# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH**
**COVER SHEET PG 1**

**The JC/OH Instruction Guide explains how to complete this form.**

**1** Filer ID (Ethics Commission Filers): 00080361

**2** Total pages filed: 5

**OFFICE USE ONLY**

Date Received: ELECTRONICALLY FILED 12/23/2025

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

**3** CANDIDATE / OFFICEHOLDER NAME

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| The Honorable | Frank J. | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Fraley | |

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

REDACTED PER 254.0313, GOV'T CODE

☐ Change of Address

**5** CAMPAIGN TREASURER NAME

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| The Honorable | Frank J. | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Fraley | |

**6** CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

REDACTED PER 254.0313, GOV'T CODE

**7** CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION: (713) 825-4870

**8** REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] Final Report (Attach C/OH-FR)

**9** PERIOD COVERED

Month Day Year: 07/01/2025 THROUGH Month Day Year: 12/31/2025

**10** ELECTION

ELECTION DATE: Month Day Year: 03/03/2026

ELECTION TYPE

- [X] Primary
- [ ] Runoff
- [ ] Other
- [ ] General
- [ ] Special

**11** OFFICE

OFFICE HELD (if any): None Fort Bend

**12** OFFICE SOUGHT (if known): District Judge District 240

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM JC/OH**
**COVER SHEET PG 2**


| **13** C / OH NAME | Fraley, Frank J. (The Honorable) | **14** Filer ID (Ethics Commission Filers) |
|---|---|---|
| | | 00080361 |

**15** NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

| | | | |
|---|---|---|---|
| **16** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | **$** 0.00 |
| | **2.** | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | **$** 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | **$** 0.00 |
| | **4.** | **TOTAL POLITICAL EXPENDITURES** | **$** 2,225.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | **$** 0.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | **$** 0.00 |

**17** AFFIDAVIT

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

The Honorable Frank J. Fraley

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - JC/OH

**FORM JC/OH**
**COVER SHEET PG 3**


| **18** FILER NAME | **19** Filer ID (Ethics Commission Filers) |
|---|---|
| Fraley, Frank J. (The Honorable) | 00080361 |

| **20** SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|---|
| 1. ☐ SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | **$** |
| 2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | **$** |
| 3. ☐ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | **$** |
| 4. ☐ SCHEDULE E(J): LOANS (JUDICIAL) | **$** |
| 5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | **$** |
| 6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | **$** |
| 7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | **$** |
| 8. ☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | **$** 725.00 |
| 9. ☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | **$** 1,500.00 |
| 10. ☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | **$** |
| 11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | **$** |
| 12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | **$** |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 1/1 Rpt: 4/5 | **2** FILER NAME Fraley, Frank J. (The Honorable) | | **3** Filer ID (Ethics Commission Filers) 00080361 |
| **4 CREDIT CARD ISSUER** | Name of financial institution: American Express | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** |
| **6 PAYMENT** | (a) Amount Charged: $725.00 / (b) Date of Charge: 12/09/2025 | (c) Date(s) Credit Card Issuer Paid | |
| **7 PAYEE** | (a) Payee name: Pittman Unlimited | (b) Payee address; City, State, Zip Code: 223B Center St.<br>Deer Park, TX 77536 | |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule): Advertising Expense | (b) Description: Web design | |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [ ] Check if Austin, TX, officeholder living expense | |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
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
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule G: Sch: 1/1 Rpt: 5/5 | **2** FILER NAME Fraley, Frank J. (The Honorable) | **3** Filer ID (Ethics Commission Filers) 00080361 |
| **4** Date 12/04/2025 | **5** Payee name Fort Bend County Republican Party | |
| **6** Amount ($) $1,500.00 ☐ Reimbursement from political contributions intended | **7** Payee address; City; State; Zip Code 14019 SW Freeway Suite #340 Sugar Land, TX 77478 | |
| **8** **PURPOSE OF EXPENDITURE** | **(a)** Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | **(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Ballot filing fee |

| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|---|---|---|