CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 Filer D (Ethics Commission Filers) 2 Total pages filed: | | Filer ID (Eth | ics Commission Filers) | 2 Total pages filed: | | | OFFICE | ICE ONLY |
|--|---|--------------------|-----------------------------|---------------------------|--|--|--|--|
| 3 CANDIDATE OFFICEHOLDER NS MRS / MR FIRST MI Dames B. OFFICEHOLDER NCKNAME LAST Trank Duber (specify) Trank Duber (specif | | ` | | | | | | JSE UNL I |
| The Honorable James B. O218/2025 NICKNAME LAST SUFFIX Frank | 3 | CANDIDATE / | MS / MRS / MR | FIRST | | MI | 4 | NIVELED |
| NICKNAME | • | OFFICEHOLDER | | | | •••• | | ALLI FILED |
| Frank 4 ORIGINAL REPORT TYPE | | NAME | NICKNAME | I AST | | SUFFIX | | |
| A ORIGINAL REPORT TYPE | | | THOIR WILL | | | 001117 | | |
| REPORT TYPE July 15 | 4 | ORIGINAL | X January 15 | Runoff | Other (s | pecify) | _ Date Hand-delivered or | r Date Postmarked |
| Semiannual reports: Semiannual reports: Semiannual report was dar in literation or solid literation | | REPORT TYPE | | Exceeded modified | reporting limit | , | Receipt # | Amount |
| | | | | | | | · · | |
| 5 ORIGINAL PERIOD Month Day Year THROUGH 12/31/2024 | | | | `` | ** | | Date Processed | |
| COVERED 10/27/2024 THROUGH 12/31/2024 EXPENDITURE OF CORRECTION EXPENDITURE AND INCIDENCE OF CORRECTION EXPENDITURE AND INCIDENCE OF CORRECTION I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: X | _ | ODIOINAL DEDIOD | | <u> </u> | | | | |
| 6 EXPLANATION OF CORRECTION Expenditure at Michael's on 12/17/2024 for a district map print for capitol office wasn't submitted for reimbursement from the campaign until 2/6/2025. Please consider this a request that any applicable fees be waived pursuant to TEC rules. 1 swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 1 check the box next to any and all applicable statements: X Semiannual reports: swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contain in the report as originally filed is inaccurate or incomplete. X Other reports: swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date learned that the report as originally filed is inaccurate or incomplete. Swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable James B. Frank | 5 | | • | | | Year | Date Imaged | |
| Expenditure at Michael's on 12/17/2024 for a district map print for capitol office wasn't submitted for reimbursement from the campaign until 2/6/2025. Please consider this a request that any applicable fees be waived pursuant to TEC rules. I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that are remoted in the report as originally filed was made in good faith. The Honorable James B. Frank Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said, to certify which, witness my hand and seal of office. | - | EVDLANATION OF C | | | 12/31/2024 | | | |
| 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filling this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable James B. Frank | U | | | triot man print for conit | tal affice ween't automit | tad for raimb | coment from the | mpoian until |
| Check the box next to any and all applicable statements: X Semiannual reports: | 7 | AFFIDAVIT | | | | | | |
| Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X | | | | | | enalty of perjury | , that this corrected | d report is true |
| was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable James B. Frank | | | | and | correct. | | | d report is true |
| report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable James B. Frank Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | | | and | correct. | | | d report is true |
| Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | | | and Che | correct. ck the box next to any Semiannual reports was made in good fa | and all applica S: I swear, or a sith and without | ble statements: affirm that the original an intent to mislead | inal report |
| 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. | | | | and Che | correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that | and all applica I swear, or affirm, the 14th busine ginally filed is ir any error or or | ble statements: affirm that the original an intent to mislead the report. that I am filling this lass day after the data accurate or incomp | inal report d or to corrected te I learned blete. I |
| Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office. | | | | and Che | correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go | and all applica I swear, or aith and without ormation contain the swear, or affirm, the 14th busine ginally filed is ir any error or or od faith. | ble statements: affirm that the original an intent to mislead the report. that I am filing this is so day after the dat laccurate or incompnission in the report | inal report d or to corrected te I learned blete. I |
| of, 20, to certify which, witness my hand and seal of office. | | | | and Che | correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go | and all applica I swear, or affirm, the 14th busine ginally filed is ir any error or of faith. Honorable Jar | affirm that the original an intent to mislead need in the report. that I am filling this lass day after the dat naccurate or incompnission in the report | inal report d or to corrected te I learned blete. I |
| of, 20, to certify which, witness my hand and seal of office. | | AFFIX NOTARY ST | AMP / SEAL ABOVE | and Che | correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go | and all applica I swear, or affirm, the 14th busine ginally filed is ir any error or of faith. Honorable Jar | affirm that the original an intent to mislead need in the report. that I am filling this lass day after the dat naccurate or incompnission in the report | inal report d or to corrected te I learned blete. I |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | and Che X | correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go The I | and all applica I swear, or aith and without ormation contain the 14th busine ginally filed is in any error or or od faith. Honorable Jarre of Candidate | affirm that the original an intent to mislead an intent to mislead and in the report. that I am filing this as day after the dat accurate or incompanission in the report | inal report d or to corrected te I learned olete. I t as originally |
| | | Sworn to and subsc | ribed before me, by the sai | and Che X | Semiannual reports was made in good famisrepresent the info Other reports: I sereport not later than that the report as ori swear, or affirm, that filed was made in good. The I | and all applica I swear, or aith and without ormation contain the 14th busine ginally filed is in any error or or od faith. Honorable Jarre of Candidate this this time. | affirm that the original an intent to mislead an intent to mislead and in the report. that I am filing this as day after the dat accurate or incompanission in the report | inal report d or to corrected te I learned olete. I t as originally |

