE OF	DSE OF (a) Category (b) Description								
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense				capitol of	fice beverage s	ervice				
	X Political	ilai Experise								
	Non-Political	(C) Check if travel outsid	e of Texas. Complete Schedule T	Г.	Check if Austin, T	K, officeholder living ex	pense			
9	9 Complete ONLY if direct Candidate/Officeholder name C					Office held				
e	xpenditure to benefit C/OH									
PAYMENT(a) Amount Charged(b) Date of Charge			(c) Date(s)	Credit Card Issue	er Paid					
		\$39.51	09/09/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
			_	1617 IH 3	1617 IH 35 N					
		Parking Managem	ent Company							
				Austin, T	n, TX 78702					
	PURPOSE OF	(a) Category		(b) Descrip						
		(See Categories listed at the to Fees	p of this schedule)	hotel parking expense for travel out of district						
	X Political									
	Non-Political	(C) Check if travel outsid	e of Texas. Complete Schedule 1	г.	Check if Austin, T	K, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholde	er name Of	fice sought		Office held				
e	xpenditure to benefit C/OH		1 4							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid				
		\$230.88	09/14/2024							
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
				1617 IH 3	35 NORTH					
DOUBLETREE BY HILTON										
L			AUSTIN, TX 78702							
	PURPOSE OF				otion					
EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			C/OH tra	vel out of distric	t for state busir	less				
	X Political									
L	Non-Political		e of Texas. Complete Schedule 1	г.	Check if Austin, T	K, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholde	er name Of	fice sought		Office held				
e	xpenditure to benefit C/OH									

					-		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Award	rage Expense F s/Memorials Expense F	ES FOR BOX Loan Repayment/R Diffice Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	Reimbursement Steinbursement Steinbursem Steinbursement Steinbursement Steinburse	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District DTHER (enter a categoi	nt & Related E	
	The Inst	ruction Guide explains ho	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 8/17 Rpt: 25/36	Frank, James B. (T	he Honorable)			00067748		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issue	er Paid		
	\$94.99	08/21/2024	09/26/20	)24			
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	ReadyRefresh by N	lestle	6661 Dix	tie Hwy, Ste 4			
			Louisville	e, KY 40258			
8 PURPOSE OF	(a) Category	of this cohodula)	(b) Descri				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	capitol office beverage service					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, T>	K, officeholder living exp	ense	
9 Complete <u>ONLY</u> 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	er Paid		
	\$1,500.00	08/05/2024	09/26/20	024			
PAYEE	(a) Payee name Wichita County Rep	(b) Payee address; City, State, Zip Code 2708 Southwest Parkway #135 Wichita Falls, TX 76308					
	(a) Catagony						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description 2024 Victory Gala sponsorship				
X Political	Contributions/Donatio Candidate/Officeholde	ns Made By er/Political Committee					
Non-Political		of Texas. Complete Schedule T		Check if Austin, T>	K, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issue	er Paid		
	\$131.71	08/07/2024	09/26/20	124			
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
	DOUBLETREE BY HILTON		1617 IH 35 NORTH				
				TX 78702			
	(a) Category (See Categories listed at the top	of this schedulo)	(b) Descri				
EXPENDITURE	Travel Out of District	טו מווס סטווכלעוולן	C/OH tra	vel out of distric	t for state busin	ess	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, T>	K, officeholder living exp	ense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Off	ice sought		Office held		
expenditure to benefit C/OH							

					_	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	erage Expense I s/Memorials Expense I	ES FOR BOX 10(a) _oan Repayment/Reimbursement Office Overhead/Rental Expense olling Expense printing Expense salaaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	
	The Inst	ruction Guide explains ho	w to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 9/17 Rpt: 26/36	Frank, James B. (T	he Honorable)		00067748		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$245.62	09/10/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	DOUBLETREE BY	HILTON	1617 IH 35 NORTH			
			AUSTIN, TX 78702			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	or this schedule)	District Director travel o	out of district for C	C/OH busi	ness
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin,	, TX, officeholder living exp	oense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Off	ice sought	Office held		
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	auer Deid		
PATMENT	(a) Amount Charged \$253.47	09/21/2024	(C) Date(S) Credit Card IS			
PAYEE	(a) Payee name DOUBLETREE BY	HILTON	(b) Payee address; 1617 IH 35 NORTH	City,	State,	Zip Code
			AUSTIN, TX 78702			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH travel out of district for C/OF		ness	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin,	, TX, officeholder living exp	oense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Off	ïce sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$233.10	09/24/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	DOUBLETREE BY	HILTON	1617 IH 35 NORTH			
			AUSTIN, TX 78702			
	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH travel out of distr	rict for state busin	ess	
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin,	, TX, officeholder living exp	oense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held		

