# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00067748	ssion Filers)	2 Total pages file 2	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	James B.			Date Received	
''''					ELECTRONICA	U I V EII ED
					J	CLI FILLD
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Frank				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	1206 Hatton Rd.					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Wichita Falls, TX 76302					
	Wichita Falls, TX 70302				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Warren T.				
	NICKNAME	LAST		SUFFIX		
		Ayers				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP1	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	2525 Kell Blvd., Ste. 510					
ADDRESS						
(Residence or Business)	Wichita Falls, TX 76308					
	Wichita Falls, TX 70500					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(940) 723-7322					
PHONE						
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car	npaign treasurer
					appointment (office	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	cn C/OH-FR)
9 PERIOD COVERED	Month Day Year	T1	IDOLICII	Month Day	Year	
	10/27/2024	I F	IROUGH	12/31/202	4	
10 51 507/01/	El EGTION	1		EL FOTION TOTAL		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	LIP	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	<b>I</b>		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 69 Wichita		State Represent		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Frank, James B. (The	e Honorable)	<b>14</b> Filer ID (100067748	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	TEXAS ALLIANCE FOR LIFE PAC		
		COMMITTEE ADDRESS		
	SPECIFIC SPECIFIC	8000 CENTRE PARK DRIVE		
		SUITE 380		
		AUSTIN, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		SHAW, JAMES		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		4505 CORAZON COVE		
		ROUND ROCK, TX 78681		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	<b>\$</b> 45,319.36
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 40,650.68
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 369,463.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable James B. Fran	k
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subse	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

