

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) 00086207 | 2 Total pages filed: 24 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Todd | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026 | |
| | NICKNAME | LAST Frankfort | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 19 Briar Hollow Lane, Ste. 200 | | ZIP CODE | Date Hand-delivered or Date Postmarked | |
| | Houston, TX 77027 | | | Receipt # | |
| | | | | Amount | |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Trent | MI | | |
| | NICKNAME | LAST Kelley | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 22183 | | APT / SUITE #; | CITY; | |
| | Houston, TX 77227 | | | STATE; ZIP CODE | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (713) | 520-2913 | | | |
| 8 REPORT TYPE | <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | Month | |
| | 01/23/2026 | | | 02/21/2026 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| 03/03/2026 | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | <input type="checkbox"/> Other |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) | | |
| | None | | | | |
| | | | Court Of Appeals, Justice Place 3 District 1 | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 24

| | |
|---|---|
| 13 C / OH NAME Frankfort, Todd (Mr.) | 14 Filer ID (Ethics Commission Filers) 00086207 |
|---|---|

| | | | | | | | | | | |
|---|--|--|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|
| 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. | | | | | | | | | |
| <table style="width:100%"> <tr> <td style="width:30%">COMMITTEE TYPE</td> <td style="width:70%">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | 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) | \$ | 6,938.56 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 12,173.65 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 831.66 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 2,112.52 |

