# 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 fil	led: '1	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY	
OFFICEHOLDER NAME	The Honorable	James B.			Date Received		
''''					ELECTRONICA	ALL V EIL ED	
						ALLI FILLD	
	NICKNAME	LAST		SUFFIX	07/15/2025		
		Frank					
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked	
OFFICEHOLDER	1206 Hatton Rd.						
MAILING ADDRESS					Receipt #	Amount	
Change of Address	Wichita Falls, TX 76302						
	Wichita Falls, TX 70302				Date Processed		
					Date Imaged		
5 CAMPAIGN TREASURER		FIRST		MI			
NAME	Mr.	Warren T.					
	NICKNAME	LAST		SUFFIX			
		Ayers					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	STA	ATE; ZIP CODE	
TREASURER ADDRESS	2525 Kell Blvd., Ste. 510						
ADDRESS							
(Residence or Business)	Wichita Falls, TX 76308						
	Wichita Falls, TX 70500						
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION				
TREASURER PHONE	(940) 723-7322						
PHONE							
8 REPORT							
TYPE	January 15	30th day before	election	Runoff	15th day after ca		
					appointment (offi		
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)	
9 PERIOD COVERED	Month Day Year	T1	IDOLICII	Month Day	Year		
	01/01/2025	IH	IROUGH	06/30/202	25		
40 51 507/01/	El ESTISCO E CET	- 1		ELECTION TO THE			
10 ELECTION	ELECTION DATE			ELECTION TYPE	□ out		
	Month Day Year	XP	rimary	Runoff	Other		
	03/03/2026	G	eneral	Special			
				<del></del>			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)		
	State Representative Distr	ict 69 Wichita		State Represent	tative District 69		
				1			
		GOT	O PAGE 2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 71

13 C / OH NAME	Frank, James B. (The	Honorable)	<b>14</b> Filer ID 00067748	(Ethics Co	mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political en made without the candidate's or of ort this information only if they receive	ficeholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
16 CONTRIBUTION TOTALS			NS (OTHER THAN PLEDGES, LOAN ONS MADE ELECTRONICALLY)	S, <b>\$</b>	23.12
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARAN	TEES OF LOANS)	\$	7,523.12
EXPENDITURE TOTALS				\$	0.00
	4. TOTAL POLITICAL EXPENDITURES \$				65,220.58
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$	315,870.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$	0.00
<b>17</b> AFFIDAVIT		true and corre	irm, under penalty of perjury, that the ct and includes all information require , Election Code.		
			The Honorable James B. F	rank	
			Signature of Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to ce	rtify which, witness my hand and	seal of office.		
Signature of office	cer administering	Printed name of officer adm	inistering Title of offi	icer administe	ering oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

			3	of 71
18 FILER NA		<b>19</b> Filer ID	(Ethics Commission Fil	ers)
	mes B. (The Honorable)	00067748	Т	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMO	UNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 7	,523.12
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 47	,161.46
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 9	,029.56
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 9	,029.56
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete thi	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/71	
2	FILER NAME Frank, James B. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00067748
4			7 Amount of Contribution (\$) \$5,000.00	
		Austin, TX 78701		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction:	s)
	Date 06/30/2025			Amount of Contribution (\$) \$2,500.00
	Principal occu	Houston, TX 77027  upation / Job title (See Instructions)	Employer (See Instruction:	s)
	Chairman and Chief Executive Officer Texans for Lawsuit Refe			orm

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g 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 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: 1/30 Rpt: 5/71	Frank, James B. (The Honorable) 00067748	
4	Date	5 Payee name	_
	01/17/2025	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$32.46	440 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE		
o	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		office supplies for capitol office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
F	Date	Payee name	_
	01/17/2025	Amazon.com	
-	Amount (\$)	Payee address; City; State; Zip Code	—
	\$40.92	440 Terry Ave N	
	Ψ-0.02	440 Tony / We IV	
		Soottle WA 00100	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		books for new legislative staff members	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	—
	01/08/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.89	440 Terry Ave N	
	Ψ30.03	440 Tony / We IV	
		Soottle WA 00100	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		printer for capitol office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### SCHEDULE F1

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

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

	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: 2/30 Rpt: 6/71	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	01/01/2025	Amazon.com
6	Amount (\$) \$10.38	7 Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office supply for capitol office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/11/2025	Amazon.com
	Amount (\$) \$9.84	Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office supplies for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/14/2025	Payee name Amazon.com
	Amount (\$) \$31.38	Payee address; City; State; Zip Code 440 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office supplies for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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: 3/30 Rpt: 7/71	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	06/02/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	440 Terry Ave N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		end of session gift for legislative staff member
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/01/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$402.96	POB 619616
		DFW Airport, TX 75261
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Airfare for district director to travel to Washington DC
		to advocate for Sheppard Air Force Base
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/02/2025	Berry Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	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
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	<del>1</del> 

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 4/30 Rpt: 8/71	l	es B. (The Honorable	e)				00067748		·
4	Date	5 Payee name	!							
	03/01/2025	Bob Paytor	n Consulting							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$169.40	4015 Kings	bury Dr							
		Wichita Fal	ls, TX 76309							
8	PURPOSE OF		See Categories listed at the top o	f this schedule)	(b)	Description				
	EXPENDITURE	Travel Out	of District					de of Texas. Comp officeholder living		
						ш			District Director for	travel
									ington DC trip	uavoi
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	!							
	02/01/2025	Bob Paytor	n Consulting							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,000.00	4015 Kings	bury Dr							
		Wichita Fal	ls, TX 76309							
	PURPOSE OF	(a) Category (S	See Categories listed at the top o	of this schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Comp officeholder living		
						contract labor				
						contract labor	0	· campaign ·	50111003	
	Complete ONLY if direct		iceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee name								
	03/01/2025	Bob Paytor	n Consulting							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,000.00	4015 Kings	bury Dr							
		Wichita Fal	ls, TX 76309		_					
	PURPOSE	(a) Category (S	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Com		
						contract labor		officeholder living		
						Contract labor	. 10	- campaight	JCI VICCS	
$\vdash$	Complete ONLY if direct	Candidate/∩ff	iceholder name	Office sou	laht			Office he	eld	
	expenditure to benefit C/O		.ccordor riamo	Jiioc 300	~9''L			Silloc He		
l										

### SCHEDULE F1

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

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

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

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

	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: 5/30 Rpt: 9/71	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	04/01/2025	Bob Payton Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	4015 Kingsbury Dr
		Wichita Falls, TX 76309
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		contract labor for campaign services
		Consider tases for each pargit estimates
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Bob Payton Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	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
		contract labor for campaign services
		Consider tases for each pargit estimates
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/01/2025	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor for campaign services
		Contract tabor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

				OTHER (enter a	category not listed abo	ove)				
1	Total pages Cabadula F1:					10 1	_	Filor ID	(Ethios Commissi	on Filore)
1	Total pages Schedule F1:		D (The Henerable)				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 6/30 Rpt: 10/71		B. (The Honorable)					00067748		
4	Date	5 Payee name								
	01/01/2025	Bob Payton C	onsulting							
6	Amount (\$)	7 Payee address;	City; St	ate; Zip Co	ode					
	\$1,000.00	4015 Kingsbu	ry Dr							
		Wichita Falls,	TX 76309							
8	PURPOSE				(h)	Description				
0	OF		Categories listed at the top of this es/Contract Labor	schedule)	(0)	Description  Check if travel of	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Salaries/way	es/Contract Labor			_		officeholder living		
						contract labor	r fo	r campaign :	services	
9	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	01/09/2025	,	th and Congress)							
	Amount (\$)	Payee address:		ate; Zip Co	nde					
	\$55.69	600 Congress	•	ato, 21p 00	, a c					
	φοσ.σσ	Ste C150	7.40							
			701							
		Austin, TX 78								
	PURPOSE OF		Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Food/Beverag	le Expense			<b>=</b>		de of Texas. Comp officeholder living		
						staff meeting				
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ı aht			Office he	eld	
	expenditure to benefit C/OI				3					
	Date	Davis same								
	01/01/2025	Payee name Crusius, Julia								
		· · · · · · · · · · · · · · · · · · ·								
	Amount (\$)	Payee address:	•	ate; Zip Co	ode					
	\$100.00	2901 Barton S	skyway #2303							
		AUSTIN, TX 7	'8746							
	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wag	es/Contract Labor					de of Texas. Com		
						contract labor		officeholder living		
						CONTRACT IADOI	10	r campaign .	3CI VICC3	
	Complete ONLY if direct	Candidate/Office	holdor namo	Office co	abt			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/OI		noidei naille	Office sou	ynı			Office he	au	
	•									

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/30 Rpt: 11/71	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	02/01/2025	Crusius, Julia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2901 Barton Skyway #2303
		AUSTIN, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		contract labor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	03/01/2025	Crusius, Julia
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2901 Barton Skyway #2303
		AUSTIN, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
		Solita de l'asser les campaign solvitoss
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	04/01/2025	Crusius, Julia
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2901 Barton Skyway #2303
		AUSTIN, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  contract labor for campaign services
		Contract labor for campaign services
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/30 Rpt: 12/71	Frank, James B. (The Honorable)	00067748
4	Date	5 Payee name	
	05/01/2025	Crusius, Julia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	2901 Barton Skyway #2303	
		AUSTIN, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	E/A EASTICLE		n, TX, officeholder living expense or for campaign services
		Contract labo	Tor campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
_	Date	Payee name	
	06/01/2025	Crusius, Julia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2901 Barton Skyway #2303	
	Ψ100.00	2301 Batton 3kyway #2303	
		ALICTINI TV 70746	
		AUSTIN, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/Contract Labor	n, TX, officeholder living expense
		contract labo	r for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/02/2025	Crusius, Julia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	2901 Barton Skyway #2303	
		AUSTIN, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/Contract Labor	outside of Texas. Complete Schedule T.
		end of session	n, TX, officeholder living expense
		Chu di 3033ic	ni bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Cinico Nola

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 9/30 Rpt: 13/71	Frank, James B. (The Honorable) 00067748				
4	Date	5 Payee name				
	05/01/2025	Crusius, Julia				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$65.00	2901 Barton Skyway #2303				
		AUSTIN, TX 78746				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		reimburse for mirror and table purchased on				
		Marketplace for Capitol office				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/01/2025	Dairy Queen #14				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$17.08	927 E OMEGA STREET				
		HENRIETTA, TX 76365				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  C/OH Meeting with public education administration in				
		Clay County				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
	Date	Payee name				
	06/23/2025	Dennis Paul Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	626 1/2 Barringer Lane, Suite E				
	Ψ3,000.00	626 1/2 Barninger Lane, Suite L				
		Webster, TX 77598				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Candidate/Officeholder/Political Committee				
		campaign contribution				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/O	<b>1</b>				