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

## FORM C/OH COVER SHEET PG 3

			C	OVER SHE	ET PG 3 3 of 28
	ER NAN ank, Jar	ME mes B. (The Honorable)	<b>19</b> Filer ID 00067748	(Ethics Comm	ission Filers)
<b>20</b> SC	HEDULI ME OF	SUBTOT	AL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	45,319.36
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	35,448.94
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		\$	2,600.87
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,600.87
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				SCHEDUI	LE <b>A1</b>	
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/28	
2	FILER NAME Frank, Jame	s B. (The Honorable)			3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 11/06/2024	<ul><li>5 Full name of contributor</li><li>ASSOCIATED GENERAL C</li><li>6 Contributor address; City; State</li></ul>			7	Amount of Contribution (\$)	\$1,500.00
_	Daine in all a con-	AUSTIN, TX 78768	T <sub>o</sub>	. Faralas a (Cara ta struction			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/04/2024	Full name of contributor  AT&T Texas PAC  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	Austin, TX 78701		Franksian (Caa Inatuustiana			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor Ahlberg, Trevor Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
		Irving, TX 75038					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Hatada Ranch	s)		
	Date 10/28/2024	Full name of contributor  BRENT HAGENBUCH CAN  Contributor address; City; State  DENTON, TX 76210	-	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor  Charter Schools NOW PAC  Contributor address; City; State  Austin, TX 78704				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/28	
2	FILER NAME Frank, Jame	s B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 11/12/2024	5 Full name of contributor  out-of-state PAC (ID#:_ FRIENDS OF THE TTU SYSTEM PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
_	Dringing! goog	LUBBOCK, TX 79409	0 Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/04/2024 Gipson, Nick  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$69.36	
	Wichita Falls, TX 76308  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			)		
Retired						
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ HOLLAND AND KNIGHT TEXAS PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		DALLAS, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ HS LAW PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_INDEPAC  Contributor address; City; State; Zip Code  Austin, TX 78750			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/28	
2	FILER NAME Frank, Jame	s B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 11/25/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$5,000.00
_	Dein sin al a sau	Eagle Pass, TX 78852	O Frankrica (Oce hestarations			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor  out-of-state PAC (ID#:_ LINEBARGER GOGGAN BLAIR & SAMPSON L  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78760 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: NRG Energy PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Princeton, NJ 08540-6213 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#: Oncor Texas State Political Action Committee of Contributor address; City; State; Zip Code	,		Amount of Contribution (\$)	\$3,000.00
	Principal occu	Dallas, TX 75202 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_PHARMPAC  Contributor address; City; State; Zip Code  AUSTIN, TX 78757			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		l				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/28	
2	FILER NAME Frank, Jame	s B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
Ω	Principal occu	Austin, TX 78766 pation / Job title (See Instructions)	Employer (See Instructions			
Ü	i illicipai occu	pation, 300 title (300 manualons)	2 Employer (See manuchons	,		
	Date 12/13/2024	Full name of contributor  out-of-state PAC (ID#:_ TEXAS BANKERS ASSOCIATION TBA BANK F Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DENTAL ASSOCIATION PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78704			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS MANUFACTURED HOUSING ASSOCIA Contributor address; City; State; Zip Code  AUSTIN, TX 78759			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS PODIATRIC MEDICAL ASSOCIATION I  Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/28	
2	FILER NAME Frank, Jame	es B. (The Honorable)		3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 12/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS STATEWIDE TELEPHONE COOPERA*  6 Contributor address; City; State; Zip Code	TIVE INC PAC	7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	AUSTIN, TX 78701				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		)				
Date Full name of contributor out-of-state PAC (ID#:)  12/09/2024 TEXAS TRIAL LAWYERS ASSOCIATION PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	AUSTIN, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/04/2024	Full name of contributor X out-of-state PAC (ID#: CTHE BIPARTISAN NETWORK PAC  Contributor address; City; State; Zip Code	C00826719 )		Amount of Contribution (\$)	\$2,500.00
	Principal occu	WASHINGTON, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	· · · · · · · · · · · · · · · · · · ·	, ,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	Amount of Contribution (\$)	
	11/25/2024	Full name of contributor out-of-state PAC (ID#:_ THE US ONCOLOGY NETWORK PAC  Contributor address; City; State; Zip Code  THE WOODLANDS, TX 77380	)		Amount of Contribution (9)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/28	
2	FILER NAME Frank, Jame	s B. (The Honorable)			3	Filer ID (Ethics Commission 00067748	on Filers)
4	Date 11/12/2024	5 Full name of contributor out-of-state PAC (ID#:) Texas Dairymen PAC  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78711					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	s)		
	Date 11/25/2024	Full name of contributor X The Chickasaw Nation Contributor address; City; State	out-of-state PAC (ID#: <u>C</u>	90007923 )		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Ada, OK 74820 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
		,		, , , (	_		
	Date 12/09/2024	UCB, Inc PAC  Contributor address; City; State	out-of-state PAC (ID#: <u>C</u>	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Sausalito, CA 94965 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/13/2024	Full name of contributor USAA Employee PAC Contributor address; City; State San Antonio, TX 78288-045	e; Zip Code			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/25/2024	Full name of contributor United Supermarkets PAC Contributor address; City; State Lubbock, TX 79493	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/28
2	FILER NAME Frank, Jame	es B. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067748
4	Date 11/06/2024	Full name of contributor	C (ID#: <u>C00493502</u> )	7 Amount of Contribution (\$) \$2,500.0
		RANCHO CORDOVA, CA 95670		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructio	ns)
	Date 12/13/2024	Full name of contributor x out-of-state PAC WAL-PAC WAL-MART Inc Political Action Contributor address; City; State; Zip Code  Bentonville, AR 72716		Amount of Contribution (\$)  \$500.0
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructio	ns)

### SCHEDULE F1

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

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

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

e Travel in Di e Travel Out /Contract Labor OTHER (er

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 11/28	Frank, James B. (The Honorable)	00067748
4	Date	5 Payee name	·
	12/27/2024	American Legislative Exchange Council	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	2733 Crystal Drive	
		Arlington, VA 22202	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			two year membership fee
_	0 1: 0.11.7.7.1.		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	12/20/2024	Berry Communications	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9,000.00	1014 W Milton St	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense campaign consulting
			Campaign Consuming
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	11/01/2024	Bob Payton Consulting	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	4015 Kingsbury Dr	
	, ,	, , , , , , , , , , , , , , , , , , ,	
		Wichita Falls, TX 76309	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/Contract Eason	Check if Austin, TX, officeholder living expense
			contract labor for campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 12/28	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	12/01/2024	Bob Payton Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	4015 Kingsbury Dr
		Wichita Falls, TX 76309
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor for campaign services
		Contract labor for earnpaight services
_	Computate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
	Date	Payee name
	12/27/2024	Bob Payton Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	4015 Kingsbury Dr
	Ψ3,000.00	4013 Kingsbury Di
		Wichita Falls, TX 76309
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		end of year bonus for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/01/2024	Crusius, Julia
	Amount (\$)	Payee address; City; State; Zip Code
	\$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  Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

#### SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/8 Rpt: 13/28	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
L	12/01/2024	Crusius, Julia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2901 Barton Skyway #2303
		AUSTIN, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  contract labor for campaign services
		Contract labor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/27/2024	Crusius, Julia
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$7,000.00	2901 Barton 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  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense end of year bonus for campaign services
		Cha of year borias for earlipaight services
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/01/2024	FRANK, JAMES B (Mr.)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$287.14	1638 HURSH AVE
		WICHITA FALLS, TX 76302
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Reimb officeholder for credit card payment (C) reported on SCH G
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 4/8 Rpt: 14/28	Frank, James B. (The Honorable) 00067748								
4	Date	5 Payee name								
	12/01/2024	FRANK, JAMES B (Mr.)								
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode							
	\$859.24	1638 HURSH AVE								
		WICHITA FALLS, TX 76302								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description						
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.						
				Check if Austin, TX, officeholder living expense  Reimb officeholder for credit card payment (C)(D)						
				reported on SCH G						
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held						
	expenditure to benefit C/OI		igiit	Office field						
	Date	Payee name								
	12/31/2024	FRANK, JAMES B (Mr.)								
	Amount (\$)		nde							
	\$1,454.49	Payee address; City; State; Zip Code  1638 HURSH AVE								
	Ψ1,404.40	1000 1101(0117(VL								
		WICHITA FALLS, TX 76302								
_	PURPOSE		(h)	Description						
	OF	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement	(6)	Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Loui Repayment Remodes Emeric		Check if Austin, TX, officeholder living expense						
				Reimb officeholder for credit card payment (C)						
				reported on SCH G						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held						
	experience to benefit Gree	·								
	Date	Payee name								
	11/01/2024	Gonzales, Kristin								
	Amount (\$)	Payee address; City; State; Zip Co	ode							
	\$250.00	4405 HOLLANDALE AVE								
		WICHITA FALLS, TX 76302								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description						
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
				contract labor for campaign services						
				. 5						
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held						
	expenditure to benefit C/OI	1								