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | ete this form. | 1 Filer ID (Ethics Commi 00067748 | | 2 Total pages f | iled: 29 |
|-------------------------|------------------------------|------------------|---|-------------------|---------------------------------------|--------------------------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| OFFICEHOLDER NAME | The Honorable | James B. | | | Date Received | |
| | | | | | ELECTRONIC | ALL V EIL ED |
| | | | | | 02/18/2025 | ALLITILLD |
| | NICKNAME | LAST | | SUFFIX | 02/10/2025 | |
| | | Frank | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered | or Date Postmarked |
| OFFICEHOLDER MAILING | 1206 Hatton Rd. | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Wichita Falls, TX 76302 | | | | | |
| П | Wichita Falls, TX 70302 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN TREASURER | | FIRST | | MI | | |
| NAME | Mr. | Warren T. | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Ayers | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP ⁻ | Γ / SUITE #; CITY | ; ST. | ATE; ZIP CODE |
| TREASURER ADDRESS | 2525 Kell Blvd., Ste. 510 | | | | | |
| | | | | | | |
| (Residence or Business) | Wichita Falls, TX 76308 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | E NUMBER E | EXTENSION | | | |
| TREASURER PHONE | (940) 723-7322 | | | | | |
| | | | | | | |
| 8 REPORT | | - | _ | _ | _ | |
| TYPE | X January 15 | 30th day before | election | Runoff | 15th day after ca appointment (off | ımpaign treasurer iceholder onlv) |
| | July 15 | 8th day before | election \square | Exceeded modified | Final Report (Att | |
| | | | Ш | reporting limit | | , |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 10/27/2024 | T⊢ | IROUGH | 12/31/20 | | |
| | | | | ,, | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | l □ _P | rimary | Runoff | Other | |
| | 11/05/2024 | | - | | | |
| | | | eneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGH | | |
| | State Representative Distr | ict 69 Wichita | | State Represen | tative District 69 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ദവ T | O PAGE 2 | | | |
| | | 55 1 | J . 7.0L Z | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 29

| 13 C / OH NAME | Frank, James B. (The | Honorable) | 14 Filer ID 00067748 | (Ethics Commission Filers) |
|--|----------------------------------|---|---------------------------|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditual expenditual expenditual expenditures may have been made without I officeholders are required to report this information | the candidate's or office | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | X GENERAL | TEXAS ALLIANCE FOR LIFE PAC | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | 8000 CENTRE PARK DRIVE | | |
| | | SUITE 380 | | |
| | | AUSTIN, TX 78754 | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | SHAW, JAMES | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| | | 4505 CORAZON COVE | | |
| | | | | |
| | | ROUND ROCK, TX 78681 | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | S) | \$ 45,319.36 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 40,686.40 |
| 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 |
| 17 AFFIDAVIT | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | |
| | | The Hono | orable James B. Frai | nk |
| | | Signature of | f Candidate or Officeho | lder |
| AFFIX NO | TARY STAMP / SEAL AB | DVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| of | , 20, to co | ertify which, witness my hand and seal of office. | | |
| Signature of officers | cer administering | Printed name of officer administering | Title of office | r administering oath |
| 2.3 | | | 3. 3. 3.1100 | 9 Cam . |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | CC | OVER SHE | 4 of 29 |
|---|------------|---|-----------------------------|----------------|----------------|
| | rank, | AME ames B. (The Honorable) | 19 Filer ID 00067748 | (Ethics Commis | ssion Filers) |
| | | JLE SUBTOTALS | | SUBTOTA | AL AMOUNT |
| ١ | IAME C | F SCHEDULE | | 3051017 | IL 7 IIVIOOIVI |
| 1 | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 45,319.36 |
| 2 | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3 | i | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4 | . [| SCHEDULE E: LOANS | | \$ | |
| 5 | . <u>X</u> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 35,448.94 |
| 6 | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7 | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 8 | . <u>X</u> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 2,600.87 |
| g | . <u>X</u> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 2,636.59 |
| 1 | .0. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (| OF C/OH | \$ | |
| 1 | 1. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 1 | 2. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|----------------------------------|--|---------------------------------------|--|---------------------|--|------------|
| | The Instru | ction Guide explains how to | o complete this for | m. | 1 | Total pages Schedule A1: Sch: 1/7 Rpt: 5/29 | |
| 2 | FILER NAME Frank, Jame | s B. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00067748 | on Filers) |
| 4 | Date 11/06/2024 | Full name of contributor ASSOCIATED GENERAL C Contributor address; City; State | | | 7 | Amount of Contribution (\$) | \$1,500.00 |
| _ | Deireirel | AUSTIN, TX 78768 | To. | | $\overline{\Gamma}$ | | |
| 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 | Austin, TX 78701 | | Fundament (On a landoustinus | <u></u> | | |
| | 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 CAM 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 | | | | SCHEDULE A1 | | |
|---|--|---|------------------------------|-----------------------------|--|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 2/7 Rpt: 6/29 | | |
| 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 Loggy | LUBBOCK, TX 79409 ncipal occupation / Job title (See Instructions) 9 Employer (See 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 | | 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 | | | | | SCHEDULE A1 | | |
|---|----------------------------------|---|------------------------|------------------------------|----------|--|------------|--|
| | The Instru | ction Guide explains how t | o complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 3/7 Rpt: 7/29 | | |
| 2 | FILER NAME Frank, Jame | s B. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00067748 | on Filers) | |
| 4 | Date 11/25/2024 | 5 Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$5,000.00 | |
| | | Eagle Pass, TX 78852 | | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | ! | 9 Employer (See Instructions | i) | | | |
| | Date 12/13/2024 | Full name of contributor LINEBARGER GOGGAN B Contributor address; City; Stat AUSTIN, TX 78760 | | | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | Date 12/13/2024 | Full name of contributor NRG Energy PAC Contributor address; City; Stat | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$2,000.00 | |
| | Principal occu | Princeton, NJ 08540-6213 pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | Date 12/04/2024 | Full name of contributor Oncor Texas State Political Contributor address; City; Stat Dallas, TX 75202 | | | | Amount of Contribution (\$) | \$3,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | () | | | |
| | Date 11/01/2024 | Full name of contributor PHARMPAC Contributor address; City; Stat AUSTIN, TX 78757 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$2,500.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | | |
| | | | | | | | | |