				SCHEDULE F4
Advertising Expense	Event Exp		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense Contributions/ Donations Made B	y - Gift/Award	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Politic	0	ruction Guide explains ho	-	OTHER (enter a category not listed above)
1 Total pages Schedule F4:	i			3 Filer ID (Ethics Commission Filers)
Sch: 10/17 Rpt: 27/36	Frank, James B. (T	he Honorable)		00067748
4 CREDIT CARD	-	ncial institution	5 TOTAL OF UNITEMIZE	
ISSUER		revious	EXPENDITURES CHARGED TO A CRED CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid
	\$69.51	09/13/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	CoDoddy com LLC		2155 E GoDaddy Way	
	GoDaddy.com LLC			
			Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description website domain renewa	
	Office Overhead/Ren	,	website domain renewa	I
X Political				
Non-Political		of Texas. Complete Schedule T		X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name On	ïce sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid
	\$150.09	09/24/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Dhana aom		POB 1808	
	Phone.com			
			Poway, CA 92074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description campaign phone line	
X Political	Office Overhead/Ren	tal Expense		
Non-Political		· · · · · · · · · · · · · · · · · · ·		
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T	ice sought	X, officeholder living expense Office held
expenditure to benefit C/OH			loo oodgin	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ler Paid
	\$66.09	08/11/2024	09/26/2024	
	\$00.00	00,11,2021		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			1601 Trapelo Road	
	Constant Contact			
			Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
	Advertising Expense	,	campaign newsletter	
X Political				
Non-Political		of Texas. Complete Schedule T		X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held

	15 MADE BY		U	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve y - Gift/Award al Committee Legal Serv	rage Expense s/Memorials Expense ices	RES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 11/17 Rpt: 28/36	Frank, James B. (T	he Honorable)		00067748
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZE	
ISSUER		revious	EXPENDITURES CHARGED TO A CREI CARD	\$
6 PAYMENT	(a) Amount Charged \$137.71	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Iss 09/26/2024	suer Paid
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
			1617 IH 35 NORTH	
	DOUBLETREE BY	HILTON		
			AUSTIN, TX 78702	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	C/OH travel out of distr	rict for state business
X Political				
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 O	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged \$207.52	(b) Date of Charge 09/10/2024	(c) Date(s) Credit Card Iss	suer Paid
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code
	DOUBLETREE BY HILTON		1617 IH 35 NORTH	
	DOUBLETREE BY	HILTON		
			AUSTIN, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Description	
	Travel Out of District	of this schedule)	C/OH travel out of distr	rict for state business
X Political				
Non-Political		of Texas. Complete Schedule		TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Palo
	\$39.51	09/13/2024		
PAYEE	(a) Payee name	-	(b) Payee address;	City, State, Zip Code
	Derling Manageme		1617 IH 35 N	
	Parking Manageme	ent Company		
	ļ		Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	· · · · · · · · · · · · · · · ·
	Fees		hotel parking expense	tor travel out of district
X Political				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held
expenditure to benefit C/OH				

				SCHEDULE F4	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve /- Gift/Award I Committee Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	iolicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)	
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Sch: 12/17 Rpt: 29/36			00067748		
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED		
ISSUER		revious	EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b>	
6 PAYMENT	(a) Amount Charged \$34.10	(b) Date of Charge 08/19/2024	(c) Date(s) Credit Card Issue 09/26/2024	er Paid	
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
			1617 IH 35 N		
	Parking Manageme	ent Company			
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top of this schedule) Fees		hotel parking expense for travel out of district for state		
X Political	1003		business		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	office sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$34.65	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issue 09/26/2024	er Paid	
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code	
	Parking Manageme	ent Company	1617 IH 35 N		
			Austin, TX 78702		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Fees	of this schedule)		r travel out of district for state	
X Political			business		
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	name O	ffice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description		
EXPENDITURE	Usee Calegones instea at the top	or this schedule)			
Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held	
expenditure to benefit C/OH	expenditure to benefit C/OH				

