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: 13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr | FIRST: Joshua | MI: M
NICKNAME | LAST: Fraedrick | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: 322 Atlantic St. | APT / SUITE #: | CITY: Corpus Christi | STATE: TX | ZIP CODE: 78404

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 288-2822 | EXTENSION

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): 1731 3rd St., Corpus Christi, TX 78404 | APT / SUITE #: | CITY: | STATE: | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) | PHONE NUMBER: 960-6939 | EXTENSION

OFFICE USE ONLY

Date Received

Date Filed 10-26-26

R Huerta

Rebecca Huerta
City Secretary

Date Hand-Delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

January 15		30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
July 15	X	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)

10 PERIOD COVERED

	Month	Day	Year		Month	Day	Year
	09	25	202€	THROUGH	10	24	202€

11 ELECTION

ELECTION DATE			ELECTION TYPE			
Month	Day	Year	Primary	Runoff	Other Description	
11	03	202€	X 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.

COMMITTEE TYPE: X GENERAL | SPECIFIC

COMMITTEE NAME: VoteClean

COMMITTEE ADDRESS: 8726 N. Mopac Expy, Ste. 250, Austin, TX 78759

COMMITTEE CAMPAIGN TREASURER NAME: Brion Oaks

COMMITTEE CAMPAIGN TREASURER ADDRESS: 8726 N. Mopac Expy, Ste. 250, Austin, TX 78759

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)
Joshua M. Fraedrick	

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)	$ 5,324.28
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,712.79
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,016.84
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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Joshua M. Fraedrick, and my date of birth is [redacted].

My address is 322 Atlantic St. (street), Corpus Christi (city), TX (state), 78404 (zip code), USA (country).

Executed in Nueces County, State of Texas, on the 26th day of October (month), 2026 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Joshua M. Fraedrick	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 5,324.28
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 7,262.62
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 3,450.17
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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: 3

2 FILER NAME
Joshua M. Fraedrick

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of contribution (S)
09/30/2026	Larry Messer 6 Contributor address: [redacted] City: Corpus Christi State: TX Zip Code: 78413	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution (S)
09/30/2026	Cory Mathews Contributor address: [redacted] City: Corpus Christi State: TX Zip Code: 78414	105.75

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution (S)
10/01/2026	Margaret Duran Contributor address: [redacted] City: Corpus Christi State: TX Zip Code: 78413	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution (S)
10/02/2026	Erlinda Ciccarelli Contributor address: [redacted] City: Corpus Christi State: TX Zip Code: 78414	316.61

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: 3

2 FILER NAME
Joshua M. Fraedrick

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of contribution ($)
10/03/2026	Victoria Munt Rogers **6** Contributor address; City; State; Zip Code [redacted] Corpus Christi, TX 78418	1,000.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/05/2026	Kim Fraedrick Contributor address; City; State; Zip Code [redacted] Portola Valley, CA 94028	527.47

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/09/2026	Dorlly Cruz Contributor address; City; State; Zip Code [redacted] Corpus Christi, TX 78414	53.04

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/12/2026	Sandra Sterba-Boatwright Contributor address; City; State; Zip Code [redacted] Corpus Christi, TX 78411	600.00

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.

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: 3

2 FILER NAME
Joshua M. Fraedrick

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor (out-of-state PAC (ID#_____))	**7** Amount of contribution (S)
10/20/2026	Tyler Noble **6** Contributor address: City: State: Zip Code [redacted] Corpus Christi, TX 78408	2,500.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution (S)
10/24/2026	Amy Brandewie Contributor address: City: State: Zip Code [redacted] Corpus Christi, TX 78411	21.41

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution (S)
	Contributor address: City: State: Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution (S)
	Contributor address: City: State: Zip Code	

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.

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Joshua M. Fraedrick	

Expenditure 1

4 Date	5 Payee name	
10/03/2026	Stripe	
6 Amount ($)	**7** Payee address; City; State; Zip Code	
45.35	354 Oyster Point Blvd, South San Francisco, CA 94080	
	Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description
	Fees	Donation processing fees; week 09/28-10/04
	(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

Expenditure 2

Date	Payee name	
10/03/2026	Donorbox	
Amount ($)	Payee address; City; State; Zip Code	
44.91	1520 Belle View Blvd #4106, Alexandria, VA 22307	
	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	Donation platform fees; week 09/28-10/04
	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

Expenditure 3

Date	Payee name	
10/07/2026	Jason Juranek	
Amount ($)	Payee address; City; State; Zip Code	
1,500.00	909 Red Start Circle, Corpus Christi, TX 78418	
	X Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	District 4 campaign mural; artist paid in full
	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

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Joshua M. Fraedrick	

4 Date	5 Payee name
10/07/2026	Jen Seymour

6 Amount ($)	7 Payee address; City; State; Zip Code
2,000.00	[redacted] Corpus Christi, TX 78418 X Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	District 5 campaign mural; artist paid in full
	(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

Date	Payee name
10/07/2026	Kleberg Bank

Amount ($)	Payee address; City; State; Zip Code
10.00	100 E Kleberg Ave, Kingsville, TX 78363 Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Accounting/Banking	Two $5 cashier check fees for mural payments
	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

Date	Payee name
10/09/2026	Stripe

Amount ($)	Payee address; City; State; Zip Code
17.44	354 Oyster Point Blvd, South San Francisco, CA 94080 Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	Donation processing fees; week 10/05-10/11
	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

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Joshua M. Fraedrick	

4 Date: 10/09/2026

5 Payee name: Donorbox

6 Amount ($): 17.12

7 Payee address: 1520 Belle View Blvd #4106, Alexandria, VA 22307 — City: — State: — Zip Code:

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Fees

(b) Description: Donation platform fees; week 10/05-10/11

(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

---

Date: 10/16/2026

Payee name: Samantha Mendoza

Amount ($): 1,200.00

Payee address: [redacted] Corpus Christi, TX 78413 — City: — State: — Zip Code:

X Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Campaign mural; artist paid in full

☐ 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

---

Date: 10/16/2026

Payee name: Kleberg Bank

Amount ($): 5.00

Payee address: 100 E Kleberg Ave, Kingsville, TX 78363 — City: — State: — Zip Code:

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Accounting/Banking

Description: Cashier check fee for mural payment

☐ 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

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Joshua M. Fraedrick	

4 Date: 10/19/2026

5 Payee name: Capital One

6 Amount ($): 269.70

7 Payee address: PO Box 71083, Charlotte, NC 28272-1083 (City; State; Zip Code)

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Credit Card Payment

(b) Description: Campaign credit card bill payment; bank debit Oct. 19

(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

---

Date: 10/23/2026

Payee name: Daniel De Leon

Amount ($): 2,000.00

Payee address: [redacted] Corpus Christi, TX 78411 (City; State; Zip Code)

X Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Kiko's parrot playing guitar mural; paid in full

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

---

Date: 10/23/2026

Payee name: Kleberg Bank

Amount ($): 5.00

Payee address: 100 E Kleberg Ave, Kingsville, TX 78363 (City; State; Zip Code)

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Accounting/Banking

Description: Cashier check fee for mural payment

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

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Joshua M. Fraedrick	

4 Date: 10/24/2026

5 Payee name: Stripe

6 Amount ($): 73.72

7 Payee address: 354 Oyster Point Blvd, South San Francisco, CA 94080 — City: — State: — Zip Code

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Fees

(b) Description: Donation processing fees; week 10/19-10/24

(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

---

Date: 10/24/2026

Payee name: Donorbox

Amount ($): 74.38

Payee address: 1520 Belle View Blvd #4106, Alexandria, VA 22307 — City: — State: — Zip Code

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fees

Description: Donation platform fees; week 10/19-10/24

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

---

Date:

Payee name:

Amount ($):

Payee address: — City: — State: — Zip Code

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

Description:

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

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	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
	Legal Services	Salaries/Wages/Contract Labor	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: 2	2 FILER NAME: Joshua M. Fraedrick	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0.00

5 CREDIT CARD ISSUER — Name of financial institution: Capital One

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 148.48	09/30/2026	

7 PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
Neely Printing	1011 Louisiana Ave, Corpus Christi, TX 78404 Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

X Political
Non-Political

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Printing Expense	Campaign signs

(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	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 26.65	10/14/2026	

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
Canva	3212 E Cesar Chavez St, Bldg 1 Ste 1300, Austin, TX 78702 Check if individual's residence address.

PURPOSE OF EXPENDITURE

X Political
Non-Political

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	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	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 2,756.25	10/16/2026	

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
Short Stack Design Co.	199 Tree Nut Loop, Buda, TX 78610 X Check if individual's residence address.

PURPOSE OF EXPENDITURE

X Political
Non-Political

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Campaign mural design and installation; tax and fee

(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

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	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
	Legal Services	Salaries/Wages/Contract Labor	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: 2	2 FILER NAME: Joshua M. Fraedrick	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution: Capital One	

6 PAYMENT	(a) Amount Charged: $ 71.63	(b) Date Expenditure Charged: 10/21/2026	(c) Date(s) Credit Card Issuer Paid:
7 PAYEE	(a) Payee name: FASTSIGNS	(b) Payee address; City, State, Zip Code: 1220 Airline Rd, Ste 170, Corpus Christi, TX 78412 — Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE: X Political / Non-Political	(a) Category (See Categories listed at the top of this schedule): Printing Expense	(b) Description: Old sign balance $69.54 plus $2.09 processing fee	
	(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: $ 447.16	(b) Date Expenditure Charged: 10/19/2026	(c) Date(s) Credit Card Issuer Paid:
PAYEE	(a) Payee name: Corpus Christi Conf. Ctr.	(b) Payee address; City, State, Zip Code: 5549 Leopard St, Corpus Christi, TX 78408 — Check if individual's residence address.	
PURPOSE OF EXPENDITURE: X Political / Non-Political	(a) Category (See Categories listed at the top of this schedule): Travel In District	(b) Description: Lodging for campaign mural artist	
	(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: $	(b) Date Expenditure Charged:	(c) Date(s) Credit Card Issuer Paid:
PAYEE	(a) Payee name:	(b) Payee address; City, State, Zip Code: — Check if individual's residence address.	
PURPOSE OF EXPENDITURE: Political / Non-Political	(a) Category (See Categories listed at the top of this schedule):	(b) Description:	
	(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

S OF THIS SCHEDULE AS NEEDED