| 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: 8/29 | | |
| 2 | FILER NAME Frank, Jame | s B. (The Honorable) | | 3 | Filer ID (Ethics Commission 00067748 | on Filers) | |
| 4 | Date 12/13/2024 | | | 7 | Amount of Contribution (\$) | \$500.00 | |
| Ω | Principal occu | Austin, TX 78766 pation / Job title (See Instructions) | Employer (See Instructions | | | | |
| 0 | Fillicipal occu | pation / Job title (See instructions) | a Employer (See instructions |) | | | |
| | 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 |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | AUSTIN, TX 78704 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 | | | | SCHEDULE A1 | | |
|---|----------------------------------|---|------------------------------|---|--|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/7 Rpt: 9/29 | | |
| 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 | |
| _ | Daine in all a serv | AUSTIN, TX 78701 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Date 12/09/2024 | Full name of contributor out-of-state PAC (ID#:_ 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 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 (\$) | \$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 | | | | SCHEDUL | E A1 |
|---|----------------------------------|--|-------------------------------|----|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/7 Rpt: 10/29 | |
| 2 | FILER NAME Frank, Jame | s B. (The Honorable) | | 3 | Filer ID (Ethics Commissio 00067748 | n Filers) |
| 4 | Date 11/12/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | Deinsinal | Austin, TX 78711 | 2 Farely (Carlot Arthur) | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 11/25/2024 | Full name of contributor X out-of-state PAC (ID#: \(\frac{1}{2} \) The Chickasaw Nation Contributor address; City; State; Zip Code | C90007923) | | Amount of Contribution (\$) | \$2,500.00 |
| | Deinsinal assu | Ada, OK 74820 | Franks var (Cas krativ stiere | _ | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/09/2024 | Full name of contributor X out-of-state PAC (ID#: \(\text{UCB}, \text{ Inc PAC} \) Contributor address; City; State; Zip Code | C00571141) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Sausalito, CA 94965 pation / Job title (See Instructions) | Employer (See Instructions | .) | | |
| | i illoipai ooda | | Employer (eee meadeliere | , | | |
| | Date 12/13/2024 | Full name of contributor out-of-state PAC (ID#:_ USAA Employee PAC Contributor address; City; State; Zip Code San Antonio, TX 78288-0453 | | | Amount of Contribution (\$) | \$750.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 11/25/2024 | Full name of contributor out-of-state PAC (ID#:_ United Supermarkets PAC Contributor address; City; State; Zip Code Lubbock, TX 79493 | | | Amount of Contribution (\$) | \$750.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | TIONS | SCHEDULE A1 |
|---|---------------------------|--|-----------------------------|---|
| | The Instru | ction Guide explains how to complete thi | s form. | 1 Total pages Schedule A1: Sch: 7/7 Rpt: 11/29 |
| 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 | D#: <u>C00493502</u>) | 7 Amount of Contribution (\$) \$2,500.00 |
| | | RANCHO CORDOVA, CA 95670 | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instruction | ns) |
| | Date 12/13/2024 | Full name of contributor x out-of-state PAC (II WAL-PAC WAL-MART Inc Political Action Co Contributor address; City; State; Zip Code Bentonville, AR 72716 | | Amount of Contribution (\$) \$500.00 |
| _ | Principal occu | upation / Job title (See Instructions) | Employer (See Instruction | ns) |
| | | | | |
| | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor 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: 1/8 Rpt: 12/29 | 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 OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | two year membership fee |
| | | the year membership rec |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| H | 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 OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | campaign consulting |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | 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 | (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 |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officenoider/Political Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 2/8 Rpt: 13/29 | 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 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 | | | | | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/Ol | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 12/27/2024 | Bob Payton Consulting | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$3,000.00 | 4015 Kingsbury Dr | | | | | | | |
| | | | | | | | | | |
| | | Wichita Falls, TX 76309 | | | | | | | |
| | 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 | | | | | | | |
| | | end of year bonus for campaign services | | | | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/O | 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 held | | | | | | | |
| | expenditure to benefit C/O | 1 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | d/Rental Expense e se s/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 Cabadula F1: | 12 | | | | | | 12 | Filor ID | (Ethics Commission Filers) |
| 1 | Total pages Schedule F1: Sch: 3/8 Rpt: 14/29 | 2 | | (The Honorable) | | | | 3 | Filer ID 00067748 | (Etnics Commission Filers) |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 12/01/2024 | | Crusius, Julia | | | | | | | |
| 6 | Amount (\$) \$100.00 | | Payee address; 2901 Barton Sky AUSTIN, TX 787 | way #2303 | ate; Zip Co | ode | | | | |
| 8 | PURPOSE OF EXPENDITURE | _ | · | gories listed at the top of this | s schedule) | (b) | _ | , TX, | de of Texas. Com officeholder living r campaign : | expense |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | | Candidate/Officeholo | der name | Office sou | ught | | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 12/27/2024 | | Crusius, Julia | | | | | | | |
| | Amount (\$) | | Payee address; | City; St | ate; Zip C | ode | | | | |
| | \$7,000.00 | | 2901 Barton Sky AUSTIN, TX 787 | | | | | | | |
| _ | PURPOSE | _ | | | | (h) | Description | | | |
| | OF EXPENDITURE | (a) | Salaries/Wages/ | gories listed at the top of this Contract Labor | s schedule) | (13) | ш | , TX, | de of Texas. Compofficeholder living | expense |
| | Complete ONLY if direct expenditure to benefit C/Oh | | Candidate/Officeholo | der name | Office sou | ught | | | Office he | eld |
| | Date 11/01/2024 | | Payee name FRANK, JAMES | B (Mr.) | | | | | | |
| | Amount (\$) \$287.14 | | Payee address; 1638 HURSH A\ | • | ate; Zip C | ode | | | | |
| | | | WICHITA FALLS | S, TX 76302 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | gories listed at the top of this t/Reimbursement | s schedule) | (b) | Check if Austin | , TX, NOIC | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholo | der name | Office sou | ught | | | Office he | eld |
| | rms provided by Tayas F | +6: | o Commissis | | es stata tv | 116 | | | | Version V// 1 0 5dd2aca2 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

