

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00066260	2 Total pages filed: 6				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST John M.	MI MI	OFFICE USE ONLY			
	NICKNAME	LAST Fullo	SUFFIX		Date Received ELECTRONICALLY FILED 01/14/2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4605 w loop 289 Lubbock, TX 79464			Date Hand-delivered or Date Postmarked			
				Receipt # _____ Amount _____			
				Date Processed _____			
				Date Imaged _____			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST John M.	MI MI				
	NICKNAME	LAST Fullo	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4605 w loop 289 Lubbock, TX 79414						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(806)	466-4022					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		07/01/2024					12/31/2024
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
				<input type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
	None			None			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 6

13 C / OH NAME Frullo, John M. (Mr.)	14 Filer ID (Ethics Commission Filers) 00066260
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	29.94
	4. TOTAL POLITICAL EXPENDITURES	\$	29.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	275,624.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. John M. Frullo

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 6

18 FILER NAME Frullo, John M. (Mr.)		19 Filer ID 00066260	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 29.94
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3,065.46

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/3 Rpt: 4/6
2 FILER NAME Frullo, John M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00066260
4 Date 07/31/2024	5 Name of person from whom amount is received City Bank	8 Amount (\$) \$187.40
	6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/02/2024	Name of person from whom amount is received City Bank	Amount (\$) \$199.75
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2024	Name of person from whom amount is received City Bank	Amount (\$) \$167.63
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2024	Name of person from whom amount is received City Bank	Amount (\$) \$182.25
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/01/2024	Name of person from whom amount is received City Bank	Amount (\$) \$177.93
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/3 Rpt: 5/6
2 FILER NAME Frullo, John M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00066260
4 Date 12/31/2024	5 Name of person from whom amount is received City Bank <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407	8 Amount (\$) \$166.16
7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 07/01/2024	Name of person from whom amount is received Lubbock National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	Amount (\$) \$344.13
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 08/01/2024	Name of person from whom amount is received Lubbock National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	Amount (\$) \$382.02
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 09/03/2024	Name of person from whom amount is received Lubbock National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	Amount (\$) \$406.11
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/01/2024	Name of person from whom amount is received Lubbock National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	Amount (\$) \$279.15
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/3 Rpt: 6/6
2 FILER NAME Frullo, John M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00066260
4 Date 11/01/2024	5 Name of person from whom amount is received Lubbock National Bank	8 Amount (\$) \$286.15
	6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	
	7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/02/2024	Name of person from whom amount is received Lubbock National Bank	Amount (\$) \$286.78
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	