CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST JOSHUA	MI M	OFFICE USE ONLY		
NAME	NICKNAME	FRAEDRICK	SUFFIX	Date Filed 10 28 24		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 334 ATLANT	APT / SUITE #: GIC ST CORPUS C	Rebecca Huerta			
	AREA CODE	PHONE NUMBER	EXTENSION	Date City Secretary narked		
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	739-6260	EXTENSION	· ·		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST LAURA	MI	Receipt # Amount \$		
NAME			SUFFIX	Date Processed		
	GWEN	PONDER	SUPPLIA	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE): APT / S S CLARK CORPU	SUITE #: CITY; JS CHRISTI TX 78411	STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	(361)	рноме мимвек 960-6939	EXTENSION			
9 REPORT TYPE	January 15	30th day before of	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	9	27 / 24	THROUGH 10	/ 26 / 24		
11 ELECTION	Month Day 9 5	Year Primary 24 General	Runoff Other Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know MAYOR OF CO	DRPUS CHRISTI		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
1 0 002	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

ST KINDE TELEST	A S REAL FRANCIS OF FROM S FRO	
15 C/OH NAME JOSHUA FRAEDRIC	K	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 490.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,328.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA- OF REPORTING PERIOD	\$ 3,663.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00
The second secon	MARIAH H MANNINO ID# 13368975-7 Notary Public STATE OF TEXAS My Comm. Exp. 04-06-2026 Please complete either option below	endidate or Officeholder
(1) Affidavit NOTARY STAMP / SEA Sworn to and subscribed 20 21 (to certif)		28 day of October.
Signature of officer administ	ering oath Printed name of officer administering oath	Title of office administering oath
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	S
	(street) (city)	state) (zip code) (country)
Executed in	County, State of, on the day of (mont	, 20 (year)
	Standura of Candi	data/Officeholder (Declarent)

MONETARY POLITICAL CONTRIBUTIONS

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 JOSHUA	FRAEDRICK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state BRANDON MUNDT	7 Amount of contribution (\$)	
10/14/2024	6 Contributor address; City;	State; Zip Code	150.00
8 Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date	Full name of contributor out-of-state JESSICA MERTENS	PAC (ID#:)	Amount of contribution (\$)
10/14/2024		State; Zip Code	50.00
Principal occup	ation / Job litle (See Instructions)	Employer (See Instruct	ion s)
Date	Full name of contributor out-of-state MICHELLE FRAEDRICK	PAC (ID#)	Amount of contribution (\$)
10/17/2024		State; Zip Code	100.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
10/19/2024	INDIGENOUS PEOPLES OF THE	State: Zip Code	100.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CODE	TO OF THE COMEDING A DA	
	ATTACH ADDITIONAL COPII If contributor is out-of-state PAC, please see Ir		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME JOSHUA	FRAEDICK			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor TAMARA MARTINEZ		(104)	7 Amount of contribution (\$)
10/19/2024	6 Contributor address;	City;	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	lions)
Date	Full name of contributor MEREDITH PADDOC		: (ID#:)	Amount of contribution (\$)
10/19/2024		City:	State; Zip Code	40.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	dians)
Date	Full name of contributor	out-of-state PAC	E (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	lions)
Date	Full name of contributor	out-of-state PAC	> (ID#:	Amount of contribution (\$)
	Contributor address;	City;	State: Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	clions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS Nuction guide for additional	

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 Setation Meaned Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politi	•	s/Memorials Expense ices		Expense Wages/ContractLabor	Travel Out Of District Other (enter a category not listed above)		
	Guide explains how to co	mplete this form.		USE A NEW PAGE FO	R EACH CREDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME JOSHUA FRAEI	DRICK			3 FILER ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE FINANCIAL						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Issuer Paid			
	\$ 243.56	\$ 243.56 09/30/2024 10/18/2024					
7 PAYEE	(a) Payee name NEELY'S PRII	NTING	(b) Payee add		City, State, Zip Code DRPUS CHRISTI TEXAS 78404		
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE			(b) Description FLYERS			
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if A	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought			ice Sought	Office Held		
PAYMENT				(c) Date(s) Credit Card I 10/18/2024	issuer Paid		
PAYEE	(a) Payee name JIFFY.COM (b) Payee addru 1000 N V				WEST #1200 WILMINGTON DE 19801		
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE			(b) Description SHIRTS			
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if A	Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought	Office Held		
PAYMENT	(a) Amount Charged \$ 15.00	(b) Date Expenditu 10/18/2	-	(c) Date(s) Credit Card I 10/24/2024	lssuer Paid		
PAYEE	(a) Payee name		(b) Payee ad 3212 E. Ce 78702	esar Chavez Street E	City, State, Zip Code Building 1, Suite 1300 Austin, TX		
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE			(b) Description PRINT DESIGN SERVICE			
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought	Office Held		
	ATTACH ADDII	TONAL COPIE	S OF THIS	SCHEDULE AS NE	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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Poli		ices		expense Wages/Contract Labor		nter a category not listed above)		
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PAGE FOR I	EACH CF	REDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME JOSHUA FRAEDRICK					3 FILER ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			\$	1,328.90		
5 CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE FINANCIAL							
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit Card Issu	er Paid			
	_{\$} 239.04	10/19/2024			10/24/2024			
7 PAYEE	(a) Payee name (b) Payee address; 4833 S Padre Islan				_{ty,} Corpu	State, Zip Code us Christi, TX 78411		
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (b) Description WATER FOR AGUA			.GUA	DULCE			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austi	n, TX, offic	eholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office			ice Sought		Office Held		
PAYMENT	(-,			(c) Date(s) Credit Card Issu 10/24/2024	er Paid			
PAYEE	(a) Payee name GOOD PARTY LLC (b) Payee add 916 SILVE			dress; City, State, Zip Code ER SPUR RD #310 ROLLING HILLS ESTATE, CA				
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE			(b) Description MASS TEXT				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Aust	in, TX, offi	ceholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held		
PAYMENT	(a) Amount Charged	(b) Date Expenditu 10/21/2	_	(c) Date(s) Credit Card Issuer Paid 10/24/2024				
PAYEE	(a) Payee name TRACTOR SUPPLY (b) Payee add 2754 S		ldress; City, State, Zip Code Saratoga Blvd, Corpus Christi, TX 78415					
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis ADVERTISING		dule)	(b) Description STAKES				
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held		
	ATTACH ADDIT	TIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED			



	ELECTRONIC FILING EXEMPTION An exemption affidavit must be submitted with each paper report.	Date Hand-delive	ered or Dale Postmarked
32,810 in political c	v 1, 2024, a candidate or officeholder who has accepted more than ontributions or made more than \$32,810 in political expenditures must file all subsequent reports electronically.	Receipt#	Amount \$
		Date Processed	
Filer name	Filer ID #	Date Imaged	

- more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/S	EAL			Signature of Filer			
Sworn to and subscribe	ed before me by			this the	day of		
20, to certi	fy which, witness my hand an	d seal of office.					
Signature of officer admini	stering oath	Printed name of officer adm	inistering oath		Title of office	r administering oa	
		OR =	æ4-	4111			
(2) Unsworn Declara	tion						
My name is			, and my date of	f birth is			
My address is	(street)		(city)	(state)	(zip code)	(country)	
	County, State of						
				(month)	(year)		
				Signature of Fi	iler (Declarant)		

OFFICE USE ONLY