| С | Candidate/Officenoider/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | |
|-------------|--|--|-----|--|--|--|--|--|
| 1 To | tal pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | |
| S | Sch: 4/8 Rpt: 15/29 | Frank, James B. (The Honorable) | | 00067748 | | | | |
| 4 Da | ite | 5 Payee name | | • | | | | |
| 12 | /01/2024 | FRANK, JAMES B (Mr.) | | | | | | |
| 6 Am | nount (\$) \$859.24 | 7 Payee address; City; State; Zip Co 1638 HURSH AVE | de | | | | | |
| | | WICHITA FALLS, TX 76302 | | | | | | |
| 8 E | PURPOSE OF XPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) | Description 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 | | | | |
| | omplete <u>ONLY</u> if direct penditure to benefit C/O | Candidate/Officeholder name Office sou | ght | Office held | | | | |
| Da | te | Payee name | | | | | | |
| 12 | /31/2024 | FRANK, JAMES B (Mr.) | | | | | | |
| An | s1,454.49 | Payee address; City; State; Zip Co 1638 HURSH AVE | de | | | | | |
| | | WICHITA FALLS, TX 76302 | | | | | | |
| E | PURPOSE OF XPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) | Description 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 | | | | |
| | omplete <u>ONLY</u> if direct penditure to benefit C/O | Candidate/Officeholder name Office sou | ght | Office held | | | | |
| Da | ıte | Payee name | | | | | | |
| 11 | /01/2024 | Gonzales, Kristin | | | | | | |
| An | nount (\$) \$250.00 | Payee address; City; State; Zip Co 4405 HOLLANDALE AVE | de | | | | | |
| | | WICHITA FALLS, TX 76302 | | | | | | |
| E | PURPOSE OF XPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor for campaign services | | | | |
| | omplete <u>ONLY</u> if direct penditure to benefit C/O | Candidate/Officeholder name Office sou | ght | Office held | | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | d Co | mmittee L | ift/Awards/Memorials E egal Services The Instruction Gui | xpense | | pens ages | e /Contract Labor | | Travel Out of I | District | t egory not listed abo | ove) |
|-----|--|-------|------------------|--|------------------|------------|--------------|------------------------------------|-------|-----------------|----------|---------------------------|------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (E | thics Commission | on Filers) |
| | Sch: 5/8 Rpt: 16/29 | | Frank, James | B. (The Honor | able) | | | | | 00067748 | 3 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| L | 12/01/2024 | L | Gonzales, Kr | istin | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address | ; City; | State; | Zip Co | de | <u> </u> | | | | | |
| | \$250.00 | | 4405 HOLLA | NDALE AVE | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | WICHITA FA | LLS, TX 76302 | | | | | | | | | |
| 8 | PURPOSE OF | (a) | | Categories listed at the | | edule) | (b) | Description | | | | | |
| | EXPENDITURE | | Salaries/Wag | es/Contract Lat | oor | | | Check if travel of Check if Austin | | | | | |
| | | | | | | | | contract labor | | | | | |
| | | | | | | | | | | 19- | | | |
| 9 | Complete ONLY if direct | | Candidate/Office | eholder name | 0 | Office sou | ght | | | Office | held | | |
| | expenditure to benefit C/O | H | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 12/27/2024 | | Gonzales, Kr | istin | | | | | | | | | |
| | Amount (\$) | | Payee address | ; City; | State; | Zip Co | de | | | | | | |
| | \$1,500.00 | | 4405 HOLLA | NDALE AVE | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | WICHITA FA | LLS, TX 76302 | | | | | | | | | |
| | PURPOSE | (a) | | Categories listed at the | | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Salaries/Wag | es/Contract Lat | oor | | | Check if travel of Check if Austin | | | | | |
| | | | | | | | | end of year b | | | | | |
| | | | | | | | | J. Jour D | | | ı g' | | |
| | Complete ONLY if direct | | Candidate/Office | eholder name | 0 | Office sou | ght | | | Office | held | | |
| | expenditure to benefit C/OH | Н | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 11/01/2024 | | Hoegger Con | nmunications | | | | | | | | | |
| | Amount (\$) | | Payee address | ; City; | State; | Zip Co | de | | | | | | |
| | \$25.00 | | 901 Indiana A | Ave, Suite 100 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Wichita Falls | TX 76301 | | | | | | | | | |
| | PURPOSE | (a) | Category (See | Categories listed at the | top of this sche | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Advertising E | xpense | | | | Check if travel | | | | | |
| | | | | | | | | Check if Austin. | | | ıng exp | oense | |
| | | | | | | | | campaign we | ,uoii | ic nosting | | | |
| | Complete ONLY if direct | Ц | Candidate/Office | eholder name | 0 | Office sou | ght | | | Office | held | | |
| | expenditure to benefit C/O | | | | | | - | | | 320 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Eor | me provided by Tevas F | thic | e Commiccio | 7 3454 | w othics s | tato ty !! | _ | | | | \/^ | reion V// 1 0 | Edd2aca2 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee | Legal Services The Instruction Guide exp | | Vages | /Contract Labor | | OTHER (enter a | category not listed above) | |
|----------|--|-----------------|---|----------------|-------|-----------------|------|--|----------------------------|----|
| 1 | Total pages Schedule F1: | 2 FILER NAM | | | | | 3 | Filer ID | (Ethics Commission Filers | ;) |
| | Sch: 6/8 Rpt: 17/29 | | es B. (The Honorable) | | | | | 00067748 | ` | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 12/01/2024 | Hoegger C | ommunications | | | | | | | |
| 6 | Amount (\$) \$25.00 | 7 Payee addre | ss; City; a Ave, Suite 100 | State; Zip Co | ode | | | | | |
| | | Wichita Fal | ls, TX 76301 | | | | | | | |
| 8 | PURPOSE | (a) Category (S | ee Categories listed at the top of | this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Advertising | Expense | | | = | | de of Texas. Com | | |
| | 2/11 2/13/11 GIVE | | | | | _ | | officeholder living | expense | |
| | | | | | | campaign we | bsi | te hosting | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ıght | | | Office he | eld | |
| | Date | Payee name | | | | | | | | |
| | 10/28/2024 | Janie Lope | z Campaign | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip Co | ode | | | | | |
| | \$5,000.00 | POB 2073 | | | | | | | | |
| | , , , , , , , , , | | | | | | | | | |
| | | San Benito | , TX 78586 | | | | | | | |
| | PURPOSE OF | | ee Categories listed at the top of | | (b) | Description | | | | |
| | EXPENDITURE | | ns/Donations Made By | | | = | | de of Texas. Comp | | |
| | | Candidate/ | Officeholder/Political C | ommittee | | campaign cor | | officeholder living | | |
| | | | | | | campaign coi | ILII | | | |
| | Complete ONLY if direct | Candidate/Off | iceholder name | Office sou | ıaht | | | Office he | ald. | |
| | expenditure to benefit C/O | | icenoider name | Office 300 | igiit | | | Office fie | nu . | |
| | Date | Payee name | | | | | | | | |
| | 11/04/2024 | Jimmy Joh | n's 491 | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip Co | ode | | | | | |
| | \$48.07 | 515 Congre | ess Ave | | | | | | | |
| | | Suite 1200 | | | | | | | | |
| | | Austin, TX | 79701 | | | | | | | |
| | | | | | I | | | | | |
| | PURPOSE OF | | ee Categories listed at the top of | this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Food/Beve | rage Expense | | | | | de of Texas. Comp officeholder living | | |
| | | | | | | staff meeting | | | | |
| | | | | | | can mooning | | | | |
| \vdash | Complete ONLV if direct | Candidate/Off | iceholder name | Office sou | labt | | | Office he | uld. | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | icendiuei Haille | Onice Sou | ıgııl | | | Onice ne | au | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 7/8 Rpt: 18/29 | 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. | | | |
| | LAFLINDITORL | | | Check if Austin, TX, officeholder living expense | | | |
| | | | | retainer fee for ethics consulting | | | |
| _ | Complete ONLY if direct | Condidate/Officeledday regree | . la 4 | Office hold | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | gnt | Office held | | | |
| _ | | | | | | | |
| | Date | Payee name | | | | | |
| | 12/26/2024 | Martin Luther King Jr Center | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Coo | 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 | | | |
| | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | Office held | | | |
| | expenditure to benefit C/OI | | • | | | | |
| | Date | Payee name | | | | | |
| | 12/27/2024 | Roberts, Noelle | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Coo | de. | | | | |
| | \$2,500.00 | 4500 Sarasota Drive | | | | | |
| | 7-,000 | | | | | | |
| | | Austin, TX 78749 | | | | | |
| | PURPOSE | | (h) | Description | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (D) | Description Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Salaties/ wages/Contract Labor | | Check if Austin, TX, officeholder living expense | | | |
| | | | | end of year bonus for campaign services | | | |
| | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ght | Office held | | | |
| | expenditure to benefit C/OI | 1 | | | | | |
| | | | | | | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/8 Rpt: 19/29 Frank, James B. (The Honorable) 00067748 4 Date Payee name 11/01/2024 Shirley, Theresa 6 Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense contract labor for campaign services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/01/2024 Shirley, Theresa Amount (\$) Payee address; City; State; Zip Code \$100.00 3132 Jazz Street Round Rock, TX 78664 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense contract labor for campaign services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 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 Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee 2024 GALA Sponsor Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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