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salar	-	es/Contract Labor		OTHER (enter a	a category not listed above)	
_		_			uide explains how t	o comp	iete triis iorm.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 10/30 Rpt: 14/71		Frank, Jam	es B. (The Hond	orable)				00067748		
4	Date	5	Payee name								
	02/12/2025			MES B (Mr.)							
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip	Code					
ľ	\$1,171.54	ľ	1638 HURS		State, Zip	Couc					
	Ψ1,171.54		1030 11010	DITAVL							
			WICHITA F	ALLS, TX 76302	2						
8	PURPOSE	(a)	Category (S	ee Categories listed at tl	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE	l		yment/Reimburs			Check if travel	outs	ide of Texas. Cor	nplete Schedule T.	
	EXPENDITORE						<b>—</b>		, officeholder livin		
										it card payment (C	) (D)
							reported on	SC	HG		
9	Complete ONLY if direct		Candidate/Off	ceholder name	Office	sought	i		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	03/01/2025		FRANK, JA	MES B (Mr.)							
-	Amount (\$)		Payee addre	ss; City;	State; Zip	Code					
	\$1,767.93		1638 HURS								
	Ψ1,101.95		1000 11010	DITAVE							
					_						
			WICHITA F	ALLS, TX 76302	2						
	PURPOSE	(a)	Category (S	ee Categories listed at t	ne top of this schedule)	(b)	<b>D</b> escription				
	OF EXPENDITURE		Loan Repay	yment/Reimburs	ement		<b>=</b>			nplete Schedule T.	
							ш		, officeholder livin		\(D)
							reported on S			it card payment (C	)(D)
							·				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	Office	sought			Office h	eld	
	experiulture to beriefit C/O	'									
	Date		Payee name								
	04/01/2025		FRANK, JA	MES B (Mr.)							
	Amount (\$)		Payee addre	ss; City;	State; Zip	Code					
	\$809.64		1638 HURS		, ,						
	+555.5										
			\\	TV 7000	_						
			WICHITAF	ALLS, TX 76302	<u> </u>						
	PURPOSE OF	(a)		ee Categories listed at t		(b)	Description				
	EXPENDITURE		Loan Repay	yment/Reimburs	ement					nplete Schedule T.	
									, officeholder livin	<sup>g expense</sup> it card payment (C	`
							reported on S			it card payment (C	)
	0 1. 0		O 11 1 1								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	Office	sought	Ī		Office h	eld	
	experientare to beliefit 6/01										

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)			
		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 11/30 Rpt: 15/71	2 FILER NAME Frank, James B. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067748			
	3011. 11/30 Tept. 13/11					
4	Date	5 Payee name				
	05/01/2025	FRANK, JAMES B (Mr.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,799.72	1638 HURSH AVE				
		MICHITA FALLS TV 76202				
		WICHITA FALLS, TX 76302				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Edui Repayment Reimbardement	outside of Texas. Complete Schedule T.			
	-		TX, officeholder living expense			
		reported on S	older for credit card payment (C)			
		reported on 3	CITG			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	06/30/2025	FRANK, JAMES B (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	` '					
	\$3,480.73	1638 HURSH AVE				
		WICHITA FALLS, TX 76302				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin,	TX, officeholder living expense			
			older for credit card payment (C)(D)			
		reported on S	CH G			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1				
	Date	Payee name				
	01/14/2025	Flag Sales				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$303.45	POB 2910				
		Austin, TX 78768				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		outside of Texas. Complete Schedule T.			
	EXPENDITURE		TX, officeholder living expense			
		replenish flag	supply for HD69			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/30 Rpt: 16/71	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	01/01/2025	Gonzales, Kristin
6	Amount (\$)	7 Payee address; City; State; Zip Code
-	\$250.00	4405 HOLLANDALE AVE
	,	
		WICHITA FALLS, TX 76302
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2025	Gonzales, Kristin
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4405 HOLLANDALE AVE
		WICHITA FALLS, TX 76302
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor for campaign services
	Operation ONLY & Street	Out district Office held a group of the state of the stat
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/01/2025	Gonzales, Kristin
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4405 HOLLANDALE AVE
		WICHITA FALLS, TX 76302
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		contract labor for campaign services
	Complete ONII V if direct	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