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. Todd Frankfort

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

| 18 FILER NAME Frankfort, Todd (Mr.) | | 19 Filer ID 00086207 | (Ethics Commission Filers) |
|--|---|--------------------------------|----------------------------|
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ | 5,938.56 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 1,000.00 |
| 3. | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 6,415.52 |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 5,758.13 |
| 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/24 |
| 2 FILER NAME Frankfort, Todd (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/13/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Michelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079 | 7 Amount of Contribution (\$) \$521.15 |
| 8 Contributor's Principal Occupation Mortgage Broker | | 9 Contributor's Job Title First Vice President |
| 10 Contributor's employer/law firm Trustmark Bank | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Susan <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401 | Amount of Contribution (\$) \$600.00 |
| Contributor's Principal Occupation Teacher | | Contributor's Job Title Retired |
| Contributor's employer/law firm Retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/06/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudreaux, Shannon <hr/> Contributor address; City; State; Zip Code Houston, TX 77027 | Amount of Contribution (\$) \$521.15 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Boudreaux Hunter & Assoc. | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/24 |
| 2 FILER NAME Frankfort, Todd (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/10/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Diane | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77006 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Self | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caras, Jennifer | Amount of Contribution (\$) \$104.48 |
| | Contributor address; City; State; Zip Code Houston, TX 77025 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Schlanger Silver | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/06/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, David | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77450 | |
| Contributor's Principal Occupation Sheriff's Deputy | | Contributor's Job Title Sheriff's Deputy |
| Contributor's employer/law firm Harris County Sheriff's Office | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/24 |
| 2 FILER NAME Frankfort, Todd (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/21/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Jason | 7 Amount of Contribution (\$) \$260.73 |
| | 6 Contributor address; City; State; Zip Code Texas City, TX 77590 | |
| 8 Contributor's Principal Occupation Consultant | | 9 Contributor's Job Title Consultant |
| 10 Contributor's employer/law firm EPAM Systems | | 11 Law firm of contributor's spouse (if any) Mills Shirley |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/16/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Barbara | Amount of Contribution (\$) \$104.48 |
| | Contributor address; City; State; Zip Code Houston, TX 77057 | |
| Contributor's Principal Occupation Homemaker | | Contributor's Job Title Homemaker |
| Contributor's employer/law firm Self | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankfort, Richelle | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77056 | |
| Contributor's Principal Occupation Homemaker | | Contributor's Job Title Homemaker |
| Contributor's employer/law firm Self | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/24 |
| 2 FILER NAME Frankfort, Todd (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/06/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritzhand, Gary | 7 Amount of Contribution (\$) \$104.48 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77027 | | |
| 8 Contributor's Principal Occupation retired | | 9 Contributor's Job Title retired |
| 10 Contributor's employer/law firm retired | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossberg, Marc E. | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Houston, TX 77002 | | |
| Contributor's Principal Occupation Attorney & Author | | Contributor's Job Title Attorney & Author |
| Contributor's employer/law firm Self | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurry, Anna | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Houston, TX 77006 | | |
| Contributor's Principal Occupation Paralegal | | Contributor's Job Title Paralegal |
| Contributor's employer/law firm O'Neil Wysocki, PC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/24 |
| 2 FILER NAME Frankfort, Todd (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/02/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Trent | 7 Amount of Contribution (\$) \$1,562.81 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77027 | |
| 8 Contributor's Principal Occupation Oil Trader | | 9 Contributor's Job Title Oil Trader |
| 10 Contributor's employer/law firm Texas Aromatics LP | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/06/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Cecilio | Amount of Contribution (\$) \$52.40 |
| | Contributor address; City; State; Zip Code Rosenberg, TX 77469 | |
| Contributor's Principal Occupation Sales | | Contributor's Job Title Sales |
| Contributor's employer/law firm KB Home | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/07/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizner M.D., Albert | Amount of Contribution (\$) \$260.73 |
| | Contributor address; City; State; Zip Code Houston, TX 77024 | |
| Contributor's Principal Occupation Physician | | Contributor's Job Title Physician |
| Contributor's employer/law firm US Heart and Vascular | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/24 |
| 2 FILER NAME Frankfort, Todd (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/09/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Reynaldo | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code Cypress, TX 77433 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Office of Reynaldo Ramirez | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/23/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thiessen, Taly | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77008 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Thiessen Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/06/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Blaise | Amount of Contribution (\$) \$521.15 |
| | Contributor address; City; State; Zip Code Kingwood, TX 77346 | |
| Contributor's Principal Occupation attorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Neal Law Group | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/24 | |
| 2 FILER NAME Frankfort, Todd (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086207 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/23/2026 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horgan, Maggy | 8 Amount of contribution (\$) \$1,000.00 | 9 In-kind contribution description Table for Boots & Badges event |
| | 7 Contributor address; City; State; Zip Code Sugar Land, TX 77479 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) Jeweler | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) Owner | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) Houston Diamond & Beauty | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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 F1: Sch: 1/10 Rpt: 11/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/20/2026 | 5 Payee name Anedot | |
| 6 Amount (\$) \$10.73 | 7 Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/18/2026 | Payee name Anedot | |
| Amount (\$) \$10.30 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/17/2026 | Payee name Anedot | |
| Amount (\$) \$4.48 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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 F1: Sch: 2/10 Rpt: 12/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/16/2026 | 5 Payee name Anedot | |
| 6 Amount (\$) \$4.48 | 7 Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2026 | Payee name Anedot | |
| Amount (\$) \$21.15 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/10/2026 | Payee name Anedot | |
| Amount (\$) \$4.30 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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 F1: Sch: 3/10 Rpt: 13/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/07/2026 | 5 Payee name Anedot | |
| 6 Amount (\$) \$10.73 | 7 Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2026 | Payee name Anedot | |
| Amount (\$) \$4.48 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2026 | Payee name Anedot | |
| Amount (\$) \$21.15 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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 F1: Sch: 4/10 Rpt: 14/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/06/2026 | 5 Payee name Anedot | |
| 6 Amount (\$) \$2.40 | 7 Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2026 | Payee name Anedot | |
| Amount (\$) \$1.30 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2026 | Payee name Anedot | |
| Amount (\$) \$21.15 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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 F1: Sch: 5/10 Rpt: 15/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
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| 4 Date 02/02/2026 | 5 Payee name Anedot |
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| 6 Amount (\$) \$62.81 | 7 Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/23/2026 | Payee name Anedot |
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| Amount (\$) \$20.30 | Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans, LA 70112 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Processing |
|-------------------------------|---|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 02/02/2026 | Payee name Buc-ee's |
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| Amount (\$) \$37.99 | Payee address; City; State; Zip Code 2304 W. Mulberry St. Angleton, TX 77515 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for travel within district |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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 F1: Sch: 6/10 Rpt: 16/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 01/30/2026 | 5 Payee name Central Bank | |
| 6 Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Code 11201 Clay Road Houston, TX 77041 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/17/2026 | Payee name Devine Promotions | |
| Amount (\$) \$321.75 | Payee address; City; State; Zip Code 5411 Brookglen Dr Suite B Houston, TX 77017 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T shirts |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2026 | Payee name Dewberry Cafe | |
| Amount (\$) \$24.18 | Payee address; City; State; Zip Code 1237 Bowie St Columbus, TX 78934 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting with CO County contact |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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 F1: Sch: 7/10 Rpt: 17/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/18/2026 | 5 Payee name Greater Houston Pachyderm Club | |
| 6 Amount (\$) \$30.00 | 7 Payee address; City; State; Zip Code P.O. Box 22531 Houston, TX 77227-2531 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Weekly luncheon |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2026 | Payee name Katy Christian Magazine | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 16350 Park Ten Pl Houston, TX 77084 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad in magazine |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/03/2026 | Payee name Navasota Examiner | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code PO Box 751 Navasota, TX 77868 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad in paper |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | | |
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| 1 Total pages Schedule F1: Sch: 8/10 Rpt: 18/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
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| 4 Date 02/17/2026 | 5 Payee name Parabellum Media, LLC |
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| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code 1005 Congress Ave., Ste. 925 Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultant; pushcards; texting |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 02/19/2026 | Payee name Parabellum Media, LLC |
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| Amount (\$) \$704.67 | Payee address; City; State; Zip Code 1005 Congress Ave., Ste. 925 Austin, TX 78701 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting; push cards; texting |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/27/2026 | Payee name Pearland Area Republican Club |
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| Amount (\$) \$132.68 | Payee address; City; State; Zip Code PO Box 711 Pearland, TX 77588 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Souper Saturday Event |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | | |
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| 1 Total pages Schedule F1: Sch: 9/10 Rpt: 19/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/09/2026 | 5 Payee name Safari Texas | |
| 6 Amount (\$) \$3.00 | 7 Payee address; City; State; Zip Code 11627 FM 1464 Richmond, TX 77407 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water at event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2026 | Payee name San Luis Hotel | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking at Galv. Co event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2026 | Payee name San Luis Hotel | |
| Amount (\$) \$34.00 | Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Strategy discussion re Galveston county |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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| 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 |
| Credit Card Payment | 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: Sch: 10/10 Rpt: 20/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
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| 4 Date 02/19/2026 | 5 Payee name Texas Ethics Commission |
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| 6 Amount (\$) \$2.49 | 7 Payee address; City; State; Zip Code 201 E 14th St. #10 Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee for payment to TEC |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 02/19/2026 | Payee name Texas Ethics Commission |
|--------------------|---------------------------------------|

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| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 201 E 14th St. #10 Austin, TX 78701 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Late filing fee |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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: 1/3 Rpt: 21/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 01/31/2026 | 5 Payee name Hotel Lucine | |
| 6 Amount (\$) \$331.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1002 Seawall Blvd Galveston, TX 77550 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel following Galv Co LRD |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 01/30/2026 | Payee name KULM | |
| Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 325 Radio Ln Columbus, TX 78934 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Ads |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 02/18/2026 | Payee name Los Cucos | |
| Amount (\$) \$23.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 23730 Highway 59 North Kingwood, TX 77339 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kingwood Tea Party dinner |
| | 9 Complete <u>ONLY</u> 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: 2/3 Rpt: 22/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 02/21/2026 | 5 Payee name Parabellum Media, LLC | |
| 6 Amount (\$) \$3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1005 Congress Ave., Ste. 925 Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting; pushcards; texts |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/30/2026 | Payee name Praceks | |
| Amount (\$) \$21.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2949 Interstate 10 Frontage Rd Sealy, TX 77474 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for travel Eagle Lake to Galveston |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/29/2026 | Payee name Road Trac 22 | |
| Amount (\$) \$42.60 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 11419 W. Hardy Rd. Houston, TX 77076 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline for travel in district |
| 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: 3/3 Rpt: 23/24 | 2 FILER NAME Frankfort, Todd (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086207 |
| 4 Date 01/30/2026 | 5 Payee name San Luis Hotel | |
| 6 Amount (\$) \$12.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drinks while discussing strategy |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/30/2026 | Payee name Sharks R Us | |
| Amount (\$) \$2,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1300 Post Oak Blvd. Ste. 2000 Houston, TX 77056 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sharks R Us Advertising Expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/10/2026 | Payee name Tri County Republican Women's Club | |
| Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2509 Country Club Dr Pearland, TX 77581 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tri County Luncheon |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
Sch: 1/1 Rpt: 24/24

2 FILER NAME
Frankfort, Todd (Mr.)

3 Filer ID (Ethics Commission Filers)
00086207

LENDER INFORMATION

4 Name of lender
Frankfort, Todd

5 Lender address; City; State; Zip Code

Houston, TX 77002

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code