CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	Joshua	Ň	OFFICE USE ONLY
	MICKNAME	Fraedrick	SUFFIX	Date Filed 10 7 24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	C; APT / SUITE #; C	STATE, ZIP CODE	DH. t
Change of Address	334 H	Hantic CC	2 tx 78404	Rebecca Huerta
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	739-6240	EXTENSION	Date Chrys Seec retary
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # . Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
F	Awen	Ponder		Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	11/00/	1. 1. 1.	. An su nall	
(Residence or Business)		The same of the sa	k CCTX 784/1	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(361)	960 6939	1	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
0011.111	7 /	1/24	THROUGH 9	/24/24
11 ELECTION	ELECTION DA		ELECTION TYPE	
via Balan	Month Day	Year Primary	Runoff Other Description Special	
7,51,11,10	11/15/	24 General	Special	
12 OFFICE	OFFICE HELD (if any)	V W6 A 11 M	13 OFFICE SOUGHT (if known	De cours Alicisi
11 NOTICE EDOM	NONE	CE OF POLITICAL CONTRIBUTIONS	MAUN DT	MADE BY POLITICAL COMMITTEES TO SUPPORT
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	9	
	GENERAL	COMMITTEE ADDRESS		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	*
	☐ SPECIFIC			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	
		00 10	I AOL Z	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Joshua 1	Fraedrick	1000 100 100 100 100 100 100 100 100 10
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 151.00
. Grs	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1621.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 239.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 7118.42
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 4502.58
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 10000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	2
		2
	Signature of Car	ndidate or Officeholder
ARY PUBL	MARIAH H MANNINO DE 13368975-7	
S(E(★)E)	Notary Public STATE OF TEXAS	
NOT THE WAY	My Comm. Exp. 04-06-2026 Please complete either option below	<u>.</u>
	vi lease complete citaler option below	•
(1) Affidavit		
NOTARY STAMP/SEA		- A
Sworn to and subscribed	before me by JOSNUA Franchick this the which, witness my hand and seal of office. Mariam Mannino	7 day of October.
20 24 , to certify	which, witness my hand and seal of office.	
10	Mariah Mannino	Notary public
Signature of officer administe	oring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
	, and my date of birth is	
Land the Four months of the Manager Association ((street) (city) (s	tate) (zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME		TITION CONTINUED AND AND AND AND AND AND AND AND AND AN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Krist Hallow 6 Contributor address		C (ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	 pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date \day 24	Full name of contributor Ville Nollyn Contributor address:		State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Contributor address;		State; Zip Code	Amount of contribution (\$)
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor		E (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State: Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
			DF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC	, piease see Instri	uction guide for additional r	eporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor היים מעו-of-state PAC (ID) איים איים איים איים איים איים איים איי		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
MISIZY	Full name of contributor out-of-state PAC (ID) Runse Kolastik: Contributor address; City:		Amount of contribution (\$)
Principal occup	pation / Job litle (See Instructions)	Employer (See Instruction	ons)
ल//८/ <i>)</i> रेत	Cody Deddoe	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 1/1/1/1/29	Kelly Hort	#) State: Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruction		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruction		

SCHEDULE A1

	tea morniation to teapphoasie, as a rest me		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 8/15/24	Full name of contributor out-of-state PAC (Enka Torres Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occur	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 8 (6 24	11 0 11	State; Zip Code	Amount of contribution (\$) $\sum_{i} O_{i} \overset{\text{VO}}{=}$
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
8 77 <u> </u> 77	Full name of contributor out-of-state PAC (Lubbuck Priumww Contributor address; City;	(ID#:) State: Zip Code	Amount of contribution (\$)
Principal occuş	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		EDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Joshu	a Fraedrick				
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
8/15/24	Tamara Martinez 6 Contributor address; City; State; Zip Code 200.00				
11.2 (1.5)	Corpus Chr	15H 7X 78413			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
8/24/24	Robert Winston Contributor address; City;	State; Zip Code	250.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)		
. 11 ×					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
9/13/24	Brandon Harper Contributor address; City;	State; Zip Code	250.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor	(ID#:	Amount of contribution (\$)		
8/13/24	Jaime Gordon Contributor address; City;	State; Zip Code	2500		
Principal occur	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
, interpar occup	and (see Household)	ample, (eee mandelle			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	nmission Filers)	
	Joshua Fraedrick		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	F	\$ 1621.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00	
4.	SCHEDULE E: LOANS	\$ 10000.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 7118.42	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ 0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1768.30	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	\$ 0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$ 0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 2.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ 0.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 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:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)			
4 Date 8/21/24	5 Payee name Square Space	Å					
6 Amount (\$)	/ Payee address,	City;	State;	Zip Code			
W3.74	29-2 Mrick St.	New York	City W	Y 10014			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Mantisit Extense	Wibsite					
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
1/24/4	and Intique						
Amount (\$)	Payee address;	City;	State:	Zip Code			
05.80 F1	1680 Captal One Dr.	McLean	VA	75104			
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Credit Cook Payment						
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
Amount (\$)	Payee address:	City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Taxes. Complete Schedule T.	Check if Austin	. TX, afficeholder living	exbeuze			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; Christ. Secretary City; 812 DA 6 Amount (\$) COVDUS Christi Il hagast 1051 100 784OI (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Filing Fee **PURPOSE** Fees **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Moely's Printing Px1218 City; Amount (\$) Zip Code Corpus Christi 1011 Louisiano Ave 78404 Category (See Categories listed at the top of this schedule) Description **PURPOSE** frinting Expense Signs **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Rocke Byon Event. 8115154 Amount (\$) Payee address; City; State; Zip Code 4946 Andorer Carpus Christ Tx 216.50 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Whatising Expose compaid by ogas EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