	EXPENDITOR				SCHEDULE F4	
		EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve /- Gift/Award I Committee Legal Serv	ense erage Expense s/Memorials Expense rices	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)	
	Total pages Schedule F4:	2 FILER NAME	•	•	3 Filer ID (Ethics Commission Filers)	
Ľ	Sch: 13/17 Rpt: 30/36	Frank, James B. (T	he Honorable)		00067748	
4	CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZ		
	ISSUER		cover	EXPENDITURES CHARGED TO A CRE CARD	\$	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid	
		\$13.10	09/19/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		L Un a n		1725 3rd Street		
		Uber				
				San Francisco, CA 94	158	
8	PURPOSE OF	(a) Category	of this schodulo)	(b) Description		
	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		C/OH transportation e for C/OH business	C/OH transportation expense while traveling out of district		
	X Political					
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held	
e	xpenditure to benefit C/OH		1			
	PAYMENT	(a) Amount Charged \$133.12	(b) Date of Charge 09/09/2024	(c) Date(s) Credit Card Is	ssuer Paid	
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		Roaring Fork Austin		701 Congress Avenue	9	
		Roaning Fork Austin	1			
				Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	to discuss C/OH issues	
	_	Food/Beverage Expe	,		IO DISCUSS CION ISSUES	
	X Political					
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	office sought	Office held	
Ē		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid	
		\$3.00	09/19/2024			
-	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
				1725 3rd Street	- 37	
		Uber				
				San Francisco, CA 94	158	
	PURPOSE OF	(a) Category		(b) Description		
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		expense while traveling out of district	
	X Political			for C/OH business		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense	
Γ	Complete ONLY if direct	Candidate/Officeholder	name O	Office sought	Office held	
e	xpenditure to benefit C/OH					

				SCHEDULE F4		
	EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	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 Inst	ruction Guide explains h	now to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 14/17 Rpt: 31/36	Frank, James B. (T	he Honorable)		00067748		
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEN			
ISSUER		revious	EXPENDITURES CHARGED TO A CI CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	I Issuer Paid		
	\$23.93	09/19/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			1725 3rd Street			
	Uber					
			San Francisco, CA S	94158		
8 PURPOSE OF	(a) Category		(b) Description	(b) Description		
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		C/OH transportation expense while traveling out of district		
X Political			for C/OH business			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	istin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$3.00	09/19/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	L Un e u		1725 3rd Street			
	Uber					
			San Francisco, CA S	94158		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cabodula)	(b) Description			
	Travel Out of District	of this schedule)	C/OH transportation expense while traveling out for C/OH business			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		stin, TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid		
	\$222.41	08/27/2024	09/14/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			6012 Aviation Drive			
	Go Rentals Austin					
			Pflugerville, TX 786	60		
PURPOSE OF	(a) Category	of this cohe -t	(b) Description			
	(See Categories listed at the top Travel Out of District	ui uiis schedulė)	C/OH travel out of d	istrict for state business		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

				SCHEDULE F4
	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	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 Inst	ruction Guide explains I	how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 15/17 Rpt: 32/36	Frank, James B. (T	he Honorable)		00067748
•				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZI EXPENDITURES CHARGED TO A CRE CARD	\$
6 PAYMENT	(a) Amount Charged \$253.33	(b) Date of Charge 08/12/2024	(c) Date(s) Credit Card Is: 09/14/2024	suer Paid
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			6012 Aviation Drive	
	Go Rentals Austin			
			Pflugerville, TX 78660	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		C/OH travel out of dist	rict for state husiness
V Dolition	Travel Out of District			
X Political				
Non-Political		of Texas. Complete Schedule		, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Is:	suer Paid
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			1725 3rd Street	
	Uber			
			San Francisco, CA 942	158
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)		pense while traveling out of district
X Political	Travel Out of District		for C/OH business	
Non-Political				
		of Texas. Complete Schedule		, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid
	\$253.33	09/25/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			6012 Aviation Drive	
	Go Rentals Austin			
			Pflugerville, TX 78660	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)	C/OH travel out of dist	rict for state business
X Political	Travel Out of District			
Non-Political		of Texas. Complete Schedule		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 1						
	Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees Ecod/Rov	Of	an Repayment/R fice Overhead/Re Illing Expense	ental Expense Ti	olicitation/Fundraising ansportation Equipm avel in District		Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	ls/Memorials Expense Pri	inting Expense laries/Wages/Co	Ti	avel Out of District THER (enter a categ	orv not listed at	oove)
		Ū.	ruction Guide explains how	0		(* ** ** *****3	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 16/17 Rpt: 33/36	Frank, James B. (T	he Honorable)			00067748		
4	CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	¢		
	ISSUER	see p	revious		DITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$185.06	09/13/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Hilton Garden Inn	Temple	1749 Sco	ott Blvd			
				Temple,	TX 76504			
8	PURPOSE OF	(a) Category		(b) Descri				
		(See Categories listed at the top Travel Out of District	of this schedule)	C/OH tra	vel out of district	for state busi	ness	
	X Political							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	kpense	
	9 Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH							
-		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid		
			09/20/2024			i i did		
		\$1,008.78	09/20/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Four Seasons Hote	Auctin	98 San J	acinto Blvd			
			Austin					
		(a) Catagony		Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip C/OH tra	vel out of district	for C/OH bus	iness	
	X Political	Travel Out of District						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	kpense	
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
e	xpenditure to benefit C/OH	(a) Amount Charged	(b) Data of Charge		Credit Card Jacua	r Doid		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Palu		
		\$121.75	08/20/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Fixe Southern Hou	50	500 W 51	h Street			
			30					
L		(a) Catagony		Austin, T (b) Descri				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		. ,	with member to c	liscuss C/OH	issues	
	X Political	Food/Beverage Expe	nse	g				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX	officeholder living ex	pense	
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder		e sought		Office held		
е	xpenditure to benefit C/OH							