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste  The Instruction Guide explains how to complete this form.						bove)		
				The Instruction Gu	iide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 5/8 Rpt: 15/28		Frank, Jame	s B. (The Hono	rable)					00067748		
4	Date	5 Payee name										
	12/01/2024	(	Gonzales, K	ristin								
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	p Code	е					
	\$250.00	.	4405 HOLL/	ANDALE AVE								
		,	WICHITA FA	ALLS, TX 76302	2							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule	) (k	b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract La	abor			<b>=</b>			mplete Schedule T.	
								<b>—</b>		officeholder livir		
								contract labor	r to	r campaign	services	
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Office	e sough	ht			Office h	neld	
	experialiture to beliefit C/OI											
	Date		Payee name									
	12/27/2024		Gonzales, K	ristin								
	Amount (\$)		Payee addres	s; City;	State; Zi	p Code	e					
	\$1,500.00	Ι.	4405 HOLL/	ANDALE AVE								
V-,												
		Ι,	WICHITA F/	ALLS, TX 76302	<u>)</u>							
	PURPOSE	_					h)	Description				
	OF			e Categories listed at th		)  '	σ,	_ ·	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE	'	Salalies/ Wa	ges/Contract La	aboi			<b>느</b>		officeholder livir		
								end of year b	onı	us for camp	aign services	
	Complete ONLY if direct		andidate/Offic	ceholder name	Office	e sough	ht			Office h	neld	
	expenditure to benefit C/OI	Н										
_	Date		Payee name									
	11/01/2024	ı	•	mmunications								
_	Amount (\$)	⊢	Payee addres		State; Zi	n Code						
	\$25.00	ı	•	Ave, Suite 100	State, Zi	p Coue	C					
	\$25.00		901 IIIUIAIIA	Ave, Suite 100								
			Wichita Falls	s, TX 76301								
	PURPOSE OF			e Categories listed at th	ne top of this schedule	) (t	b)	Description				
	EXPENDITURE	'	Advertising I	Expense				ш			mplete Schedule T.	
								campaign we		officeholder livir	ig expense	
								campaign we	.NOI	ic nosing		
_	Complete ONLY if direct		andidata/Offic	ceholder name	Office	e sough	ht			Office h	oold	
	expenditure to benefit C/O		anunate/Offic	enoluel flame	Office	s sougr	IL			Office r	ICIU	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/8 Rpt: 16/28	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	12/01/2024	Hoegger Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	901 Indiana Ave, Suite 100
		Wichita Falls, TX 76301
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign website hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	10/28/2024	Janie Lopez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	POB 2073
		San Benito, TX 78586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign contribution HD37
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	<del>1</del>
	Date	Payee name
	11/04/2024	Jimmy John's 491
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.07	515 Congress Ave
		Suite 1200
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		staff meeting to discuss C/OH issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 17/28	Frank, James B. (The Honorable)	00067748	
4	Date	5 Payee name		
	12/12/2024	Law Offices of Kevin C Stewart		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$625.00	6801 Yaupon Drive		
		Austin, TX 78759		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Legal Services		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				retainer fee for ethics consulting
_	0 1: 01   1/4    1			0"
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	12/26/2024	Martin Luther King Jr Center		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$25.00	1100 Smith St		
		Wichita Falls, TX 76301		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense ticket for district director to attend district event
				licket for district director to attend district event
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	h+	Office held
	Complete ONLY if direct expenditure to benefit C/OH	•	JIII	Office field
_				
	Date	Payee name		
	12/27/2024	Roberts, Noelle		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$2,500.00	4500 Sarasota Drive		
		Austin, TX 78749		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE			Check if Austin, TX, officeholder living expense
				end of year bonus for campaign services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	experialitate to beliefit 6/61	·		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/8 Rpt: 18/28	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	11/01/2024	Shirley, Theresa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	129 Clear Spring Road
		Georgetown, TX 78628
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		contract labor for campaign services
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	12/01/2024	Shirley, Theresa
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3132 Jazz Street
		Round Rock, TX 78664
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  contract labor for campaign services
		Contract labor for campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/30/2024	Texas Values
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1005 Congress, Suite 830
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		2024 GALA Sponsor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to bettern over	<u>'</u>

#### SCHEDULE F4

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

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

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

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

Candidate/Officenoider/Politica	· ·	ruction Guide explains how		THER (enter a category no	ot listed ab	ove)	
1 Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics C	Commiss	ion Filers)	
Sch: 1/8 Rpt: 19/28	Frank, James B. (T	he Honorable)		00067748		•	
4 CREDIT CARD ISSUER	Name of final	ncial institution ember Services	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$10.20	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issuer 11/26/2024	r Paid			
7 PAYEE	(a) Payee name USPS		(b) Payee address; 1000 Lamar Street		State,	Zip Code	
A PURPOSE OF	(a) Catagony		Wichita Falls, TX 76301				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description postage expense to mail of	contribution to HD	37 can	ıdidate	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	е		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$73.00	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issuer 11/26/2024	r Paid			
PAYEE	(a) Payee name USPS		(b) Payee address; 1000 Lamar Street Wichita Falls, TX 76301	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description replenish district office stamp supply				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	е		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$203.94	(b) Date of Charge 10/30/2024	(c) Date(s) Credit Card Issuer 11/26/2024	r Paid			
PAYEE	(a) Payee name  Archer County Pub	lishing	(b) Payee address; POB 1125 Archer City, TX 76351	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE  (See Categories listed at the top of this schedule)  Advertising Expense		(b) Description campaign ad				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expens	е		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
1							