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

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

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

\$250.00 4405 HOLLANDALE AVE WICHITA FALLS, TX 76302  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  9 Complete ONLY if direct expenditure to benefit C/OH  Date OS/01/2025  Amount (\$) Payee address; City; State; Zip Code  4405 HOLLANDALE AVE  WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if Austin, TX, officeholder Txx, complete Schedule T. Check if Substitute to benefit C/OH  Office held  Date OS/01/2025  Payee address; City; State; Zip Code 4405 HOLLANDALE AVE  WICHITA FALLS, TX 76302  PURPOSE OF Salaries/Wages/Contract Labor  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Check if Tavel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Invaled outside of Texas. Complete Sch	Sch: 13/30 Rpt: 17/71 Frank, Ja  4 Date 04/01/2025 S Payee na Gonzale  6 Amount (\$) 7 Payee ad 4405 HC  WICHITA  8 PURPOSE OF EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/OH  Date 05/01/2025 Gonzale  Amount (\$) Payee ad Gonzale	ames B. (The Honorable)  ame s, Kristin  dress; City; State;  DLLANDALE AVE  A FALLS, TX 76302  (See Categories listed at the top of this scheduly Wages/Contract Labor  Officeholder name  Off	(b) Descriptio Check if Check if contract	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services	ion Filers)		
4 Date O4/01/2025 5 Payee name Gonzales, Kristin  7 Payee address; City; State; Zip Code 4405 HOLLANDALE AVE WICHITA FALLS, TX 76302  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Payee name O5/01/2025 Conzales, Kristin  Amount (\$) Payee name Gonzales, Kristin  Amount (\$) Payee name Gonzales, Kristin  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office sought Office held  Office sought Office held	4 Date 04/01/2025  6 Amount (\$)  7 Payee ad 4405 HC WICHITA  8 PURPOSE OF EXPENDITURE  (a) Category Salaries  9 Complete ONLY if direct expenditure to benefit C/OH  Date 05/01/2025 Amount (\$)  Payee ad Payee na Gonzale Payee ad Payee ad Payee ad	Ime Is, Kristin Idress; City; State; DLLANDALE AVE  A FALLS, TX 76302  (See Categories listed at the top of this schedu/Wages/Contract Labor  Officeholder name  Off	(b) Descriptio Check if Check if contract	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
Od/01/2025   Gonzales, Kristin	04/01/2025 Gonzale  Amount (\$)  \$250.00  Payee ad 4405 HC  WICHITA  WICHITA  ACT CARRES  Gonzale  Candidate  Expenditure to benefit C/OH  Date 05/01/2025 Amount (\$)  Payee ad  Payee ad  Payee ad  Payee ad  Payee ad	s, Kristin  Idress; City; State;  DLLANDALE AVE  A FALLS, TX 76302  (See Categories listed at the top of this schedu/Wages/Contract Labor  Officeholder name  Off	(b) Descriptio Check if Check if contract	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
7 Payee address; City; State; Zip Code  **WICHITA FALLS, TX 76302  8 PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule)   Candidate/Officeholder name   Office sought   Office held    Date O5/01/2025   Payee address; City; State; Zip Code    Amount (\$) Payee address; City; State; Zip Code    Amount (\$) Payee address; City; State; Zip Code    4405 HOLLANDALE AVE    WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule)   Office held    Date O5/01/2025   Salaries/Wages/Contract Labor    PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule)   Office held    Category (see categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.    Check if Justin, TX, officeholder living expense contract labor for campaign services    Complete ONLY if direct expenditure to benefit C/OH    Candidate/Officeholder name   Office sought   Office held    Candidate/Officeholder name   Office sought   Officeholder name    Candidate/Officeholder name   Officeholder name    Candidate/Officeholder name   Officeholder name    Candidate/Officeholder name   Officeholder name    Candidate/Officeholder name    Candidate/Officeholder name    Candidate/Offi	6 Amount (\$)  8 PURPOSE OF EXPENDITURE  (a) Category Salaries  9 Complete ONLY if direct expenditure to benefit C/OH  Date 05/01/2025 Amount (\$)  Payee ad  4405 HC  Candidate/  Fayee na Gonzale Payee ad	Idress; City; State; DLLANDALE AVE  A FALLS, TX 76302  (See Categories listed at the top of this schedu/Wages/Contract Labor  Officeholder name  Off	(b) Descriptio Check if Check if contract	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
\$250.00 4405 HOLLANDALE AVE WICHITA FALLS, TX 76302  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  9 Complete ONLY if direct expenditure to benefit C/OH  Date OS/01/2025  Amount (\$) Payee name Gonzales, Kristin  Amount (\$) Payee address; City; State; Zip Code 4405 HOLLANDALE AVE  WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if Austin, TX, officeholder IT Check if Invation uside of Texas. Complete Schedule T. Check if Invation United Processing State in the top of this schedule) Check if Austin, TX, officeholder IT Check if Invation United Processing State in the top of this schedule) Check if Austin, TX, officeholder IT Check if Invation United Processing State in the Invation Check if Austin, TX, officeholder It Invation Check if Austin, TX, officeholder Invation Check if Austin, TX, officeholder It Invation Check if Austin, TX, officeholder Invation Check if Austin, TX, officeholder It Invation Check if Austin, T	\$250.00 4405 HC  WICHITA  B PURPOSE OF EXPENDITURE  (a) Category Salaries  Salaries  Candidate  Candidate  Payee na 05/01/2025  Amount (\$)  Payee ad	OLLANDALE AVE  A FALLS, TX 76302  (See Categories listed at the top of this scheduly)  Wages/Contract Labor  Officeholder name  Off	(b) Descriptio Check if Check if contract	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
WICHITA FALLS, TX 76302  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  9 Complete ONLY if direct expenditure to benefit C/OH  Date OS/01/2025  Amount (\$) Payee name OS/01/2025  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  OF Check if Austin, TX, officeholder name Office sought  Office held  OFFICE ONLY if direct categories listed at the top of this schedule)  OF Check if Austin, TX, officeholder living expense contract labor  OF Check if Austin, TX, officeholder living expense contract labor for campaign services  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office sought Office held	WICHITA  8 PURPOSE OF EXPENDITURE  (a) Category Salaries  9 Complete ONLY if direct expenditure to benefit C/OH  Date 05/01/2025 Amount (\$) Payee ad	A FALLS, TX 76302  (See Categories listed at the top of this scheduly Wages/Contract Labor  Officeholder name	Check if Check if contract	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
Candidate/Officeholder name   Cand	8 PURPOSE OF EXPENDITURE  (a) Category Salaries  9 Complete ONLY if direct expenditure to benefit C/OH  Date 05/01/2025 Amount (\$) Payee ad	(See Categories listed at the top of this schedule)  /Wages/Contract Labor  /Officeholder name  Off	Check if Check if contract	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
Category   (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense contract labor for campaign services	8 PURPOSE OF EXPENDITURE  (a) Category Salaries  9 Complete ONLY if direct expenditure to benefit C/OH  Date 05/01/2025 Amount (\$) Payee ad	(See Categories listed at the top of this schedule)  /Wages/Contract Labor  /Officeholder name  Off	Check if Check if contract	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
Salaries/Wages/Contract Labor    Check if Austin, TX, officeholder living expense contract labor for campaign services    Check if Austin, TX, officeholder living expense contract labor for campaign services    Check if Austin, TX, officeholder living expense contract labor for campaign services    Check if Austin, TX, officeholder living expense contract labor for campaign services    Office held	OF EXPENDITURE  Salaries/ Salaries/  9 Complete ONLY if direct expenditure to benefit C/OH  Date 05/01/2025 Amount (\$) Payee ad	/Wages/Contract Labor /Officeholder name Off	Check if Check if contract	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
Salaries/Wages/Contract Labor  Salaries/Wages/Contract Labor  Salaries/Wages/Contract Labor  Salaries/Wages/Contract Labor  Complete ONLY if direct expenditure to benefit C/OH  Date O5/01/2025  Amount (\$)  Payee name Gonzales, Kristin  Amount (\$)  Payee address; City; State; Zip Code  4405 HOLLANDALE AVE  WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Office held  Office held  Office held	9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee na O5/01/2025 Gonzale  Amount (\$) Payee ad	/Wages/Contract Labor /Officeholder name Off	Check if Check if contract	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for campaign services			
Purpose OF EXPENDITURE    Candidate/Officeholder name   Office sought   Office held	9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee na Gonzale Amount (\$) Payee ad		contract	labor for campaign services			
9 Complete ONLY if direct expenditure to benefit C/OH  Date	expenditure to benefit C/OH  Date Payee na 05/01/2025 Gonzale  Amount (\$) Payee ad						
Date 05/01/2025	expenditure to benefit C/OH  Date Payee na 05/01/2025 Gonzale  Amount (\$) Payee ad		ice sought	Office held			
Date 05/01/2025	expenditure to benefit C/OH  Date Payee na 05/01/2025 Gonzale  Amount (\$) Payee ad		ice sought	Office held			
O5/01/2025  Gonzales, Kristin  Amount (\$)  Payee address; City; State; Zip Code  4405 HOLLANDALE AVE  WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office sought  Office held	05/01/2025 Gonzale  Amount (\$) Payee ad	me					
O5/01/2025  Gonzales, Kristin  Amount (\$)  Payee address; City; State; Zip Code  4405 HOLLANDALE AVE  WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office sought  Office held	05/01/2025 Gonzale  Amount (\$) Payee ad	me					
Amount (\$) Payee address; City; State; Zip Code  ### 4405 HOLLANDALE AVE  WICHITA FALLS, TX 76302    PURPOSE OF EXPENDITURE	Amount (\$) Payee ad						
\$250.00  4405 HOLLANDALE AVE  WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor for campaign services  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held		s, Kristin					
WICHITA FALLS, TX 76302  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor for campaign services  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held	\$250.00 4405 HC		Zip Code				
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor for campaign services  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held		)LLANDALE AVE					
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor for campaign services  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held							
Salaries/Wages/Contract Labor  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense contract labor for campaign services  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held	WICHITA	4 FALLS, TX 76302					
EXPENDITURE  Salaries/wages/Contract Labor  Check if Austin, TX, officeholder living expense contract labor for campaign services  Complete ONLY if direct expenditure to benefit C/OH  Check if Austin, TX, officeholder living expense contract labor for campaign services  Office sought  Office held	[ , January	(See Categories listed at the top of this schedu	·				
Complete ONLY if direct expenditure to benefit C/OH  Contract labor for campaign services  Office sought Office held	I Salarios	/Wages/Contract Labor					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
expenditure to benefit C/OH			0011110101	icase i ea campaign ee nee			
expenditure to benefit C/OH	Complete ONLY if direct Candidate/	Officeholder name Off	I ice sought	Office held			
Date Payes name							
	Date Pavee na	me					
06/01/2025 Gonzales, Kristin	,						
Amount (\$) Payee address; City; State; Zip Code			Zin Code				
\$250.00 4405 HOLLANDALE AVE			p				
	,						
WICHITA FALLS, TX 76302	WICHIT	A FALLS TX 76302					
			(h) Description	an .			
OF Salarias/Manas/Contract Labor Check if travel outside of Texas. Complete Schedule T.	OF Salaries						
	EXPENDITURE	vvages/contract Labor	Check if	Austin, TX, officeholder living expense			
EXPENDITURE Check if Austin, TX, officeholder living expense			contract	labor for campaign services			
EXPENDITURE    Check if Austin, TX, officeholder living expense contract labor for campaign services							
Check if Austin, TX, officeholder living expense		Officeholder name Off	ice sought	Office held			
Complete ONLY if direct  Candidate/Officeholder name  Check if Austin, TX, officeholder living expense contract labor for campaign services  Office sought  Office held	experiulture to beriefft C/OH						
Check if Austin, TX, officeholder living expense contract labor for campaign services	•						
Complete ONLY if direct  Candidate/Officeholder name  Check if Austin, TX, officeholder living expense contract labor for campaign services  Office sought  Office held	·						

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-		Vages/C	Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	II FR NAMF			3	Filer ID	(Ethics Commission Filers)
Ĺ	Sch: 14/30 Rpt: 18/71	Frank, James B. (The Ho	norable)			00067748	
4	Date	Payee name					
L	02/17/2025	HEB #465					
6	Amount (\$) \$18.53	Payee address; City; 2701 East 7th Street Austin, TX 78702	State; Zip Co	ode			
8	PURPOSE	Category (See Categories listed a	at the top of this schedule)	(b) [	Description		
	OF	Office Overhead/Rental E		lìr	Check if travel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			s	Check if Austin, TX supplies and be		expense he Capitol office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	ıght		Office he	eld
	Date	Payee name					
	02/24/2025	HEB #639					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$25.49	1801 E 51ST STREET					
	DUDDOG	AUSTIN, TX 78723		[a.x =			
	PURPOSE OF	Category (See Categories listed a		(D) [	Description  Check if travel outs	ido of Toyas Com	oloto Schodulo T
	EXPENDITURE	Office Overhead/Rental E	xpense	l ⊦	Check if Austin, TX		
				l r	ப nints for capitol		
					·		
	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	ıght		Office he	eld
	Date	Payee name					
	01/01/2025	HEB Food (768)					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$51.73	2652 LAKE AUSTIN BLV	D				
		AUSTIN, TX 78703		i			
	PURPOSE OF	Category (See Categories listed a	at the top of this schedule)	(b) [	Description	:d4.T-: 0	elete Calcadula T
	EXPENDITURE	Food/Beverage Expense			Check if travel outs Check if Austin, TX		
					Tood and bever		
					230 00 00701		
	Complete ONLY if direct expenditure to benefit C/Ol	andidate/Officeholder name	Office sou	ıght		Office he	eld

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 15/30 Rpt: 19/71	2 FILER NAME Frank, James B. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067748	
4	Date	5 Payee name	
	01/01/2025	HEB Food (768)	
6	Amount (\$) \$9.42	7 Payee address; City; State; Zip Code 2652 LAKE AUSTIN BLVD	
	, -		
		AUSTIN, TX 78703	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		office supplies for capitol office	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/05/2025	HEB Food (768)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.61	2652 LAKE AUSTIN BLVD	
		AUSTIN, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		mints for capitol office	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	01/05/2025	HEB Food (768)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.05	2652 LAKE AUSTIN BLVD	
		AUSTIN, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		office supplies for capitol office	
		omoc supplies for supplies since	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 16/30 Rpt: 20/71	Frank, James B. (The Honorable) 00067748				
4	Date	5 Payee name				
	01/24/2025	HEB Food (768)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$14.57	2652 LAKE AUSTIN BLVD				
		AUSTIN, TX 78703				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		beverages for capitol office				
		beverages for expirer emice				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
	D :					
	Date	Payee name				
	03/04/2025	HEB Food (768)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$14.91	2652 LAKE AUSTIN BLVD				
		AUSTIN, TX 78703				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	-	Check if Austin, TX, officeholder living expense  office supplies for capitol office				
		office supplies for capitor office				
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Data					
	Date 03/04/2025	Payee name				
		HEB Food (768)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$66.94	2652 LAKE AUSTIN BLVD				
		AUSTIN, TX 78703				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense office supplies for capitol office				
		onice supplies for capitor onice				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 17/30 Rpt: 21/71	Frank, James B. (The Honorable)		00067748		
4	Date	5 Payee name				
l	02/11/2025	HEB Food (768)				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le			
l	\$9.94	2652 LAKE AUSTIN BLVD				
l						
l		AUSTIN, TX 78703				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.		
l				Check if Austin, TX, officeholder living expense office supplies for capitol office		
				office supplies for capitor office		
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
	expenditure to benefit C/OI			C60 1.616		
F	Date	Payee name				
l	02/15/2025	HEB Food (768)				
┝	Amount (\$)	Payee address; City; State; Zip Cod	le.			
l	\$11.31	2652 LAKE AUSTIN BLVD				
l	¥==.0=					
l		AUSTIN, TX 78703				
┝	PURPOSE	T	(h)	Description		
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	,	Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	2.100 0.101.101.101.101.101.101.101		Check if Austin, TX, officeholder living expense		
				office supplies for capitol office		
L	0 1: 0.11.7.7.1.			000		
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
⊨	5.					
l	Date 02/08/2025	Payee name				
┡		HEB Food (768)				
l	Amount (\$)	Payee address; City; State; Zip Cod 2652 LAKE AUSTIN BLVD	ie			
l	\$2.92	2032 LAKE AUSTIN BLVD				
l		ALICTINI TV 70702				
L		AUSTIN, TX 78703	,, <u>,</u>			
l	PURPOSE OF	,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense		
l				mints for capitol office		
L						
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
L	expenditure to benefit C/OI	1				
			_			

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 18/30 Rpt: 22/71	Frank, James B. (The Honorable) 00067748				
4	Date	5 Payee name				
	01/31/2025	HEB Food (768)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$4.29	2652 LAKE AUSTIN BLVD				
		AUSTIN, TX 78703				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		beverages for capitol office				
		beverages for expired office				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/O					
H	Date	Dayso name				
	04/05/2025	Payee name HEB Food (768)				
L						
	Amount (\$)	Payee address; City; State; Zip Code				
	\$53.38	2652 LAKE AUSTIN BLVD				
		AUSTIN, TX 78703				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense snacks and beverages for capitol office				
		Shacks and beverages for capitor office				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
⊨	Date	Davida marra				
	05/19/2025	Payee name HEB Food (768)				
L						
	Amount (\$)	Payee address; City; State; Zip Code				
	\$17.56	2652 LAKE AUSTIN BLVD				
		AUSTIN, TX 78703				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  office supplies for capitol office				
		office supplies for capitor office				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
$\vdash$						

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)	
	Sch: 19/30 Rpt: 23/71	Frank, James B. (The Honorable)		00067748	
4	Date	5 Payee name			
	01/04/2025	HEB Food 29			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$5.98	701 Capital of Texas Highway			
		West Lake Hills, TX 78746			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense office supplies for capitol office	
				office supplies for capitor office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
Ð	expenditure to benefit C/OI		ynı	Office field	
	D :				
	Date	Payee name			
	01/01/2025	Hoegger Communications			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$25.00	901 Indiana Ave, Suite 100			
		Wichita Falls, TX 76301			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense campaign website hosting	
				campaigh website hosting	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name			
	02/01/2025	Hoegger Communications			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$25.00	901 Indiana Ave, Suite 100			
		Wichita Falls, TX 76301			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense campaign website hosting	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
	expenditure to benefit C/OI		9111	Since Held	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	•	te this form.	
1	Total pages Schedule F1:	·	_	3 Filer ID (Ethics Commission Filers)	
	Sch: 20/30 Rpt: 24/71	Frank, James B. (The Honorable)		00067748	
4	Date	5 Payee name		•	
	03/01/2025	Hoegger Communications			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de		
	\$25.00	901 Indiana Ave, Suite 100			
		Wichita Falls, TX 76301			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE			Check if Austin, TX, officeholder living expense	
				campaign website hosting	
_	0 1: 0.11.7.7.1.			000	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held	
	Date	Payee name			
	04/01/2025	Hoegger Communications			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$25.00	901 Indiana Ave, Suite 100			
		Wichita Falls, TX 76301			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE			Check if Austin, TX, officeholder living expense	
				campaign website hosting	
	Complete ONLY if direct	Condidate /Office helder name Office agus	ıb+	Office hold	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
·					
	Date	Payee name			
	05/01/2025	Hoegger Communications			
	Amount (\$)	Payee address; City; State; Zip Coc	de		
	\$25.00	901 Indiana Ave, Suite 100			
		Wichita Falls, TX 76301			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense	
				campaign website hosting	
	Complete ONLY if direct	Condidate/Officeholder name	ıb+	Office hold	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	JIIL	Office held	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/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: 21/30 Rpt: 25/71	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	06/01/2025	Hoegger Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	901 Indiana Ave, Suite 100
		Wichita Falls, TX 76301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign website hosting
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/16/2025	Jimmy John's 491
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.36	515 Congress Ave
		Suite 1200
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		staff meeting to discuss C/OH issues
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Jimmy John's 491
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.36	515 Congress Ave
		Suite 1200
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
		Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF	Food/Beverage Expense
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  staff meeting to discuss C/OH issues
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff meeting to discuss C/OH issues  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff meeting to discuss C/OH issues  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff meeting to discuss C/OH issues  Candidate/Officeholder name  Office sought  Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 22/30 Rpt: 26/71	Frank, James B. (The Honorable) 00067748				
4	Date	5 Payee name				
	03/17/2025	Law Offices of Kevin C Stewart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$625.00	6801 Yaupon Drive				
		Austin, TX 78759				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		retainer fee for ethics consulting				
		and the same of th				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	06/01/2025	Law Offices of Kevin C Stewart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$625.00	6801 Yaupon Drive				
		Austin, TX 78759				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Legal Services  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		retainer fee for ethics consulting				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·				
	Date	Davisa nama				
	06/24/2025	Payee name Mayes Middleton Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00	POB 1526				
	Ψ2,300.00	1 OB 1320				
		Galveston, TX 77553				
	PURPOSE	Tu.				
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense				
		campaign contribution				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experientale to beliefft C/O	•				

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 23/30 Rpt: 27/71	Frank, James B. (The Honorable)  00067748
4	Date	5 Payee name
	02/26/2025	National Landing Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.90	1999 Richmond Highway
		Arlington, VA 22202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		food expense for District Director while in Washington DC to advocate for Sheppard Air Force
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	02/27/2025	National Landing Hotel
		-
	Amount (\$)	
	\$879.93	1999 Richmond Highway
		Arlington, VA 22202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		hotel expense for District Director while in  Washington DC to advocate for Shanpard Air Force
L		Washington DC to advocate for Sheppard Air Force
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	06/02/2025	Neylon, Daniel
<u> </u>		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	4342 Crowley Drive
L		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		end of session bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Political Committee Legal Services Salanes/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: 24/30 Rpt: 28/71	Frank, James B. (The Honorable) 00067748						
4	Date	5 Payee name						
	02/04/2025	Office Depot #6253						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$19.04	907 West 5th Street						
		Suite 101						
		Austin, TX 78703						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		office supplies for capitol office						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	<del>1</del>						
	Date	Payee name						
	02/24/2025	Raising Cane's #M143						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12.58	50 Mass Avenue NE						
		Washington, DC 20002						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense food expense for District Director while in						
		Washington DC to advocate for Sheppard Air Force						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O							
	Date	Payee name						
	01/01/2025	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 EXPENDITURE	Salaries/Wages/Contract Labor						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		contract labor for campaign services						
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
_								
l								

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 25/30 Rpt: 29/71	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	02/01/2025	Shirley, Theresa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	3132 Jazz Street
		Round Rock, TX 78664
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 expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2025	Shirley, Theresa
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3132 Jazz Street
		Round Rock, TX 78664
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		contract labor for campaign services
		Continue trader for campaign convices
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	D :	
	Date	Payee name
	04/01/2025	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 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	

#### SCHEDULE F1

Pertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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

	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: 26/30 Rpt: 30/71	Frank, James B. (The Honorable) 00067748			
4	Date	5 Payee name			
	05/01/2025	Shirley, Theresa			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$100.00	3132 Jazz Street			
		Round Rock, TX 78664			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense contract labor for campaign services			
		contract tabor for earnpaign services			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	<del>-</del>			
Г	Date	Payee name			
	06/01/2025	Shirley, Theresa			
Г	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 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			
		Consider labor for sampaign convicts			
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O				
F	Date	Payee name			
	06/02/2025	Shirley, Theresa			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$3,000.00	3132 Jazz Street			
		Round Rock, TX 78664			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		end of session bonus			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
$\vdash$					
ı					

### SCHEDULE F1

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

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

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
	Sch: 27/30 Rpt: 31/71	Frank, James B. (The Honorable)		00067748				
4	Date	5 Payee name						
Ļ	03/20/2025	Swedish Hill Bakery						
6	Amount (\$) \$22.73	7 Payee address; City; State; Zip Cod 1128 West 6th Street	le					
	φ22.73	1120 West out Sueet						
		Austin, TX 78703						
8	PURPOSE		h)	Description				
١	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	,	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	l l		Check if Austin, TX, officeholder living expense				
				pastries for member of the legislature				
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held				
١	expenditure to benefit C/O		110	Office field				
-	Date	Payee name						
	02/10/2025	Tacodeli (Spyglass)						
Г	Amount (\$)	Payee address; City; State; Zip Cod	le					
	\$62.74	1500 Spyglass Drive Suite B						
		Austin, TX 78746						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
				staff meeting to discuss C/OH issues				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held				
	experiditure to benefit C/O	1						
	Date	Payee name						
	02/06/2025	Texas Conservative Coalition						
	Amount (\$)	Payee address; City; State; Zip Cod POB 2659	le					
	\$2,000.00	POB 2009						
		Austin, TX 78768						
	PURPOSE		h)	Description				
	OF EXPENDITURE	Fees	.~,	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE			Check if Austin, TX, officeholder living expense				
				COH member dues (2 years)				
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held				
	expenditure to benefit C/O		•					

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/30 Rpt: 32/71	Frank, James B. (The Honorable) 00067748
4	Date	5 Payee name
	02/27/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.82	1400 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		beverages for capitol office
		beverages for eaphor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	Payee name
	02/27/2025	The Parking Spot North
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.18	4505 Plaza Drive
	Ψ103.10	4505 Fided Brive
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		parking expense for District Director while in Washington DC to advocate for Sheppard Air Force
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.10	1000 Lamar Street
		Wichita Falls, TX 76301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		shipping expense for C/OH materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

### SCHEDULE F1

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

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

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

l	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: 29/30 Rpt: 33/71	Frank, James B. (The Honorable) 00067748					
4	Date	5 Payee name					
	01/27/2025	USPS					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$9.70	1000 Lamar Street					
		Wichita Falls, TX 76301					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		shipping expense for C/OH materials					
		The state of the s					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
F	Date	Payee name					
	06/02/2025	USPS					
H	Amount (\$)	Payee address; City; State; Zip Code					
l	\$31.40	1000 Lamar Street					
		Wichita Falls, TX 76301					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense					
	shipping expense for C/OH materials						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
F	Date	Payee name					
	02/27/2025	Uber					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$14.98	1725 3rd Street					
l							
		San Francisco, CA 94158					
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense travel expense for District Director while in					
		Washington DC to advocate for Sheppard Air Force					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
$\vdash$							
I							

#### SCHEDULE F1

#### **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

Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Frank, James B. (The Honorable) 00067748	
5 Payee name	
Volpe, Alexander	
7 Payee address; City; State; Zip Code	_
3300 W Biddison St	
Fort Worth, TX 76109	
, <u> </u>	
Calaries/ Wages/ Contract Eabor	
,	
Candidate/Officeholder name Office sought Office held H	
a	Committee   Cift/Awards/Memorials Expense   Printing Expense   Salaries/Wages/Contract Labor   Committee   Commi

### **EXPENDITURES MADE BY CREDIT CARD**

### 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:	pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 1/33 Rpt: 35/71	Frank, James B. (The Honorable)			00067748				
4 CREDIT CARD	Name of final	ncial institution		F UNITEMIZED				
ISSUER	Chase Cardmo	ember Services	EXPENDITURES CHARGED TO A CREDIT CARD		<b> \$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
	\$12.17	06/23/2025						
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	GoDaddy.com LLC		2155 E GoDaddy Way					
			Tempe, AZ					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	overcharge	or the sorround,	accidentai	charge - will be	retunaea			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
	\$499.00	01/06/2025	02/20/202	•				
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	Wichita Falls Chamber of		900 8th Street, Suite 100					
			Wichita Fa	lls, TX 76301				
PURPOSE OF	(a) Category	of Alvin and a dud a N	(b) Description					
EXPENDITURE	(See Categories listed at the top Loan Repayment/Rei		reimburse Chamber of Commerce for expenses to Washington DC to advocate for Sheppard Air Force Base					
X Political	and a property of		vvasningto	II DC to auvoca	ile ioi Sheppan	J All FUI	Le base	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH		1	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 02/26/2025					
	\$117.23	01/07/2025	02/20/2023	,				
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	Drophov Inc		185 Berry	St				
	Dropbox Inc.							
			<u> </u>	sco, CA 94107				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Office Overhead/Rent		Document storage and sharing service for campaign purposes					
X Political								
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	experialiture to beriefit C/OH							

### **EXPENDITURES MADE BY CREDIT CARD**

### 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:	Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 2/33 Rpt: 36/71	Frank, James B. (T	he Honorable)		00067748				
4 CREDIT CARD ISSUER	Name of financial institution see previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$					
6 PAYMENT	(a) Amount Charged \$57.97	(b) Date of Charge 01/17/2025	(c) Date(s) Credit Card Issue 02/26/2025	r Paid				
7 PAYEE	(a) Payee name Via 313 Pizza (6th)		(b) Payee address; 600 W 6th Street	City,	State,	Zip Code		
			Austin, TX 78701					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description staff meeting to discuss C	C/OH issues				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$14.96	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issue 06/26/2025	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	FedEx		942 S Shady Grove Rd					
			Memphis, TN 38120					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description shipping charge for C/OH	materials				
Non-Political	(2) D 0 1 7 1 1 1 1 1	(7. 0. 1. 0. 1. 7.		<b></b>				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Office held	ense			
expenditure to benefit C/OH	Canadate/Oniceriolaer	That is a second of the second	Sought	Office field				
PAYMENT	(a) Amount Charged \$17.23	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Card Issue 06/26/2025	r Paid				
PAYEE	(a) Payee name FedEx		(b) Payee address; 942 S Shady Grove Rd Memphis, TN 38120	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description shipping charge for C/OH	materials				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	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 Insti	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		sion Filers)
Sch: 3/33 Rpt: 37/71	Frank, James B. (T	he Honorable)			00067748		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$404.69	(b) Date of Charge 05/15/2025	(c) Date(s) C 06/26/2025	Credit Card Issuer	Paid		
7 PAYEE	Yeti 7601 Southwest Parkway		City,	State,	Zip Code		
	( ) 0 /		Austin, TX				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	· ·	(b) Description	on mmittee membe	ers		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$70.36	(b) Date of Charge 04/11/2025	(c) Date(s) C	credit Card Issuer	Paid		
PAYEE	(a) Payee name  Constant Contact		(b) Payee ac 1601 Trape Waltham, M	elo Road	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 is	on			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$99.00	(b) Date of Charge 02/19/2025	(c) Date(s) C 03/26/2025	credit Card Issuer 5	Paid		
PAYEE	(a) Payee name Wichita Falls Cham	ber of		Idress; reet, Suite 100	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)		on efee for District trip with the Cha		end Austi	n
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
						· <u> </u>	·

## SCHEDULE F4

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

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

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		HER (enter a category not listed	above)	
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	<u> </u>	3 Filer ID (Ethics Commission Filers)		
Sch: 4/33 Rpt: 38/71	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 \$15.00	(b) Date of Charge 01/10/2025	(c) Date(s) Credit Card Issuer 02/26/2025	Paid		
7 PAYEE	(a) Payee name  UberConference by	<i>r</i> Dialpad	(b) Payee address; 100 California St San Francisco, CA 94111	City, State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		campaign purposes			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$11.03	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issuer 02/26/2025	Paid		
PAYEE	(a) Payee name Chick-Fil-A (6th and	d Congress)	(b) Payee address; 600 Congress Ave Ste C150 Austin, TX 78701	City, State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description staff meeting to discuss C	/OH issues		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$12.39	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issuer 02/26/2025	Paid		
PAYEE	(a) Payee name  The Capitol Grill		(b) Payee address; 1400 Congress Ave Austin, TX 78701	City, State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description staff meeting to discuss C			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		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 Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 5/33 Rpt: 39/71	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			
	\$70.36	01/11/2025	02/26/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Constant Contact						
			Waltham, MA 02451				
8 PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule)						
X Political	Advertising Expense	or this scriedule)	campaign newsletter				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$17.05	01/12/2025	02/26/2025				
PAYEE	AYEE (a) Payee name (b) Payee address;		City, State, Zip Code				
	700m up		55 Almaden Blvd				
	Zoom.us		6th floor				
			San Jose, CA 95113				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	: <b>f</b>			
l <u>—</u>	Office Overhead/Rent		video conference call service for campaign purposes				
X Political							
Non-Political		of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH		L (1) = 1 ( 1)	1/2-1/2-11				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 02/26/2025	r Paid			
	\$24.64	01/21/2025	02/20/2020				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
'	(a) r dyce name		6661 Dixie Hwy, Ste 4	State, Zip code			
	ReadyRefresh by N	lestle	Joos Dixie Tiwy, Sie 4				
			Louisville, KY 40258				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	•	capitol office beverage se	ervice			
X Political	Office Overhead/Rent	ıaı ⊏xperise					
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	e sought	Office held			
expenditure to benefit C/OH							

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 6/33 Rpt: 40/71	Frank, James B. (The Honorable)			00067748			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$234.47	(b) Date of Charge 01/07/2025	(c) Date(s) ( 02/26/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name (b) Payee address; 185 Berry St San Francisco, CA 94107		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Document storage and sha purposes			aring service fo	or campa	ign	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$2.25	(b) Date of Charge 01/08/2025	(c) Date(s) ( 02/26/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name  City of Austin Parki	ng Meters	(b) Payee at 1100 Cong	gress Ave	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti		l		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$36.48	(b) Date of Charge 01/21/2025	(c) Date(s) ( 02/26/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Chipotle (Austin)		(b) Payee at 801 Congr	ess Ave	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	nse	(b) Descripti staff meeti	on ng to discuss C	/OH issues		
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 7/33 Rpt: 41/71	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
	\$19.65	01/29/2025	02/26/2025	
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Jimmy John's 491  515 Congress Ave Suite 1200 Austin, TX 78701			
8 PURPOSE OF	(a) Category (b) Description			
EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Food/Beverage Expense  staff meeting to discuss C.			C/OH issues
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 Offic	e sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged \$51.41	(b) Date of Charge 02/07/2025	(c) Date(s) Credit Card Issue 03/26/2025	r Paid
PAYEE	AYEE (a) Payee name (b) Payee address;		City, State, Zip Code	
	Jimmy John's 491  515 Congress Ave Suite 1200 Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		staff meeting to discuss 0	C/OH issues
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	e sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 02/12/2025	(c) Date(s) Credit Card Issue 03/26/2025	r Paid
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code
	7000000		55 Almaden Blvd	
	Zoom.us		6th floor	
			San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
X Political	Office Overhead/Rent	•	video conference call ser	vice for campaign purposes
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 8/33 Rpt: 42/71	Frank, James B. (The Honorable)			00067748			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/06/2025	(c) Date(s) ( 03/26/202	Credit Card Issuer 5	r Paid		
7	PAYEE	(a) Payee name  Texas House Republican Caucus  (b) Payee address;  POB 13305  Austin, TX 78711		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description 2025 Cauci	on			
l	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$65.87	(b) Date of Charge 02/06/2025	(c) Date(s) ( 03/26/202	Credit Card Issuer 5	r Paid		
	PAYEE	(a) Payee name (b) Payee address; 900 8th Street, Suite 100 Wichita Falls Chamber of Wichita Falls, TX 76301		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti		n 3/19/2025		
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$14.76	(b) Date of Charge 02/19/2025	(c) Date(s) ( 03/26/202	Credit Card Issuer 5	r Paid		
	PAYEE	(a) Payee name Uber		(b) Payee at 1725 3rd S		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti C/OH trans	ion sportation expe	nse while trave	eling out o	of district
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
ε	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete t	his form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)	
	Sch: 9/33 Rpt: 43/71	Frank, James B. (T	he Honorable)			00067748			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$14.76	(b) Date of Charge 02/26/2025	(c) Date(s) 03/26/20	Credit Card Issue 25	r Paid			
7	PAYEE	(a) Payee name (b) Payee address; 1725 3rd Street  Uber  San Francisco, CA 94158		City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description C/OH transportation expen				eling out o	of district		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$6.56	(b) Date of Charge 02/12/2025	(c) Date(s) 03/26/20	Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name  Texas Federation of	of Republican	(b) Payee address; 13740 N Hwy 183 Suite J4 Austin, TX 78750		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)		tion ed for contribution an Women	on to Texas Fe	ederation	of	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	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 02/10/2025	(c) Date(s) 03/26/20	Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name  UberConference by	/ Dialpad	(b) Payee a 100 California San Fran		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip conference	ce call service fo				
$ldsymbol{ld}}}}}}$	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
ı									

