

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | |
|---|---|---|---|--|---|--|--|----------------------------------|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00066260 | 2 Total pages filed: 7 | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST John M.</td> <td style="width: 40%;">MI MI</td> </tr> </table> | | MS / MRS / MR Mr. | FIRST John M. | MI MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 | | | | | |
| | MS / MRS / MR Mr. | FIRST John M. | MI MI | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Frullo</td> <td style="width: 40%;">SUFFIX</td> </tr> </table> | | NICKNAME | LAST Frullo | SUFFIX | | | | | | | |
| NICKNAME | LAST Frullo | SUFFIX | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4605 w loop 289 Lubbock, TX 79464 | | Date Hand-delivered or Date Postmarked | | | | | | | | |
| | | | <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> | Receipt # | Amount | | | | | | |
| | Receipt # | Amount | | | | | | | | | |
| | | | Date Processed | | | | | | | | |
| | | Date Imaged | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST John M.</td> <td style="width: 40%;">MI MI</td> </tr> </table> | | | MS / MRS / MR Mr. | FIRST John M. | MI MI | | | | | |
| | MS / MRS / MR Mr. | FIRST John M. | MI MI | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Frullo</td> <td style="width: 40%;">SUFFIX</td> </tr> </table> | | | NICKNAME | LAST Frullo | SUFFIX | | | | | | |
| NICKNAME | LAST Frullo | SUFFIX | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4605 w loop 289 Lubbock, TX 79414 | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (806) 466-4022 | | | | | | | | | | |
| 8 REPORT TYPE | <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> | | | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
| <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | | | |
| 9 PERIOD COVERED | <table style="width: 100%;"> <tr> <td style="width: 30%;">Month Day Year</td> <td style="width: 40%; text-align: center;">THROUGH</td> <td style="width: 30%;">Month Day Year</td> </tr> <tr> <td>07/01/2025</td> <td></td> <td>12/31/2025</td> </tr> </table> | | | Month Day Year | THROUGH | Month Day Year | 07/01/2025 | | 12/31/2025 | | |
| Month Day Year | THROUGH | Month Day Year | | | | | | | | | |
| 07/01/2025 | | 12/31/2025 | | | | | | | | | |
| 10 ELECTION | <table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | |
| | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | |
| | | | | | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) State Representative District 84 | | 12 OFFICE SOUGHT (if known) State Representative District 84 | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 7

| | | | |
|-----------------------|-----------------------|--------------------|----------------------------|
| 13 C / OH NAME | Frullo, John M. (Mr.) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00066260 | |

| | | | |
|---|--|--------------------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | 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 | \$ | 5.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ | 5.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 280,718.73 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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

Mr. John M. Frullo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 7

| | | | |
|--|--|---|----------|
| 18 FILER NAME Frullo, John M. (Mr.) | | 19 Filer ID (Ethics Commission Filers) 00066260 | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ | 0.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 5.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 2,522.99 |

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 4/7 |
| 2 FILER NAME Frullo, John M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00066260 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

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

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/3 Rpt: 5/7 |
| 2 FILER NAME Frullo, John M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00066260 |
| 4 Date 07/31/2025 | 5 Name of person from whom amount is received City Bank | 8 Amount (\$) \$166.79 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407 | |
| | 7 Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 09/01/2025 | Name of person from whom amount is received City Bank | Amount (\$) \$172.37 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407 | |
| | Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 09/30/2025 | Name of person from whom amount is received City Bank | Amount (\$) \$153.90 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407 | |
| | Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 11/02/2025 | Name of person from whom amount is received City Bank | Amount (\$) \$171.04 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407 | |
| | Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 11/30/2025 | Name of person from whom amount is received City Bank | Amount (\$) \$140.55 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407 | |
| | Purpose for which amount is received 140.55 <input type="checkbox"/> Check if political contribution returned to filer | |

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

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 2/3 Rpt: 6/7 |
| 2 FILER NAME Frullo, John M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00066260 |
| 4 Date 12/31/2025 | 5 Name of person from whom amount is received City Bank | 8 Amount (\$) \$151.71 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407 | |
| | 7 Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 07/01/2025 | Name of person from whom amount is received Lubbock National Bank | Amount (\$) \$261.78 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401 | |
| | Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 08/01/2025 | Name of person from whom amount is received Lubbock National Bank | Amount (\$) \$280.39 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401 | |
| | Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 09/02/2025 | Name of person from whom amount is received Lubbock National Bank | Amount (\$) \$290.05 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401 | |
| | Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 10/02/2025 | Name of person from whom amount is received Lubbock National Bank | Amount (\$) \$253.26 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401 | |
| | Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 3/3 Rpt: 7/7

2 FILER NAME
Frullo, John M. (Mr.)

3 Filer ID (Ethics Commission Filers)
00066260

| | | |
|----------------------|--|---------------------------|
| 4 Date 11/03/2025 | 5 Name of person from whom amount is received Lubbock National Bank | 8 Amount (\$) \$271.76 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401 | |
| | 7 Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |

| | | |
|--------------------|--|-------------------------|
| Date 12/01/2025 | Name of person from whom amount is received Lubbock National Bank | Amount (\$) \$209.39 |
| | Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79401 | |
| | Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer | |