

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 27								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr FIRST Joshua MI M NICKNAME LAST Fraedrick SUFFIX	OFFICE USE ONLY Date Received Date Filed <u>10-9-26</u> Rebecca Huerta City Secretary									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 322 Atlantic St., Corpus Christi, TX 78404										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 288-2822										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms FIRST Laura MI G NICKNAME LAST Ponder SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1731 3rd St., Corpus Christi, TX 78404										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 960-6939										
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 07 01 2026 THROUGH Month Day Year 09 24 2026										
11 ELECTION	ELECTION DATE Month Day Year 11 03 2026 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Corpus Christi City Council, At-Large										
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joshua M. Fraedrick		16 Filer ID (Ethics Commission Filers)
17 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)	\$ 10,313.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,132.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,891.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,400.00

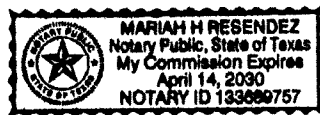
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joshua M. Fraedrick

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joshua Fraedrick this the 5th day of October, 2026, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Mariah Resendez

Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Joshua M. Fraedrick

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,663.20
2. ☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 650.00
3. ☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. ☐	SCHEDULE E: LOANS	\$ 0.00
5. ☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 489.76
6. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. ☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,642.72
9. ☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. ☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. ☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 16
2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 07/20/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) JESSICA Bass	7 Amount of contribution (\$) 10.86
6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/21/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Will Greenlee	Amount of contribution (\$) 105.75
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Cody Beddoe	Amount of contribution (\$) 105.75
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77044		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Tamara Martinez	Amount of contribution (\$) 105.75
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 07/21/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Conor Rice	7 Amount of contribution (\$) 26.68
	6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78412	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/21/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Tonya Stanley	Amount of contribution (\$) 53.04
	Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Leigh Hutchens	Amount of contribution (\$) 53.04
	Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Evan Scriviner	Amount of contribution (\$) 105.75
	Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 16
2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 07/22/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Zachary Gordon 6 Contributor address: City: State: Zip Code Sandia, TX 78383	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/24/2026	Full name of contributor ☐ out-of-state PAC (ID#: Logan Humpich Contributor address: City: State: Zip Code Corpus Christi, TX 78401	Amount of contribution (\$) 53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2026	Full name of contributor ☐ out-of-state PAC (ID#: Amy Brandewie Contributor address: City: State: Zip Code Corpus Christi, TX 78411	Amount of contribution (\$) 21.41
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2026	Full name of contributor ☐ out-of-state PAC (ID#: Melissa Gongaware Contributor address: City: State: Zip Code Corpus Christi, TX 78414	Amount of contribution (\$) 105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 16
2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Ricardo Rosales	7 Amount of contribution (\$) 500.00
	6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78410-2208	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/27/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Carol Haley	Amount of contribution (\$) 53.04
	Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Victoria Gordon	Amount of contribution (\$) 53.04
	Contributor address: _____ City: _____ State: _____ Zip Code _____ Tarpon Springs, FL 34688	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Kyle Charles-Barnes	Amount of contribution (\$) 47.76
	Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

9 Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Amy Brandewie	7 Amount of contribution (\$) 21.41
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78411		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/31/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Richard Ramirez	Amount of contribution (\$) 21.41
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Brandon Harper	Amount of contribution (\$) 1,054.62
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Derek Trevino	Amount of contribution (\$) 30.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Pooja Bindingnavele	7 Amount of contribution (\$) 50.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78412		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/04/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Chris Storbeck	Amount of contribution (\$) 50.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Ricardo Narvaez	Amount of contribution (\$) 31.17
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Josh Richline	Amount of contribution (\$) 263.90
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Richard Martin	7 Amount of contribution (\$) 53.04
6 Contributor address: City: State: Zip Code Corpus Christi, TX 78418		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: Crismarie Rios	Amount of contribution (\$) 21.41
Contributor address: City: State: Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: Michelle Ramirez	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: John Pearce	Amount of contribution (\$) 21.41
Contributor address: City: State: Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 09/24/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Amy Brandewie	7 Amount of contribution (\$) 21.41
	6 Contributor address: City: State: Zip Code [REDACTED] Corpus Christi, TX 78411	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Jordan Scott	Amount of contribution (\$) 50.00
	Contributor address: City: State: Zip Code [REDACTED] Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Kim Babiak	Amount of contribution (\$) 40.00
	Contributor address: City: State: Zip Code [REDACTED] Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Justin Quirino	Amount of contribution (\$) 50.00
	Contributor address: City: State: Zip Code [REDACTED] Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Trevor Ortiz	7 Amount of contribution (\$) 30.00
6 Contributor address; City; State; Zip Code [REDACTED] Sinton, TX 78387		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/20/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Brittany Bates	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Johanna Wooton	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code [REDACTED] Margaretville, NY 12455		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Trevor Ortiz	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code [REDACTED] Sinton, TX 78387		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Kyra Sullenger	7 Amount of contribution (\$) 25.00
6 Contributor address: City: State: Zip Code [REDACTED] Corpus Christi, TX 78401		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Andy Suarez	Amount of contribution (\$) 50.00
Contributor address: City: State: Zip Code [REDACTED] Corpus Christi, TX 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Chris Burleson	Amount of contribution (\$) 300.00
Contributor address: City: State: Zip Code [REDACTED] Corpus Christi, TX 78415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Lamar Childress	Amount of contribution (\$) 45.00
Contributor address: City: State: Zip Code [REDACTED] Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 07/26/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Ruth Falck 6 Contributor address: City: State: Zip Code Corpus Christi, TX 78411	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: Wendy Crader Contributor address: City: State: Zip Code Corpus Christi, TX 78418	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: Rhett Butler Contributor address: City: State: Zip Code Corpus Christi, TX 78413	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: Tonya Stanley Contributor address: City: State: Zip Code Corpus Christi, TX 78404	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Ricky Vidaurri Lopez	7 Amount of contribution (\$) 25.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Corpus Christi, TX 78411		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/20/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Ruben DeLeon	Amount of contribution (\$) 100.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Ray Knipp	Amount of contribution (\$) 125.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Kay Light	Amount of contribution (\$) 25.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Jason Gillen	7 Amount of contribution (\$) 25.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78413		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/20/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Tara Brown	Amount of contribution (\$) 100.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Tamara Martinez	Amount of contribution (\$) 100.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Laura Ponder	Amount of contribution (\$) 65.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 16
2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Jaime Alcocer	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Isabel Araiza	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Jaret Myers	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Shook Sisters LLC	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 16
2 FILER NAME Joshua M. Fraedrick		3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Janaki Family 2013 Trust 6 Contributor address: City: State: Zip Code Corpus Christi, TX 78404	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/26/2026	Full name of contributor ☐ out-of-state PAC (ID#: Jeremy Timms Contributor address: City: State: Zip Code Corpus Christi, TX 78413	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2026	Full name of contributor ☐ out-of-state PAC (ID#: Jim Klein Contributor address: City: State: Zip Code Corpus Christi, TX 78411	Amount of contribution (\$) 1,700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2026	Full name of contributor ☐ out-of-state PAC (ID# C00027342 IBEW PAC Voluntary Fund Contributor address: City: State: Zip Code Washington, DC 20001	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1

Joshua M. Fraedrick

3 Filer ID (Ethics Commission Filers)

§

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL) (See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

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)

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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	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	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	2 FILER NAME Joshua M. Fraedrick	3 Filer ID (Ethics Commission Filers)
4 Date 07/20/2026	5 Payee name Stripe	
6 Amount (\$) 115.48	7 Payee address: City: State: Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description Donation processing fees 07/20/2026 - 09/24/2026	
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 07/20/2026	Payee name Donorbox	
Amount (\$) 108.32	Payee address: City: State: Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Donation platform fees 07/20/2026 - 09/24/2026	
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 08/16/2026	Payee name Venmo	
Amount (\$) 12.96	Payee address: City: State: Zip Code 2211 N First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Donation processing fees 08/16/2026 - 09/01/2026	
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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	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	2 FILER NAME Joshua M. Fraedrick	3 Filer ID (Ethics Commission Filers)
4 Date 07/20/2026	5 Payee name Capital One	
6 Amount (\$) 48.00	7 Payee address: City: State: Zip Code PO Box 71083 Charlotte, NC 28272-1083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Payment for June domain charge
	(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 07/31/2026	Payee name Kleberg Bank	
Amount (\$) 5.00	Payee address: City: State: Zip Code 100 E Kleberg Ave Kingsville, TX 78363	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Monthly account service fee
	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/09/2026	Payee name Dean Sprague	
Amount (\$) 200.00	Payee address: City: State: Zip Code 462 Sharon Dr Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meat and cheese reimbursement H-E-B purchases for kickoff
	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 5	2 FILER NAME Joshua M. Fraedrick	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution Capital One	
6 PAYMENT	(a) Amount Charged \$ 1,001.31	(b) Date Expenditure Charged 08/08/2026 (c) Date(s) Credit Card Issuer Paid 09/17/2026
7 PAYEE	(a) Payee name Neely Printing	(b) Payee address; City, State, Zip Code 1011 Louisiana Ave Corpus Christi, TX 78404
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense (c) ☐ Check if travel outside of Texas. Complete Schedule T.	(b) Description Campaign printed materials ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 20.00	(b) Date Expenditure Charged 08/08/2026 (c) Date(s) Credit Card Issuer Paid 09/17/2026
PAYEE	(a) Payee name Squarespace	(b) Payee address; City, State, Zip Code 225 Varick St, 12th Floor New York, NY 10014
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) ☐ Check if travel outside of Texas. Complete Schedule T.	(b) Description Campaign domain ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 282.92	(b) Date Expenditure Charged 08/09/2026 (c) Date(s) Credit Card Issuer Paid 09/17/2026
PAYEE	(a) Payee name Jiffy Custom	(b) Payee address; City, State, Zip Code 1903 60th Pl E, Ste M Bradenton, FL 34203-5036
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) ☐ Check if travel outside of Texas. Complete Schedule T.	(b) Description Campaign DTF transfers ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

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 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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 5	2 FILER NAME Joshua M. Fraedrick		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution Capital One		
6 PAYMENT	(a) Amount Charged \$ 335.25	(b) Date Expenditure Charged 08/10/2026	(c) Date(s) Credit Card Issuer Paid 09/17/2026
7 PAYEE	(a) Payee name Jiffy Blanks	(b) Payee address; City, State, Zip Code 1903 60th Pl E, Ste M Bradenton, FL 34203-5036	
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign shirts
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought		Office Held
PAYMENT	(a) Amount Charged \$ 34.94	(b) Date Expenditure Charged 08/10/2026	(c) Date(s) Credit Card Issuer Paid 09/17/2026
PAYEE	(a) Payee name Tractor Supply	(b) Payee address; City, State, Zip Code 2754 Saratoga Blvd Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign installation materials
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought		Office Held
PAYMENT	(a) Amount Charged \$ 23.96	(b) Date Expenditure Charged 08/11/2026	(c) Date(s) Credit Card Issuer Paid 09/17/2026
PAYEE	(a) Payee name Tractor Supply	(b) Payee address; City, State, Zip Code 2754 Saratoga Blvd Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign installation materials
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought		Office Held

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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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 5	2 FILER NAME Joshua M. Fraedrick		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution Capital One		
6 PAYMENT	(a) Amount Charged \$ 170.70	(b) Date Expenditure Charged 08/12/2026	(c) Date(s) Credit Card Issuer Paid 09/17/2026
7 PAYEE	(a) Payee name Home Depot	(b) Payee address; City, State, Zip Code 4038 S Port Ave Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign installation materials
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 26.65	(b) Date Expenditure Charged 08/14/2026	(c) Date(s) Credit Card Issuer Paid 09/17/2026
PAYEE	(a) Payee name Canva	(b) Payee address; City, State, Zip Code 3212 E Cesar Chavez St, Bldg 1 Ste 1300 Austin, TX 78702	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign design subscription
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 14.06	(b) Date Expenditure Charged 08/14/2026	(c) Date(s) Credit Card Issuer Paid 09/17/2026
PAYEE	(a) Payee name Tractor Supply	(b) Payee address; City, State, Zip Code 2754 Saratoga Blvd Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign installation materials
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought Office Held

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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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 5	2 FILER NAME Joshua M. Fraedrick	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution Capital One	
6 PAYMENT	(a) Amount Charged \$ 148.48	(b) Date Expenditure Charged 08/14/2026
	(c) Date(s) Credit Card Issuer Paid 09/17/2026	
7 PAYEE	(a) Payee name Home Depot	(b) Payee address; City, State, Zip Code 4038 S Port Ave Corpus Christi, TX 78415
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign installation materials
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 1,117.50	(b) Date Expenditure Charged 08/18/2026
	(c) Date(s) Credit Card Issuer Paid 09/17/2026	
PAYEE	(a) Payee name L7 Designs & Graphics	(b) Payee address; City, State, Zip Code 1712 E Main St Alice, TX 78332
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 190.79	(b) Date Expenditure Charged 08/19/2026
	(c) Date(s) Credit Card Issuer Paid 09/17/2026	
PAYEE	(a) Payee name 3D Signs	(b) Payee address; City, State, Zip Code 8015 West 2nd Street Somerset, TX 78069
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign flyers
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

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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 CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 5	2 FILER NAME Joshua M. Fraedrick		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 CREDIT CARD ISSUER	Name of financial institution Capital One		
6 PAYMENT	(a) Amount Charged \$ 6.46	(b) Date Expenditure Charged 08/19/2026	(c) Date(s) Credit Card Issuer Paid 09/17/2026
7 PAYEE	(a) Payee name Home Depot	(b) Payee address; City, State, Zip Code 4038 S Port Ave Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign installation materials
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$ 243.05	(b) Date Expenditure Charged 08/23/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Squarespace	(b) Payee address; City, State, Zip Code 225 Varick St, 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign website
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$ 26.65	(b) Date Expenditure Charged 09/14/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Canva	(b) Payee address; City, State, Zip Code 3212 E Cesar Chavez St, Bldg 1 Ste 1300 Austin, TX 78702	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign design subscription
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		

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