						_	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp. Fees Food/Beve y - Gift/Award	erage Expense s/Memorials Expense	ES FOR BOX Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Con	eimbursement So ntal Expense Ti Ti Ti	olicitation/Fundraising ransportation Equipme ravel in District ravel Out of District THER (enter a catego	ent & Related I	
	The Inst	ruction Guide explains he	ow to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 17/17 Rpt: 34/36	Frank, James B. (T	he Honorable)			00067748		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL	OF UNITEMIZED			
ISSUER	see p	revious		DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$222.41	08/28/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Go Rentals Austin		6012 Avia	ation Drive			
			Pflugervil	le, TX 78660			
8 PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	C/OH trav	vel out of district	for state busin	ess	
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	г.	Check if Austin, TX,	, officeholder living exp	oense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	fice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$16.28	09/19/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			1725 3rd	Street			
	Uber						
			San Fran	cisco, CA 94158	3		
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descrip				
	Travel Out of District	of this schedule)		C/OH transportation expense while traveling out of district for C/OH business			
X Political				business			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1		Check if Austin, TX,	, officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$5.25	09/19/2024					
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
			1725 3rd	Street			
	Uber						
				cisco, CA 94158	}		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
EXPENDITURE	Travel Out of District		C/OH tra for C/OH	nsportation expe	ense while trave	eling out o	of district
X Political				50311633			
Non-Political		of Texas. Complete Schedule 1		Check if Austin, TX	, officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
expenditure to benefit C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E /- Gift/Awards/Memorials Expense Printing	bayment/Reimbursement Solicitation/Fundraising Expense rerhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule G: Sch: 1/2 Rpt: 35/36	2     FILER NAME     3     Filer ID (Ethics Commission File 00067748				
4 Date 08/01/2024	5 Payee name Chase Cardmember Services				
6 Amount (\$) \$119.78 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code POB 94014 Palatine, IL 60094-4014				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly credit card payment for expenditures reported on F4			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 09/26/2024	Payee name Chase Cardmember Services				
Amount (\$) \$4,229.70 Reimbursement from political contributions intended	Payee address; City; State; Zip Code POB 94014 Palatine, IL 60094-4014				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly credit card payment for expenditures reported on F4			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 09/26/2024	Payee name Chase Cardmember Services				
Amount (\$) \$1,596.26	Payee address; City; State; Zip C POB 94014	ode			
Reimbursement from political contributions intended	Palatine, IL 60094-4014				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly credit card payment for expenditures reported on F4			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement     Solicitation/Fundraising Expense       erhead/Rental Expense     Transportation Equipment & Related Expense       spense     Travel in District       xpes/Contract Labor     OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 2/2 Rpt: 36/36	2       FILER NAME       3       Filer ID (Ethics Commission Filers)         Frank, James B. (The Honorable)       00067748			
4	Date 09/26/2024	5 Payee name Discover			
6	Amount (\$) \$475.74	7 Payee address; City; State; Zip Co POB 29033	ode		
	X Reimbursement from political contributions intended	Phoenix, AZ 85038-9033			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly credit card payment for expenditures reported on F4		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 09/26/2024	Payee name Discover			
	Amount (\$) \$1,994.01	Payee address; City; State; Zip Co POB 29033	ode		
	X Reimbursement from political contributions intended	Phoenix, AZ 85038-9033			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly credit card payment for expenditures reported on F4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		