LOANS

SCHEDULE E

The I	nstruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Joshua F	raedrick		
4 TOTAL OF UNI	TEMIZED LOANS		\$ 10000.00
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
8 5 24	CC TX Lawn Coure		10000.00
6 Is lender a financial	8 Lender address; City;	10 Interest rate	
Institution?	334 Atlantic St corpus	5 Chrish TX 78404	11 Maturity date
Y (N)	(Sec. 10) 100 100 100 100 100 100 100 100 100		11/6/24
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	teral	15 Charle if agreed for	de were deposited into political
☑ none		account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
í . ľ	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
YN			
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	teral	Check if personal fun	ds were deposited into political
none		account (See Instruct	tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAOU ADDITIONAL COD	IES OF THIS SOUEDING AS VE	EDED
If le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEI struction guide for additional re	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXF	PENDITURE CAT	EGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Awar	erage Expense ds/Memorials Expense	Office O Polling E Printing	payment/Reimbursement verhead/Rental Expense Expense Expense 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 c	omplete this form.		USE A NEW PAGE FOR	R EACH CREDIT CARD ISSUER	
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	A CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial institu	ition In Finen	[a]			
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Is	suer Paid	
	280EC 3	9/6/20		9)24/24		
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City, State, Zip Code	
	Fix Low		W essci	west # 1200	Wilmonton DE 1860	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this sched	dule)	(b) Description	0,500	
Political	1 Shertisty	Expense		Shirts		
Non-Political		itside of Texas. Complete	e Schedule T.	Check if Au	stin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder	name	Of	fice Sought	Office Held	
expenditure to benefit C/OH	Joshva	Jink out		Manyor		
PAYMENT	(a) Amount Charged	(b) Date Expenditu		(c) Date(s) Credit Card Is	suer Paid	
	\$3.45	8/12/301	4	9/24/24		
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City, State, Zip Code	
	Form Stripe	\	5939.	SPID (AVEW	Chart Tx 78412	
PURPOSE OF	(a) Category (See Categories	listed at the top of this sched	dule)	(b) Description	,	
EXPENDITURE	Food Bour	L. L.		16/20/200 (n	ما ب ي اور	
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if A	ustin, TX, officeholder living expense	
	Candidate / Officeholder			fice Sought	Office Held	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder	Frankrick		AN.	C	
	(a) Amount Charged	(b) Date Expenditu	ro Chargod	(c) Date(s) Credit Card is	suer Paid	
PAYMENT				0 3 1	Such Full	
	\$ 72.01	8(13)2	4	9/24/24		
PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City, State, Zip Code	
	Mille Fa	t Works	2402		copy Christ, Tx 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this sched	fule)	(b) Description	,	
Political	Food Bu	ورسرو التهرو	<u> から</u>	Valuation	Lunch	
Non-Political	(c) Check if travel or	itside of Texas. Complete	_	Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder			fice Sought	Office Held	
expenditure to benefit C/OH	12, 1			· ·		
	cos Jam	True MICH	() v	Jaylor		
				<i>f</i>		
	ATTACH ADDI	TIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City: State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polii	By Gift/Award	erage Expense ds/Memorials Expense	Office O Polling E Printing	payment/Reimbursement werhead/Rental Expense Expense Expense :/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 c	omplete this form.		USE A NEW PAGE F	OR EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institu	_			
6 PAYMENT	(a) Amount Charged	(b) Date Expenditur	e Charged	(c) Date(s) Credit Card	l Issuer Paid
	80.212	9/18/20	1	9/24/24	
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City, State, Zip Code
	1383		702	Aless	Carpus Chart TX 78404
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sched	ıle)	(b) Description	
Political	Modretising Expense Shipping				
Non-Political	(c) Check if travel ou	tside of Texas. Complete	Schedule T.		Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder	name	Of	fice Sought	Office Held
expenditure to benefit C/OH	Jash	Franksk		Maria	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	e Charged	(c) Date(s) Credit Card	l Issuer Paid
	\$ 136,40	1/18/20	1	9/24/24	
PAYEE	(a) Payee name	 	(b) Payee ad	dress;	City, State, Zip Code
	Gulf Cost V	til of	6901	SPID (6148F XI Hird uga
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sched	ile)	(b) Description	•
Political	Admitising		Flyore		
Non-Political		tside of Texas. Complete	Schedule T.	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	1	Of Of	fice Sought	Office Held
		No labor		(a) Solo(a) Solodit Solodi	Hanney Daild
PAYMENT	(a) Amount Charged	(b) Date Expenditur		(c) Date(s) Credit Card	
	\$314.19	9/18/20	24	9/24/	74
PAYEE	(a) Payee name		(b) Payee ad	dress;	City, State, Zip Code
	Dryce Butin	<u>} </u>		(D)	pus Christ TX FRY and
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this schedu	ile)	(b) Description	
Political	Shortima	micx 7		Stylkers	
Non-Political		tside of Texas. Complete	Schedule T.		if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder	name	Of	fice Sought	Office Held
expenditure to benefit C/OH	Joshua ?	Fraghick		Mongo	
				7	
	ATTACH ADDI	TIONAL COPIES	OF THIS	SCHEDULE AS N	EEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