| | | The Insti | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | , | | | |
|--|--|---|-------------------------------------|--|--|---|------------|--------------|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) | | | |
| | Sch: 1/8 Rpt: 20/29 | Frank, James B. (T | he Honorable) | | | 00067748 | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution ember Services | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$10.20 | (b) Date of Charge 10/28/2024 | (c) Date(s 11/26/20 |) Credit Card Issue 24 | r Paid | | | | | |
| 7 | PAYEE | (a) Payee name USPS | | | address; mar Street Falls, TX 76301 | City, | State, | Zip Code | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Descri | | | | | | | |
| 0 | EXPENDITURE X Political | Office Overhead/Rental Expense | | | | xpense to mail contribution to HD37 candidate | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | , officeholder living exp | ense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | | | sought | | Office held | | | | | |
| | PAYMENT | (a) Amount Charged \$73.00 | (b) Date of Charge 10/28/2024 | (c) Date(s 11/26/20 |) Credit Card Issue 124 | r Paid | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | | |
| | | USPS | | 1000 Lamar Street | | | | | | | |
| | | | | Wichita F | alls, TX 76301 | | | | | | |
| | 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. | <u> </u> | Check if Austin, TX, | , officeholder living exp | ense | | | | |
| е | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Office | sought | — | Office held | | | | | |
| | PAYMENT | (a) Amount Charged \$203.94 | (b) Date of Charge 10/30/2024 | (c) Date(s 11/26/20 |) Credit Card Issue 24 | r Paid | | | | | |
| | PAYEE | (a) Payee name Archer County Publ | ishing | (b) Payee POB 112 Archer C | | City, | State, | Zip Code | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Descri campaig | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | | | Check if Austin, TX | , officeholder living exp | ense | | | | |
| е | Complete ONLY if direct xpenditure 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 Inst | ruction Guide explains how | to complete this form. | | | | | | | | |
|---|---|---|----------------------------------|--|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 2/8 Rpt: 21/29 | Frank, James B. (T | he Honorable) | | 00067748 | | | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION | \$ | | | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$70.36 | (b) Date of Charge 11/11/2024 | (c) Date(s) Credit Card Issue 12/26/2024 | er Paid | | | | | | | |
| 7 | PAYEE | (a) Payee name Constant Contact | | (b) Payee address; 1601 Trapelo Road | City, State, Zip Code | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | PENDITURE (See Categories listed at the top of this schedule) Advertising Expense | | | Waltham, MA 02451 (b) Description campaign newsletter | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | | |
| | PAYMENT | (a) Amount Charged \$15.00 | (b) Date of Charge 11/10/2024 | (c) Date(s) Credit Card Issue 12/26/2024 | er Paid | | | | | | | |
| | PAYEE | (a) Payee name UberConference by | / Dialpad | (b) Payee address; 100 California St San Francisco, CA 9411: | City, State, Zip Code | | | | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | • | (b) Description conference call service for campaign purposes | | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | | | | | |
| E | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | | |
| | PAYMENT | (a) Amount Charged \$17.05 | (b) Date of Charge 11/12/2024 | (c) Date(s) Credit Card Issue 12/26/2024 | er Paid | | | | | | | |
| | PAYEE | (a) Payee name Zoom.us | | (b) Payee address; 55 Almaden Blvd 6th floor San Jose, CA 95113 | City, State, Zip Code | | | | | | | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | | (b) Description video conference call ser | vice for campaign purposes | | | | | | | |
| L | Non-Political | ` | of Texas. Complete Schedule T. | | , officeholder living expense | | | | | | | |
| E | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 | Commiss | ion Filers) | | | |
| Sch: 3/8 Rpt: 22/29 | Frank, James B. (T | he Honorable) | | | 00067748 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPENDIT | UNITEMIZED URES TO A CREDIT | \$ | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cr | edit Card Issuer | Paid | | | | | |
| | \$24.64 | 11/20/2024 | 12/26/2024 | | | | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee add | lress; | City, | State, | Zip Code | | | |
| | ReadyRefresh by N | lestle | 6661 Dixie Hwy, Ste 4 | | | | | | | |
| | | | Louisville, K | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this cohodulo) | (b) Description | | | | | | | |
| X Political | capitol office beverage service | | | | | | | | | |
| Non-Political | | Check if Austin, TX, | officeholder living expen | ise | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | edit Card Issuer | Paid | | | | | |
| | \$392.51 | 11/07/2024 | 12/26/2024 | | | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee add | lress; | City, | State, | Zip Code | | | |
| | Go Rentals Austin | | 6012 Aviation Drive | | | | | | | |
| | | | Pflugerville, | TX 78660 | | | | | | |
| 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 state business | | | | | | | |
| X Political | Traver Out of District | | | | | | | | | |
| 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 Offic | fice sought Office held | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | edit Card Issuer | Paid | | | | | |
| | \$217.35 | 11/08/2024 | 12/26/2024 | | | | | | | |
| PAYEE | (a) Payee name | <u> </u> | (b) Payee add | lress; | City, | State, | Zip Code | | | |
| | | | 4927 Marsh | a Sharp Fwy | | | | | | |
| | Comfort Suites Univ | versity | | | | | | | | |
| | | | Lubbock, TX | 79407 | | | | | | |
| PURPOSE OF | (b) Description | | | | | | | | | |
| EXPENDITURE | C/OH travel out of district for campaign business | | | | | | | | | |
| X Political | | | | | | | | | | |
| Non-Political | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | of Texas. Complete Schedule T. | _ | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | | | |
| expenditure to benefit C/OH | <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 (Contract Labor

| | Candidate/Officeriolder/Folitica | | ruction Guide explains how | - | THEN (effer a category not listed | above) | | | | |
|---|---|---|----------------------------------|--|-----------------------------------|----------------|--|--|--|--|
| 1 | Total pages Schedule F4: | | <u> </u> | · | 3 Filer ID (Ethics Comm | ission Filers) | | | | |
| ľ | Sch: 4/8 Rpt: 23/29 | Frank, James B. (T | he Honorable) | | 00067748 | , | | | | |
| 4 | CREDIT CARD ISSUER | Name of final | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$35.00 | (b) Date of Charge 11/14/2024 | (c) Date(s) Credit Card Issue 12/26/2024 | r Paid | | | | | |
| 7 | PAYEE | (a) Payee name The Texan | | (b) Payee address; 1101 San Jacinto Blvd, Si Austin, TX 78701 | City, State te 315 | , Zip Code | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Event Expense | of this schedule) | (b) Description 89th Session Kickoff party | y ticket | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | , officeholder living expense | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | | |
| е | expenditure to benefit C/OH | | | | | | | | | |
| | PAYMENT | (a) Amount Charged \$70.36 | (b) Date of Charge 12/11/2024 | (c) Date(s) Credit Card Issue | r Paid | | | | | |
| | PAYEE | (a) Payee name Constant Contact | | (b) Payee address; 1601 Trapelo Road Waltham, MA 02451 | City, State | , Zip Code | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description campaign newsletter | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | , officeholder living expense | | | | | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | |
| | PAYMENT | (a) Amount Charged \$15.00 | (b) Date of Charge 12/10/2024 | (c) Date(s) Credit Card Issue | r Paid | | | | | |
| | PAYEE | (a) Payee name UberConference by | / Dialpad | (b) Payee address; 100 California St San Francisco, CA 94111 | City, State | , Zip Code | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Reni | tal Expense | (b) Description conference call service for campaign services | | | | | | |
| L | Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | <u> </u> | , officeholder living expense | | | | | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | |
| l | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Inst | ruction Guide explains how | to complete this form. | | | | | | | |
|---|---|--------------------------------|---|---------------------------------------|--|--|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Sch: 5/8 Rpt: 24/29 | 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 | r Paid | | | | | | |
| | \$17.05 | 12/12/2024 | | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | | |
| | Zoom.us | | 55 Almaden Blvd 6th floor San Jose, CA 95113 | | | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Office Overhead/Rent | • | video conference call ser | vice for campaign purpose | | | | | | |
| 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 | 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 | | | | | | |
| | \$76.35 | 12/19/2024 | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | | |
| | ReadyRefresh by N | lestle | 6661 Dixie Hwy, Ste 4 | | | | | | | |
| | | | Louisville, KY 40258 | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Office Overhead/Rent | | (b) Description capitol office beverage service | | | | | | | |
| X Political | | | | | | | | | | |
| Non-Political | · · · — | 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 | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | | | | |
| | \$253.33 | 12/20/2024 | | | | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code | | | | | | |
| | O. D. Hala A. His | | 6012 Aviation Drive | | | | | | | |
| | Go Rentals Austin | | | | | | | | | |
| | | | Pflugerville, TX 78660 | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cahadula) | (b) Description | | | | | | | |
| EXPENDITURE | Travel Out of District | of this schedule) | C/OH travel out of district | for state business | | | | | | |
| X Political | | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | T. Check if Austin, TX, officeholder living expense | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |
| | · | | - | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete this | form. | | | | | |
|---|-----------------------------|---|--|--|----------------------|-------------------------|------------|--------------|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | | |
| | Sch: 6/8 Rpt: 25/29 | Frank, James B. (T | he Honorable) | | | 00067748 | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF EXPENDITI CHARGED CARD | | \$ | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cre | edit Card Issuer | Paid | | | | |
| | | \$169.52 | 12/05/2024 | | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee add | | City, | State, | Zip Code | | |
| | | DOUBLETREE BY | HILTON | 1617 IH 35 NORTH | | | | | | |
| L | | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this echodula) | (b) Description | | | | | | |
| | | or tris scriedule) | C/OH travel | out of district | for state busin | ess | | | | |
| | X Political | | | | | | | | | |
| | Non-Political | (*) L | 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 | | | | |
| Ľ | expenditure to benefit C/OH | () | | | #: 6 11 | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge | | | | (c) Date(s) Cre | edit Card Issuei | Paid | | | | |
| \$465.53 12/07/2024 | | | | | | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee addı | ress; | City, | State, | Zip Code | | |
| | | DOUBLETREE BY | HILTON | 1617 IH 35 N | IORTH | | | | | |
| | | | | 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 | | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| e | expenditure to benefit C/OH | | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cre | edit Card Issuer | Paid | | | | |
| | | \$196.99 | 12/08/2024 | | | | | | | |
| r | PAYEE | (a) Payee name | | (b) Payee addı | ress; | City, | State, | Zip Code | | |
| | | DOLUBI ETBEE DV | | 1617 IH 35 N | NORTH | | | | | |
| | | DOUBLETREE BY | HILTON | | | | | | | |
| L | | | AUSTIN, TX | | | | | | | |
| | PURPOSE OF EXPENDITURE | of this schedule) | (b) Description | | | | | | | |
| | X Political | or this scriedule) | C/OH travel out of district for state business | | | | | | | |
| 1 | Non-Political | Non-Political (c) Check if travel outside of Texas. Complete Schedule | | | | officeholder living exp | ense | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder | name Office | office sought Office held | | | | | | |
| 6 | 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

| The Instruction Guide explains how to complete this form. | | | | | | | | | |
|--|---|---------------------------------------|---|---|--------|----------|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| Sch: 7/8 Rpt: 26/29 | 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 | | | | | |
| | \$153.17 | 12/05/2024 | | | | | | | |
| 7 PAYEE | (a) Payee name Parking Manageme | ent Company | (b) Payee address; 1617 IH 35 N | City, | State, | Zip Code | | | |
| | (a) Oatawari | | Austin, TX 78702 | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Fees | of this schedule) | (b) Description hotel parking expense for travel out of district for state business | | | | | | |
| Non-Political | (C) Check if travel outside | Check if Austin, TX | ıstin, TX, officeholder living expense | | | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office h | | | | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$5.15 | (b) Date of Charge 12/05/2024 | (c) Date(s) Credit Card Issue | 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 EXPENDITURE X Political | (a) Category (See Categories listed at the top Fees | of this schedule) | (b) Description hotel parking expense for travel out of district for state business | | | | | | |
| Non-Political | (-) 🗖 (-) - (-) | (T. 0 11 01 11 T | | | | | | | |
| | (c) onest i tare estado en rexuer estriples estresado il | | | Check if Austin, TX, officeholder living expense e sought Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$32.04 | (b) Date of Charge 12/05/2024 | (c) Date(s) Credit Card Issue | er Paid | | | | | |
| PAYEE | (a) Payee name Parking Manageme | ent Company | (b) Payee address; 1617 IH 35 N Austin, TX 78702 | City, | State, | Zip Code | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Fees | of this schedule) | (b) Description hotel parking expense for travel out of district for state business | | | | | | |
| Non-Political | (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| Complete ONLY if direct | | | | | | | | | |