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 10/33 Rpt: 44/71	Frank, James B. (The Honorable)			00067748			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$25.94	(b) Date of Charge 02/10/2025	(c) Date(s) C 03/26/2025	Credit Card Issuer 5	Paid		
7 PAYEE	(a) Payee name (b) Payee address; 33268 Central Ave Union City, CA 94587		City,	State,	Zip Code		
0 PURPOSE OF	(a) Catagony						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description toner for capitol office print			ter			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$14.76	(b) Date of Charge 02/11/2025	(c) Date(s) C 03/26/2025	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name Uber		(b) Payee at		City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expense while traveling out of district				of district
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held		
PAYMENT	(a) Amount Charged \$15.81	(b) Date of Charge 02/11/2025	(c) Date(s) C 03/26/2025	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name Uber		(b) Payee ac 1725 3rd S San Franci		City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH trans	on sportation exper	nse while trave	eling out o	of district
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	<del></del>
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 Instruction Guide explains how to complete this form.							
1 Tota	l pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
Sch	: 11/33 Rpt: 45/71	Frank, James B. (T	he Honorable)			00067748		
4 CRE ISSU	DIT CARD JER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAY	MENT	(a) Amount Charged \$15.95	(b) Date of Charge 02/11/2025	(c) Date(s) 03/26/202	Credit Card Issuer 25	Paid		
7 PAY	ÆE	(a) Payee name Uber		(b) Payee a	Street	City,	State,	Zip Code
		(a) Cataman			cisco, CA 94158			
	RPOSE OF PENDITURE Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description C/OH transportation expens		nse while trave	eling out o	of district		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense			
I	plete <u>ONLY</u> if direct diture to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAY	/MENT	(a) Amount Charged \$12.98	(b) Date of Charge 02/19/2025	(c) Date(s) 03/26/202	Credit Card Issuer 25	Paid		
PAY	ÆE	(a) Payee name Uber		(b) Payee a		City,	State,	Zip Code
	RPOSE OF PENDITURE Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip		nse while trave	eling out	of district
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
I	plete <u>ONLY</u> if direct diture to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAY	MENT	(a) Amount Charged \$150.00	(b) Date of Charge 02/12/2025	(c) Date(s) 03/26/202	Credit Card Issuer 25	Paid		
PAY	ÆE	(a) Payee name  Texas Federation o	f Republican	(b) Payee a 13740 N I Suite J4 Austin, TX	Hwy 183	City,	State,	Zip Code
	RPOSE OF PENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholds	ns Made By er/Political Committee	(b) Descrip contribution	on 			
$ldsymbol{\sqcup}$	Non-Political	`	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense	
I	plete <u>ONLY</u> if direct diture to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

# SCHEDULE F4

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

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

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

Printing Expense

Candidate/Oniceriolder/Folitica		ction Guide explains how	<b>G</b>	TIEN (enter a category not listed above)
1 Total pages Schedule F4:		·	·	3 Filer ID (Ethics Commission Filers)
Sch: 12/33 Rpt: 46/71	Frank, James B. (The	e Honorable)		00067748
4 CREDIT CARD ISSUER	Name of financi	ial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged (	b) Date of Charge 02/11/2025	(c) Date(s) Credit Card Issuer 03/26/2025	Paid
7 PAYEE	(a) Payee name  Constant Contact		(b) Payee address; 1601 Trapelo Road	City, State, Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of t Advertising Expense	this schedule)	Waltham, MA 02451 (b) Description campaign newsletter	
Non-Political	(C) Check if travel outside of 1	Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e sought	Office held
PAYMENT	(a) Amount Charged (	b) Date of Charge 02/19/2025	(c) Date(s) Credit Card Issuer 03/26/2025	Paid
PAYEE	(a) Payee name  ReadyRefresh by Nes	stle	(b) Payee address; 6661 Dixie Hwy, Ste 4 Louisville, KY 40258	City, State, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of t Office Overhead/Rental		(b) Description capitol office beverage set	vice
Non-Political	(c) Check if travel outside of 1	Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e sought	Office held
PAYMENT	(a) Amount Charged (	b) Date of Charge 02/11/2025	(c) Date(s) Credit Card Issuer 03/26/2025	Paid
PAYEE	(a) Payee name Uber		(b) Payee address; 1725 3rd Street San Francisco, CA 94158	City, State, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of t Travel Out of District	this schedule)	(b) Description C/OH transportation expe	nse while traveling out of district
Non-Political	(c) Check if travel outside of 1	Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e sought	Office held
ĺ				

## SCHEDULE F4

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

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

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

1 Total pages Schedule F4: 2 FILER NAME Sch: 13/33 Rpt: 47/71 Frank, James B. (The Honorable) 3 Filer ID (Ethics Commis	sion Filers)			
	,			
Sch: 13/33 Rpt: 47/71   Frank, James B. (The Honorable)   00067748				
4 CREDIT CARD   Name of financial institution   See previous   See				
6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 03/26/2025				
7 PAYEE (a) Payee name (b) Payee address; City, State, 1725 3rd Street  Uber San Francisco, CA 94158	Zip Code			
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description C/OH transportation expense while traveling out	of district			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct candidate/Officeholder name office sought office held expenditure to benefit C/OH				
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 03/26/2025				
PAYEE (a) Payee name (b) Payee address; City, State, 1725 3rd Street	Zip Code			
San Francisco, CA 94158				
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  C/OH transportation expense while traveling out	(b) Description C/OH transportation expense while traveling out of district			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct				
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 04/25/2025				
PAYEE (a) Payee name (b) Payee address; City, State, 1601 Trapelo Road  Constant Contact Waltham, MA 02451	Zip Code			
PURPOSE OF EXPENDITURE    X   Political   (a) Category (See Categories listed at the top of this schedule) Advertising Expense   (b) Description campaign newsletter				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 14/33 Rpt: 48/71	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 \$17.05	(b) Date of Charge 03/12/2025	(c) Date(s) Credit Card Issue 04/25/2025	Paid			
7 PAYEE	(a) Payee name  (b) Payee address;  55 Almaden Blvd  6th floor  San Jose, CA 95113		City, State, Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description video conference call services		vice for campaign purposes				
			, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	100000	5.1			
PAYMENT	(a) Amount Charged \$11.13	(b) Date of Charge 03/04/2025	(c) Date(s) Credit Card Issue 04/25/2025	er Paid			
PAYEE	(a) Payee name (b) Payee address;		City, State, Zip Code				
	Uber		1725 3rd Street				
			San Francisco, CA 94158	3			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expe	ense while traveling 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 Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issue 04/25/2025	er Paid			
PAYEE	(a) Payee name Uber	1	(b) Payee address; 1725 3rd Street San Francisco, CA 94158	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expe	ense while traveling out of district			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, 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 Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 15/33 Rpt: 49/71	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		
	\$76.75	06/11/2025	05/26/2025			
7 PAYEE	(a) Payee name		(b) Payee address; City, State			
	Constant Contact	ant Contact 1601 Trapelo Road				
			Waltham, MA 02451			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top  Advertising Expense	of this schedule)	campaign newsletter			
X Political	Political Advertising Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$17.05 04/12/2025		05/26/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			55 Almaden Blvd			
	Zoom.us		6th floor			
			San Jose, CA 95113			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		video conference call service for campaign purposes			
X Political	Office Overflead/Nem	iai Experise				
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	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$429.00	04/10/2025	05/26/2025			
PAYEE	(a) Payee name	<u>I</u>	(b) Payee address;	City, State, Zip Code		
			235 Point Lick Drive			
	Clayton Spangler P	hotographic				
			Charleston, WV 25306			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		89th Legislature Group Ph	noto		
Office Overhead/Rental Expense   X Political   Office Overhead/Rental Expense   X Political   X Po						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct	Complete ONLY if direct					
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 Inst	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)
Sch: 16/33 Rpt: 50/71	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 \$86.56	(b) Date of Charge 04/23/2025	(c) Date(s) Credit Card Issuel 05/26/2025	r Paid	
7 PAYEE	(a) Payee name Rudy's BBQ		(b) Payee address; 3914 N Lamar Blvd	City, State,	Zip Code
	() 2		Austin, TX 78756		
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description food for subcommittee me			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$18.11	(b) Date of Charge 06/12/2025	(c) Date(s) Credit Card Issue	r Paid	
PAYEE	(a) Payee name		(h) Payee address:	City, State,	Zip Code
	(a) Payee name (b) Payee address; 55 Almaden Blvd 6th floor San Jose, CA 95113			Oily, State,	Zip Gode
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description video conference call serv	vice for campaign purpo	oses
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$600.00	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card Issue	r Paid	
PAYEE	(a) Payee name  Capitol Extension (	titol Extension Gift Shop  (b) Payee address;  1400 Congress Ave E1.00  Austin, TX 78701		City, State, 06	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description end of session gifts for leg			gislative staff members	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	_	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held					

# SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)		
Sch: 17/33 Rpt: 51/71	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 \$15.00	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card Issuer 04/25/2025	r Paid			
7 PAYEE	(a) Payee name  UberConference by			City, State,	Zip Code		
	San Francisco, CA 94111						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description conference call service for c		r campaign purposes				
			officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				Office held			
PAYMENT	(a) Amount Charged \$116.58	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer 04/25/2025	r Paid			
PAYEE	(a) Payee name  ReadyRefresh by N	lestle	(b) Payee address; 6661 Dixie Hwy, Ste 4 Louisville, KY 40258	City, State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description capitol office beverage ser	rvice			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$12.34	(b) Date of Charge 03/05/2025	(c) Date(s) Credit Card Issuer 04/25/2025	r Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1725 3rd Street San Francisco, CA 94158	City, State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) C/		(b) Description C/OH transportation expense while traveling out of district				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	•	THER (enter a category not listed above)		
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics Commission Filers)		
	Sch: 18/33 Rpt: 52/71	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 \$15.49	(b) Date of Charge 03/17/2025	(c) Date(s) Credit Card Issue 04/25/2025	r Paid		
7	PAYEE	(a) Payee name Uber		(b) Payee address; 1725 3rd Street San Francisco, CA 94158	City, State, Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (b) Description			nse while traveling out of district		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$17.98	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/25/2025	r Paid		
	PAYEE	(a) Payee name Uber	(b) Payee address; 1725 3rd Street		City, State, Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, CA 94158 (b) Description C/OH transportation expe	nse while traveling out of district		
	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 \$12.55	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/25/2025	r Paid		
	PAYEE	Uber 172		(b) Payee address; 1725 3rd Street San Francisco, CA 94158	City, State, Zip Code		
	PURPOSE OF EXPENDITURE  X Political	1 ' ' ' '		(b) Description C/OH transportation expense while traveling out of district			
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
e	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	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 19/33 Rpt: 53/71	Frank, James B. (T	he Honorable)			00067748		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI*	UNITEMIZED TURES O TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 03/26/2025	(c) Date(s) C 04/25/2025	redit Card Issuer	Paid		
7	PAYEE	(a) Payee name Uber		(b) Payee ad 1725 3rd St	City,	State,	Zip Code	
Ļ		( ) 0 :			sco, CA 94158			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	I C/OTT HAISDULAHUT EXDE			nse while trave	eling out o	of district
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held					Office held			
е	xpenditure to benefit C/OH			_				
	PAYMENT	(a) Amount Charged \$60.30	(b) Date of Charge 03/21/2025	(c) Date(s) C 04/25/2025	redit Card Issuer	Paid		
H	PAYEE	(a) Payee name	Payee name (b) Payee address;			City,	State,	Zip Code
		HEB #495				-	,	<b>P</b>
				Round Roc	k, TX 78664			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description beverages	n for committee r	oom		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chack if Austin TV	officeholder living exp	onso	
H	Complete ONLY if direct	Candidate/Officeholder		sought	Check if Austin, 1A,	Office held	ense	
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$144.95	(b) Date of Charge 03/20/2025	(c) Date(s) C 04/25/2025	redit Card Issuer	Paid		
	PAYEE	(a) Payee name Chick-fil-A MLK			in Luther King	City, Jr Blvd	State,	Zip Code
_	PURPOSE OF EXPENDITURE  X Political	ITURE (See Categories listed at the top of this schedule) food for committee meeting Food/Beverage Expense			n	g		
L	Non-Political	cal (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct 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 Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 20/33 Rpt: 54/71	Frank, James B. (T	he Honorable)			00067748		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$13.17	(b) Date of Charge 03/25/2025	(c) Date(s) ( 04/25/202	Credit Card Issuer 5	r Paid		
7	PAYEE	(a) Payee name Uber	(b) Payee address; 1725 3rd Street  San Francisco, CA 94158		City,	State,	Zip Code	
Ļ		(a) Oata wa m						
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description C/OH transportation expens		nse while trave	eling out o	of district		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense			
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$87.78	(b) Date of Charge 03/26/2025	(c) Date(s) ( 04/25/202	Credit Card Issuer 5	r Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
		Rudy's BBQ  (a) 1 dyce name (b) 1 dyce dathess, 3914 N Lamar Blvd			- 9,	,	<b>,</b>	
				Austin, TX 78756				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description food for co	ion ommittee meetin	ng		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living exp	noneo	
H	Complete ONLY if direct	Candidate/Officeholder		<u>L</u> e sought	Check if Austin, 1A,	Office held	Jense	
е	expenditure to benefit C/OH	Garialdate/Officeriolder	Tiame Office	Jought		Office field		
	PAYMENT	(a) Amount Charged \$23.63	(b) Date of Charge 03/25/2025	(c) Date(s) ( 04/25/202	Credit Card Issuer 5	r Paid		
	PAYEE	(a) Payee name Uber		(b) Payee at 1725 3rd S		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	PURPOSE OF  (a) Category  (See Categories listed at the top of this schedule)  (C/OH transpo				eling out	of district	
1	Non-Political	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 expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office held							

## SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)			
Sch: 21/33 Rpt: 55/71	Frank, James B. (T	he Honorable)		00067748					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	\$					
6 PAYMENT	(a) Amount Charged \$14.76	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card 04/25/2025	Issuer Paid					
7 PAYEE	(a) Payee name Uber	(b) Payee address; 1725 3rd Street		City,	State,	Zip Code			
	(-) 0-4		San Francisco, CA 9	4158					
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District  C/OH transporta		C/OH transportation	expense while trav	veling out o	of district			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			stin, TX, officeholder living e	expense					
9 Complete ONLY if direct Candidate/Officeholder name Office sough			e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$59.72	(b) Date of Charge 03/20/2025	04/25/2025						
PAYEE	(a) Payee name	a) Payee name (b) Payee address;		City,	State,	Zip Code			
	Jimmy John's 491		515 Congress Ave Suite 1200 Austin, TX 78701						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description food for committee m	neeting					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	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 04/10/2025	(c) Date(s) Credit Card 05/26/2025	Issuer Paid					
PAYEE	(a) Payee name UberConference by	v Dialpad	(b) Payee address; 100 California St San Francisco, CA 9	City, 4111	State,	Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description conference call service for campaign purposes						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or				expense				
Complete ONLY if direct expenditure to benefit C/OH	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 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	s Commiss	sion Filers)
	Sch: 22/33 Rpt: 56/71	Frank, James B. (T	he Honorable)			00067748		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$28.36	(b) Date of Charge 04/19/2025	(c) Date(s) 05/26/20	Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name  Primo Brands Corp  (b) Payee address;  1150 Assembly Drive  Suite 800  Tampa, FL 33607			City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description capitol office beverage service				
	Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$14.79	(b) Date of Charge 03/31/2025	(c) Date(s) 05/26/20	Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Uber		(b) Payee 1725 3rd	Street	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, CA 94158  (b) Description  C/OH transportation expense while traveling out of district				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$86.56	(b) Date of Charge 04/16/2025	(c) Date(s) 05/26/20	Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Rudy's BBQ		(b) Payee address; 3914 N Lamar Blvd Austin, TX 78756		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description food for s				
L	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		
l _				<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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 23/33 Rpt: 57/71	Frank, James B. (T	he Honorable)			00067748		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$741.50	(b) Date of Charge 04/22/2025	(c) Date(s) 0 05/26/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name  The Home Depot		(b) Payee at 2455 Pace Atlanta, G	es Ferry Rd SE	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti		ee		
l	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				Office held				
	PAYMENT	(a) Amount Charged \$13.47	(b) Date of Charge 04/22/2025	(c) Date(s) ( 05/26/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name FedEx			dy Grove Rd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Memphis, TN 38120  (b) Description shipping charge for C/OH materials				
l	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held		
	PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 06/02/2025	(c) Date(s) (	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name Amazon.com		(b) Payee at 440 Terry Seattle, W	Ave N	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description end of session gift for legi			sion gift for legis			
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

## SCHEDULE F4

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

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

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

Printing Expense

Carididate/Officeriolder/Folitica		ruction Guide explains how	-	TILK (enter a category	not iistea ai	30VC)	
1 Total pages Schedule F4:		·	·	3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 24/33 Rpt: 58/71	Frank, James B. (T	he Honorable)		00067748		,	
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$193.57	06/02/2025					
7 PAYEE	(a) Payee name  Moonshine Patio Ba	ar and Grill	(b) Payee address; 303 Red River	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		legislative staff dinner				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$70.36	(b) Date of Charge 05/11/2025	(c) Date(s) Credit Card Issuer 06/26/2025	r Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Constant Contact 1601 Trapelo		1601 Trapelo Road				
			Waltham, MA 02451				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description campaign newsletter				
Non-Political	(a) Chapte if traval autoids	of Texas. Complete Schedule T.	Chapte if Austin TV	office bolder living even			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	•	e sought	office held	ense		
expenditure to benefit C/OH	Garialdate/Giliceriolaer	That is a second of the second	o oodgiit	Office field			
·	(a) Amount Charged \$17.05	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issuer 06/26/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Zoom.us		55 Almaden Blvd 6th floor San Jose, CA 95113				
PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		(b) Description video conference call service for campaign purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct 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 Insti	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 25/33 Rpt: 59/71	Frank, James B. (T	he Honorable)			00067748		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issue	r Paid		
	\$89.58	05/20/2025	06/26/2025	06/26/2025			
7 PAYEE	(a) Payee name	•	(b) Payee address; City, Stat			State,	Zip Code
	Primo Brands Corp		1150 Asser Suite 800 Tampa, FL	,			
8 PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		capitol offic	e beverage se	rvice		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
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	(c) Date(s) Credit Card Issue		r Paid		
	\$16.70	05/22/2025	06/26/2025	)			
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	Uber		1725 3rd S	treet			
				sco, CA 94158			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expense while traveling out of district				
X Political	Traver out or District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$11.76	(b) Date of Charge 03/17/2025	(c) Date(s) C 04/25/2025	redit Card Issuei	r Paid		
PAYEE	(a) Payee name	l	(b) Payee ad	ldress;	City,	State,	Zip Code
			1725 3rd S	treet			
	Uber						
			San Franci	sco, CA 94158			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	C/OH transportation expense while			eling out o	of district
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
experiolitize to benefit C/OH	expenditure to benefit C/OH						

## SCHEDULE F4

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

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

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

Printing Expense

Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	•	TIEN (enter a category not isseed above)			
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	·	3 Filer ID (Ethics Commission Filers)			
Sch: 26/33 Rpt: 60/71	Frank, James B. (T	he Honorable)		00067748			
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$71.78	(b) Date of Charge 03/13/2025	(c) Date(s) Credit Card Issuer 04/25/2025	Paid			
7 PAYEE	(a) Payee name Chick-Fil-A (6th and	l Congress)	(b) Payee address; 600 Congress Ave Ste C150 Austin, TX 78701	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description staff meeting to discuss C.	/OH issues			
Non-Political	(c) distribution of the complete contents in the content of the co			officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$47.44	(b) Date of Charge 04/04/2025	(c) Date(s) Credit Card Issuer 05/26/2025	· Paid			
PAYEE	Jimmy John's 491  Suite 1200		(b) Payee address; 515 Congress Ave Suite 1200 Austin, TX 78701	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description food for committee meeting				
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 \$96.37	(b) Date of Charge 04/17/2025	(c) Date(s) Credit Card Issuer 05/26/2025	· Paid			
PAYEE	(a) Payee name Jimmy John's 491		(b) Payee address; 515 Congress Ave Suite 1200 Austin, TX 78701	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description food for subcommittee me	eting			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	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 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: 27/33 Rpt: 61/71	Frank, James B. (T	he Honorable)		00067748		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$		
6	PAYMENT	(a) Amount Charged \$65.87	(b) Date of Charge 04/28/2025	(c) Date(s) Credit Card Iss 05/26/2025	uer Paid		
7	PAYEE	(a) Payee name Wichita Falls Cham	ber of	(b) Payee address; 900 8th Street, Suite 10			
L		( ) = .		Wichita Falls, TX 76301	L		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description event fee for District Dir	rector to attend Chamber event		
	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	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$15.00	06/10/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		UberConference by	v Dialpad	100 California St			
				San Francisco, CA 941	11		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description conference call service for campaign purposes			
	X Political						
	Non-Political	· · · —	of Texas. Complete Schedule T.		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 \$27.64	(b) Date of Charge 06/18/2025	(c) Date(s) Credit Card Iss	uer Paid		
	PAYEE	(a) Payee name Primo Brands Corp		(b) Payee address; 1150 Assembly Drive Suite 800 Tampa, FL 33607	City, State, Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description capitol office beverage	service		
L	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		