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 Selection Manage Contract Labor. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politi		/Memorials Expense ces		Expense /V/ages/ContractLa	Tra abor Oth	vel Out Of District er (enter a categor	y not listed above)
The Instruction	Guide explains how to cor	nplete this form.				H CREDIT CARE	•
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 1	FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A C	CREDIT CARD			\$	19.46	
5 CREDIT CARD	Name of financial institution	on					
ISSUER Copital One	Coeith O	as Fig	Pales -w.				
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credi	t Card Issuer Pa	aid	
	\$ 19.46	8/26/9	074	9/24/	14		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	Amozon M.	r Fetplace	440	Terry A	so le	the W.	98109
8 PURPOSE OF	(a) Category (See Categories list		dule)	(b) Description			
EXPENDITURE Political	Adurtising "	Expense		Sixil			
Non-Political		ide of Texas. Complet	e Schedule T.	[] CI	neck if Austin, TX,	officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder n	ame	Off	ice Sought		Office Held	
expenditure to benefit C/OH	Jashu Fr	mary Co. Jr	<i>\f</i>	Navor			
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ıre Charged	(c) Date(s) Credi	t Card Issuer Pa	aid	
	\$ 24,46	9/3/7	4	9/	14/54		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	Home Depot		403	7 5 Po	A 6	Dw Chia	SIME XT IL
PURPOSE OF	(a) Category (See Categories list	ed at the top of this sche	dule)	(b) Description		1	
EXPENDITURE Political	Advitions &	xpense		Hadwa	e for.	Sign	
Non-Political	(c) Check if travel outsi	ide of Texas. Complet	e Schedule T.	c	heck if Austin, TX	, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder no	ame vochick	Off	ice Sought		Office Held	:
PAYMENT		(b) Date Expenditu		(c) Date(s) Credi	t Card Issuer Pa	oid .	
	\$ 24.46	4/2/2	24	9/24	124		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	24 Hour wrist	No Long	14550	Brechan	cos# f	Hauton T	V 77083
PURPOSE OF EXPENDITURE	(a) Category (See Categories lists	ed at the top of this sched		(b) Description	*		
Political	Advition F.	xpinse		15och	23		
Non-Political	(c) Check if travel outsi	de of Texas. Complete	e Schedule T.	F1	•	X, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder na	ame	Off	ice Sought		Office Held	
expenditure to benefit C/OH	Soilur fr	rogrex	[N	vayor			
		100					
	ATTACH ADDITI	ONAL COPIES	OF THIS	SCHEDULE A	S NEEDED)	