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

| The Instruction Guide explains how to complete this form. | | | | | | | | | |
|--|---|---------------------------------------|--|---|--|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| Sch: 8/8 Rpt: 27/29 | Frank, James B. (Tl | he Honorable) | 00067748 | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer 12/14/2024 | Paid | | | | | |
| | \$16.97 | 11/04/2024 | 12/11/2021 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | |
| | Uber | | 1725 3rd Street San Francisco, CA 94158 | | | | | | |
| | | | | | | | | | |
| 8 PURPOSE OF | | | | (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 | Travel Out of District | | for state business | | | | | | |
| Non-Political | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | officeholder living expense | | | | | |
| 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 Issuer | Paid | | | | | |
| | \$70.36 | 11/06/2024 | 12/14/2024 | | | | | | |
| | | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | |
| | That has a state of a section | | 110 E 2nd Street | | | | | | |
| JW Marriott Austin | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | |
| PURPOSE OF (a) Category | | | (b) Description | | | | | | |
| l <u> </u> | EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District | | | C/OH travel out of district for C/OH business | | | | | |
| X Political Mayor Sut of Bistrict | | | | | | | | | |
| 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 sought | | | | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid | • | | xpense Vages/Contract Labor | | Travel in District Travel Out of District OTHER (enter a category | y not listed above) |
|---------------------------------------|---|---|---|--|---|---------------------------|-------------------------------------|-------|---|---------------------------|
| 1 Total pages Schedule G: 2 FILER NAM | | FILER NAME | ME 3 | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 1/2 Rpt: 28/29 | | Frank, Jam | es B. (The Honora | able) | | | | 00067748 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 11/01/2024 | | Chase Card | dmember Services | 5 | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$287.14 | | POB 94014 | | | | | | | |
| | X Reimbursement from political contributions intended | | Palatine, IL 60094-4014 | | | | | | | |
| 8 | PURPOSE OF | (a) | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete | | | | | | | |
| | EXPENDITURE | | Credit Card | l Payment | | | L L | _ | eck if Austin, TX, officeho | |
| | | | Monthly credit card payment for expenditures on F4 | | | | naitures reported | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Car | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | Date Payee name | | | | | | | | | |
| | 12/01/2024 Chase Cardmember Services | | | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$771.91 | \$771.91 POB 94014 | | | | | | | | |
| | X Reimbursement from political contributions intended | | | | | | | | | |
| | PURPOSE OF | | Category (S | ee Categories listed at the | top of this sche | edule) | Description | _ | | xas. Complete Schedule T. |
| EXPENDITURE Credit Ca | | Credit Card | - | | | | | | | |
| | | | | | Monthly credit card payment for expenditures reported on F4 | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Car | ndidate/Office | holder name | | | Office sought | | Office h | neld |
| | Date | | Payee name | | | | | | | |
| | 12/31/2024 | | | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$1,454.49 | POB 94014 | | | | | | | | |
| | X Reimbursement from political contributions intended | Palatine, IL 60094-4014 | | | | | | | | |
| | PURPOSE Category (See Categories listed at the top of this schedule) | | Description | _ | | xas. Complete Schedule T. | | | | |
| | OF EXPENDITURE | OF KPENDITURE Credit Card Payment Credit Card Payment | | | | | | | | |
| | | | | | | | Monthly credit ca on F4 | ard p | ayment for expe | nditures reported |
| | Complete ONLY if direct expenditure to benefit C/OH | Car | ndidate/Office | holder name | | | Office sought | | Office h | eld |
| | | | | | | | | | | |

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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 29/29 Frank, James B. (The Honorable) 00067748 Date Payee name 12/01/2024 Discover 6 Amount (\$) Payee address; City; State; Zip Code POB 29033 \$87.33 Reimbursement from political contributions Х intended Phoenix, AZ 85038-9033 **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 12/17/2024 MICHAEL'S #1328 Amount (\$) Payee address; City; State; Zip Code \$35.72 3201 BEE CAVES RD SUITE 112 Reimbursement from political contributions AUSTIN, TX 78746 intended **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 Office Overhead/Rental Expense **EXPENDITURE** District Map Print for Capitol office Complete ONLY if direct Candidate/Officeholder name Office sought Office held

Forms provided by Texas Ethics Commission

expenditure to benefit

C/OH

www.ethics.state.tx.us

Version V4.1.0.5dd2ace2