## 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:	al pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)		
Sch: 28/33 Rpt: 62/71	Frank, James B. (T	he Honorable)		00067748			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$485.99	06/05/2025					
7 PAYEE	(a) Payee name Wink Restaurant ar	nd Wine Bar	(b) Payee address; 1014 N Lamar Blvd	City,	State,	Zip Code	
	( ) 5 :		Austin, TX 78703				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description dinner with others to dis	scuss legislative	issues		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	oense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$17.39	(b) Date of Charge 04/23/2025	(c) Date(s) Credit Card Iss 05/25/2025	uer Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Uber		1725 3rd Street				
			San Francisco, CA 94158				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expense while traveling out of district				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	<u>'</u>		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$27.31	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Iss 04/25/2025	uer Paid			
PAYEE	(a) Payee name Jimmy John's 491	1	(b) Payee address; 515 Congress Ave Suite 1200 Austin, TX 78701	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description staff meeting to discuss	s C/OH issues			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	oense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name 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 (Eth	ics Commiss	sion Filers)
	Sch: 29/33 Rpt: 63/71	Frank, James B. (T	he Honorable)			00067748		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$87.39	(b) Date of Charge 04/02/2025	(c) Date(s) 05/26/20	) Credit Card Issue 25	r Paid		
7	PAYEE	(a) Payee name Rudy's BBQ		(b) Payee 3914 N L Austin, T	amar Blvd	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri		ng		
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	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 05/10/2025	(c) Date(s) 06/26/20	) Credit Card Issue 25	r Paid		
	PAYEE	(a) Payee name  UberConference by	/ Dialpad	(b) Payee 100 Calif		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description conference call service for campaign purposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$14.40	(b) Date of Charge 05/03/2025	(c) Date(s) 06/26/20	) Credit Card Issue 25	r Paid		
	PAYEE	(a) Payee name Uber		(b) Payee 1725 3rd San Frar		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District		(b) Descrip C/OH tra	otion nsportation expe	nse while trav	eling out o	of district
$ldsymbol{ld}}}}}}$	Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

## SCHEDULE F4

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

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

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

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 30/33 Rpt: 64/71	Frank, James B. (T	he Honorable)			00067748		
	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$14.25	(b) Date of Charge 05/03/2025	(c) Date(s) 06/26/20	Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name Uber		(b) Payee 1725 3rd San Fran		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip		nse while trave	eling out o	of district
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	ш	Office held		
ex	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$14.76	(b) Date of Charge 05/22/2025	(c) Date(s) 06/26/20	Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Uber		(b) Payee 1725 3rd	Street	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, CA 94158  (b) Description  C/OH transportation expense while traveling out of district				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
ı	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$19.61	(b) Date of Charge 04/23/2025	(c) Date(s) 05/25/20	Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Uber		(b) Payee 1725 3rd San Frar	·	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip C/OH tra	otion nsportation expe	nse while trave	ling out	of district
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct penditure 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 Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 31/33 Rpt: 65/71	Frank, James B. (The Honorable)		00067748				
	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			
		\$17.23	05/12/2025	06/26/2025				
7	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
		FedEx		942 S Shady Grove Rd				
				Memphis, TN 38120				
	PURPOSE OF	(a) Category	of Alvin and a dud a N	(b) Description				
	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		shipping charge for C/OH	materials			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought	Office held			
ex	penditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$21.66	04/22/2025	05/25/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
		The Home Depot		2455 Paces Ferry Rd SE				
				Atlanta, GA 30339				
	PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this scriedule)	installation fee for refrigerator in capitol office				
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	_	officeholder living expense			
	Complete ONLY if direct penditure 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			
		.,						
	PAYEE	(a) Payee name	1	(b) Payee address;	City, State,	Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
ex	penditure 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

Travel in Die Travel Out
Contract Labor OTHER (er

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 32/33 Rpt: 66/71	Frank, James B. (T	he Honorable)			00067748		
4	CREDIT CARD ISSUER		ncial institution cover	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$13.50	(b) Date of Charge 01/29/2025	(c) Date(s) 02/14/202	Credit Card Issue 25	r Paid		
7	PAYEE	(a) Payee name Uber		(b) Payee a 1725 3rd San Fran		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip C/OH trai	tion nsportation expe	nse while trave	eling out o	of district
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$14.76	(b) Date of Charge 02/11/2025	(c) Date(s) 03/14/20	Credit Card Issue 25	r Paid		
	PAYEE	(a) Payee name Uber		(b) Payee a 1725 3rd	Street	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, CA 94158  (b) Description  C/OH transportation expense while traveling out of district for state business			of district	
	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	e sought		Office held		
	PAYMENT	(a) Amount Charged \$1,136.63	(b) Date of Charge 04/11/2025	(c) Date(s) 05/14/202	Credit Card Issue 25	r Paid		
	PAYEE	(a) Payee name  The Pecan Shed			address; western Parkwa; alls, TX 76302	City, Y	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ons Made By er/Political Committee		chased for Texa e of Texas			
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	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	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 Commission Filers)		
Sch: 33/33 Rpt: 67/71	1 Frank, James B. (The Honorable)			00067748		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$12.52	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issue 02/14/2025	r Paid		
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1725 3rd Street	City, State, Zip Code		
	( ) 0 :		San Francisco, CA 94158	3		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expe	ense while traveling out of district		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$16.24	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issue 02/14/2025	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Uber		1725 3rd Street			
			San Francisco, CA 94158			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expense while traveling out of district			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$11.76	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issue 02/14/2025	r Paid		
PAYEE	(a) Payee name Uber		(b) Payee address; 1725 3rd Street San Francisco, CA 94158	City, State, Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description C/OH transportation expe	ense while traveling 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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 68/71 Frank, James B. (The Honorable) 00067748 4 Date Payee name 02/12/2025 Chase Cardmember Services Payee address; Amount (\$) City; State; Zip Code POB 94014 \$1,117.52 Reimbursement from political contributions Х intended Palatine, IL 60094-4014 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. (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 06/30/2025 Chase Cardmember Services Amount (\$) Payee address; City; State; Zip Code \$2,344.10 POB 94014 Reimbursement from political contributions Χ Palatine, IL 60094-4014 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** monthly credit card payment for expenditures reported on F4 Candidate/Officeholder name Complete ONLY if direct Office sought Office held

expenditure to benefit C/OH

Date

C/OH

8

Payee name

05/01/2025 Chase Cardmember Services Payee address; City; State; Zip Code Amount (\$) \$1,799.72 POB 94014 Reimbursement from Χ political contributions intended Palatine, IL 60094-4014

**PURPOSE** Category (See Categories listed at the top of this schedule) OF Credit Card Payment **EXPENDITURE** 

Check if travel outside of Texas. Complete Schedule T. Description Check if Austin, TX, officeholder living expense

monthly credit card payment for expenditures reported on F4

Complete ONLY if direct Candidate/Officeholder name expenditure to benefit

Office sought

Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

# SCHEDULE G

Solicitation/Fundraising Expense

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAM	Ē			3	Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 69/71	Frank, Jam	es B. (The Honorable)				00067748
4	Date	<b>5</b> Payee name	<u> </u>			<u> </u>	
-	04/01/2025	1	dmember Services				
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	; Zip Co	ode		
	\$809.64	POB 94014	1				
	Reimbursement from						
	X political contributions intended	Palatine, IL	60094-4014				
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Ch	eck if Austin, TX, officeholder living expense
					monthly credit ca on F4	ard p	payment for expenditures reported
9		Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
	Date	Payee name	<u> </u>				
	03/01/2025	Chase Car	dmember Services				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$1,753.17	POB 94014		,p =.			
		1 00 3401-	•				
	X Reimbursement from political contributions intended	Palatino II	. 60094-4014				
		_			<del></del>	<b>-</b>	
	PURPOSE OF	1	iee Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	EXPENDITURE	Credit Card	l Payment		L	_	
					on F4	aru p	payment for expenditures reported
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit	Candidate/Office	noidei name		Office sought		Office field
	C/OH						
Ε	Date	Payee name					
	02/12/2025	Discover					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	nde		
	\$54.02	POB 29033	•	, <u>-</u> ip Cl	Juc		
		FOB 2903	)				
	X Reimbursement from political contributions intended	Phoenix, A	Z 85038-9033				
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Ch	eck if Austin, TX, officeholder living expense
	LAFLINDITORE					ard p	payment for expenditures reported
					on F4		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit				-		
	C/OH						

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

# SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
_	Sch: 3/3 Rpt: 70/71	Frank, James B. (The Honorable)	00067748
4	Date	5 Payee name	•
	06/30/2025	Discover	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,136.63	POB 29033	
	Reimbursement from political contributions intended	Phoenix, AZ 85038-9033	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense
	ZA ZIISII GIAZ	monthly credit on F4	card payment for expenditures reported
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	Office held
	Date	Payee name	
	03/01/2025	Discover	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.76	POB 29033	
	X Reimbursement from political contributions intended	Phoenix, AZ 85038-9033	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense
		monthly credit on F4	card payment for expenditures reported
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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

SCHEDULE	

The Insti	ruction C	Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 71/71	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Frank, James B.	(The Hon	orable)		00067748
4 Name of Contribut	or / Corpora	ation or Labor Organization / Pledgor /Payee		
American Airline	S			
5 Contribution / Expe				
Schedule A2	므	Schedule B Schedule B(J) Schedule		Schedule D X Schedule F1
Schedule F2		Schedule F4 Schedule G Schedule	e H	Schedule COH-UC
6 Dates of Travel	I	of person(s) traveling		
		n, Robert		
	I	ure city or name of departure location		
02/22/2025	Dallas			
	l	ation city or name of destination location		
02/22/2025	Philad			
<b>10</b> Means of transport  Commercial Airp		11 Purpose of travel (including name of conference, ser Airfare for district director to travel to Washingt		other event)
Commercial Airp	лапе	Amare for district director to traver to washingt	OII DC	