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 2/8 Rpt: 20/28	Frank, James B. (The Honorable)				00067748			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED ITURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
		\$70.36	11/11/2024	12/26/2024	12/26/2024				
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		Constant Contact			elo Road				
				Waltham, M					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description					
		Advertising Expense	of this scriedule)	campaign r	newsletter				
	X Political	3 1							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH		T						
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
		\$15.00	11/10/2024	12/20/2022	•				
	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		UberConference by Dialpad		100 Califor	nia St				
				San Francisco, CA 94111					
	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/Rent		conference	e call service foi	r campaign pui	poses		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	ice sought Office held					
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 11/12/2024	(c) Date(s) C 12/26/2024	Credit Card Issuer 4	Paid			
	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		700m uo		55 Almade	n Blvd				
		Zoom.us 6th floor							
L				San Jose,					
	PURPOSE OF	(a) Category (See Categories listed at the top.	of this schedule)	(b) Description					
	EXPENDITURE (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense			video conie	erence call serv	исе тог саттрат	gn purpo	ses	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 3/8 Rpt: 21/28	Frank, James B. (The Honorable)			00067748			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZE IDITURES GED TO A CREE	\$		
6	PAYMENT	(a) Amount Charged \$24.64	(b) Date of Charge (c) Date(s) Credit Card Issuer Pa 11/20/2024 12/26/2024			uer Paid		
7	PAYEE	(a) Payee name (b) Payee address; 6661 Dixie Hwy, Ste 4  ReadyRefresh by Nestle  Louisville, KY 40258			City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri		service		
	Non-Political		of Texas. Complete Schedule T.		Check if Austin,	TX, officeholder living ex	rpense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$392.51	(b) Date of Charge 11/07/2024	(c) Date(s)	) Credit Card Iss 124	uer Paid		
	PAYEE	(a) Payee name  Go Rentals Austin			address; ation Drive lle, TX 78660	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri	ption	ict for state busir	ness	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin,	TX, officeholder living ex	rpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$217.35	(b) Date of Charge 11/08/2024	(c) Date(s)	) Credit Card Iss 124	uer Paid		
	PAYEE	(a) Payee name  Comfort Suites Univ	versity		address; rsha Sharp Fw , TX 79407	City, /y	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip C/OH tra		ict for campaign	business	
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin,	TX, officeholder living ex	rpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	chedule F4: 2 FILER NAME 3				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 4/8 Rpt: 22/28	Frank, James B. (T	he Honorable)			00067748		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI <sup>*</sup>	UNITEMIZED TURES O TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 11/14/2024	(c) Date(s) C 12/26/2024	Paid			
7	PAYEE	(a) Payee name  (b) Payee address;  1101 San Jacinto Blvd, Ste			City, e 315	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Event Expense  Austin, TX 78701  (b) Description 89th Session Kickoff party			ticket			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$196.99	(b) Date of Charge 12/08/2024	(c) Date(s) C	redit Card Issuer	<sup>*</sup> Paid		
	PAYEE	(a) Payee name  DOUBLETREE BY	HILTON	(b) Payee ad 1617 IH 35 AUSTIN, TX	NORTH	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description		for state busin	ess	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$153.17	(b) Date of Charge 12/05/2024	(c) Date(s) C	redit Card Issuer	Paid		
	PAYEE	(a) Payee name Parking Manageme	ent Company	(b) Payee address; 1617 IH 35 N  Austin, TX 78702			State,	Zip Code
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees			(b) Description hotel parking expense for travel out of district for state business				state
	Non-Political	\'	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held							

#### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 5/8 Rpt: 23/28	Frank, James B. (T	he Honorable)			00067748		
4 CREDIT CARD ISSUER	1	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid		
	\$70.36	12/11/2024					
7 PAYEE	(a) Payee name (b) Payee address; 1601 Trapelo Road  Waltham, MA 02451			City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)		n newsletter			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$17.05	12/12/2024					
PAYEE		(b) Payee	address;	City,	State,	Zip Code	
	Zoom.us		55 Almad	den Blvd e, CA 95113			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent			nference call serv	vice for campaiç	gn purpo	se
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid		
	\$76.35	12/19/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
ReadyRefresh by Nestle			6661 Dix	ie Hwy, Ste 4			
				e, KY 40258			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion ffice beverage se	nioo		
X Political	Office Overhead/Rental Expense				rvice		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
I							

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 6/8 Rpt: 24/28	Frank, James B. (T	he Honorable)		00067748				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$253.33	12/20/2024						
7 PAYEE	(a) Payee name		(b) Payee address; 6012 Aviation Drive	City, State, Zip Code				
	Go Rentals Austin							
			Pflugerville, TX 78660					
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 district	t for state business				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	x, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
\$169.52 12/05/20								
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	DOUBLETREE BY	HILTON	1617 IH 35 NORTH					
			AUSTIN, TX 78702					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description C/OH travel out of district for state business					
X Political	Travel Out of District		C/OH travel out of district for state business					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$5.15	12/05/2024						
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code				
			1617 IH 35 N					
	Parking Manageme	ent Company						
			Austin, TX 78702					
PURPOSE OF	(a) Category	of this calcadula)	(b) Description					
X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Fees			r travel out of district for state				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held				
expenditure to benefit C/OH								

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	chedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 7/8 Rpt: 25/28	7/8 Rpt: 25/28 Frank, James B. (The Honorable)			00067748			
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C	<b> </b> \$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
		\$32.04	12/05/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Parking Management Company		1617 IH 35 N				
L				Austin, TX 78702				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description hotel parking expense for travel out of district for state business				
	X Political Fees		,					
	Non-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 Office	sought Office held				
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid			
		\$15.00	12/10/2024					
PAYEE  PURPOSE OF EXPENDITURE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		UberConference by Dialpad		100 California St				
				San Francisco, CA 94111				
		(a) Category (See Categories listed at the top of this schedule)		(b) Description conference call service for campaign services				
	X Political	Office Overhead/Rent	tai Expense					
L	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 Office	e sought	Office held			
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$465.53	(b) Date of Charge 12/07/2024	(c) Date(s) Credit Ca	rd Issuer Paid			
H	PAYEE	(a) Payee name	<u>I</u>	(b) Payee address;	City,	State,	Zip Code	
				1617 IH 35 NORTH				
		DOUBLETREE BY HILTON						
				AUSTIN, TX 78702				
PURPOSE OF		(a) Category		(b) Description				
	EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District		C/OH travel out of district for state business				
1	Non-Political (c) Check if travel outside of Texas. Complete Sche		of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living	expense		
一	Complete ONLY if direct	Candidate/Officeholder	•	ce sought Office held				
E	expenditure to benefit C/OH							

#### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica		ces Sal ruction Guide explains how		THER (enter a category not listed above)		
1 Total pages Schodule E4:		uction Guide explains now	to complete this form.	3 Filer ID (Ethics Commission Filers)		
Sch: 8/8 Rpt: 26/28	otal pages Schedule F4: 2 FILER NAME ch: 8/8 Rpt: 26/28 Frank, James B. (The Honorable)					
4 CREDIT CARD ISSUER	Name of financial institution  Discover		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$16.97	(b) Date of Charge 11/04/2024	(c) Date(s) Credit Card Issuel 12/14/2024	r Paid		
7 PAYEE	(a) Payee name  Uber		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description C/OH transportation expense while traveling out of district for state business			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$70.36	(b) Date of Charge 11/06/2024	(c) Date(s) Credit Card Issuer 12/14/2024	r Paid		
PAYEE	(a) Payee name  JW Marriott Austin		(b) Payee address; 110 E 2nd Street	City, State, Zip Code		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		Austin, TX 78701  (b) Description  C/OH travel out of district for C/OH business			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 27/28 Frank, James B. (The Honorable) 00067748 Date Payee name 11/01/2024 Chase Cardmember Services Amount (\$) Payee address; City; State; Zip Code POB 94014 \$287.14 Reimbursement from political contributions Х intended Palatine, IL 60094-4014 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Monthly credit card payment for expenditures reported on F4 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/01/2024 Chase Cardmember Services Amount (\$) Payee address; City; State; Zip Code \$771.91 POB 94014 Reimbursement from political contributions Χ Palatine, IL 60094-4014 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Monthly credit card payment for expenditures reported on F4 Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2024 Chase Cardmember Services Payee address; City; State; Zip Code Amount (\$) \$1,454.49 POB 94014 Reimbursement from Χ political contributions intended Palatine, IL 60094-4014 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Monthly credit card payment for expenditures reported on F4 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 28/28 Frank, James B. (The Honorable) 00067748 Date Payee name 12/01/2024 Discover 6 Amount (\$) Payee address; City; State; Zip Code \$87.33 POB 29033 Reimbursement from political contributions intended Х Phoenix, AZ 85038-9033 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Monthly credit card payment for expenditures reported on F4 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH