

# 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: <b>5</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                     | MS / MRS / MR                      FIRST                      MI<br><b>Mr.                      Frank                      R</b>   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>RECEIVED</b><br><b>APR 03 2024</b><br>BY:  |                               |
|   | NICKNAME                      LAST                      SUFFIX<br><b>Roszell</b>   |  |                               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><b>2230 Union Church Rd, Keller, TX 76248</b>  |  |                               |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                    | AREA CODE                      PHONE NUMBER                      EXTENSION<br><b>( 817 )                      903-8887</b>   | Date Hand-delivered or Date Postmarked   |                               |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR                      FIRST                      MI<br><b>Mrs.                      Vandolyn                      L</b>   | Receipt #  | Amount \$                     |
|   | NICKNAME                      LAST                      SUFFIX<br><b>Roszell</b>   | Date Processed   |                               |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><b>2230 Union Church Rd, Keller, TX 76248</b>   |  |                               |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE                      PHONE NUMBER                      EXTENSION<br><b>( 817 )                      821-7733</b>   |  |                               |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                               |
| 10 PERIOD COVERED   | Month                      Day                      Year                      Month                      Day                      Year<br><b>2 / 8 / 24                      THROUGH                      4 / 4 / 24</b>   |  |                               |
| 11 ELECTION   | ELECTION DATE<br>Month                      Day                      Year<br><b>5 / 4 / 24</b>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                               |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br><b>City Council Place 2</b>   |                               |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br>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<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |                               |
| <b>GO TO PAGE 2</b>   |  |  |                               |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>Frank R Roszell |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>          | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$  |
| <b>EXPENDITURE TOTALS</b>              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 10,538.00                                  |
| <b>CONTRIBUTION BALANCE</b>            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  |
| <b>OUTSTANDING LOAN TOTALS</b>         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

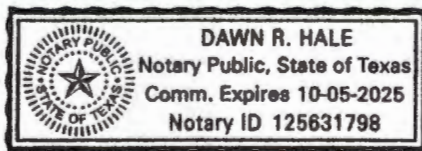
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Frank Roszell*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Frank Roszell this the 3rd day of April, 2024, to certify which, witness my hand and seal of office.

Dawn R Hale Dawn R Hale Notary Public  
Signature of officer administering oath Printed name of officer administering oath 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**

|  |   |   |
|--|---|---|
| <b>19 FILER NAME</b><br>Frank R Roszell          |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | <b>SUBTOTAL AMOUNT</b>                        |
| 1.   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   | \$  |
| 2.   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                     | \$  |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$  |
| 4.   | SCHEDULE E: LOANS   | \$  |
| 5.   | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                           | \$  |
| 6.   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$  |
| 7.   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                          | \$  |
| 8.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD               | \$ 615.55                                     |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 9,922.45                                   |
| 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              | \$  |

# 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            | 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)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |  |  |
|--|--|--|
| <b>1 TOTAL PAGES SCHEDULE F4:</b> 1  | <b>2 FILER NAME</b><br>Frank R Roszell   | <b>3 FILER ID (Ethics Commission Filers)</b>   |
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>   |  | \$   |
| <b>5 CREDIT CARD ISSUER</b>  | Name of financial institution<br>Advantage Red Mastercard  |  |
| <b>6 PAYMENT</b>   | (a) Amount Charged<br>\$ 170.07  | (b) Date Expenditure Charged<br>02/08/2024   |
|  | (c) Date(s) Credit Card Issuer Paid<br>02/12/2024  |  |
| <b>7 PAYEE</b>   | (a) Payee name<br>Copy & Ship HQ   | (b) Payee address; City, State, Zip Code<br>750 S Main, Ste 150, Keller, TX 76248          |
| <b>8 PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising  | (b) Description<br>Push Cards  |
|  | (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name  | Office Sought <span style="float:right">Office Held</span>                                 |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$ 189.44  | (b) Date Expenditure Charged<br>02/27/2024   |
|  | (c) Date(s) Credit Card Issuer Paid<br>03/21/2024  |  |
| <b>PAYEE</b>   | (a) Payee name<br>Tina Caron Portrait  | (b) Payee address; City, State, Zip Code<br>1101 Cheek-Sparger, Colleyville, TX 76034      |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising expense  | (b) Description<br>Portrait  |
|  | (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name  | Office Sought <span style="float:right">Office Held</span>                                 |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$ 256.04  | (b) Date Expenditure Charged<br>02/28/2024   |
|  | (c) Date(s) Credit Card Issuer Paid<br>03/21/2024  |  |
| <b>PAYEE</b>   | (a) Payee name<br>Big Frogs of Alliance  | (b) Payee address; City, State, Zip Code<br>4360 Western Center Blvd, Fort Worth, TX 76137 |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)<br>Adertising expense   | (b) Description<br>Caps and Shirts   |
|  | (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name  | Office Sought <span style="float:right">Office Held</span>                                 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:<br><b>1</b>  | <b>2</b> FILER NAME<br><b>Frank R Roszell</b>   | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br><b>03/15/2024</b>  | <b>5</b> Payee name<br><b>Community Impact</b>  |  |
| <b>6</b> Amount (\$)<br><b>2,175.00</b><br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code<br><b>16225 Impact Way, Pflugerville, TX 78660</b>  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b>   | <b>(b)</b> Description<br><b>Ad in paper</b>               |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>03/25/2024</b>   | Payee name<br><b>DFW Direct Marketing</b>   |  |
| Amount (\$)<br><b>5,546.90</b><br><small>Reimbursement from political contributions intended</small>          | Payee address; City; State; Zip Code<br><b>931 Custer Rd, Richardson, TX 75080</b>  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b>  | Description<br><b>Mailer</b>                               |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>03/22/2024</b>   | Payee name<br><b>Copy &amp; Ship Hq</b>   |  |
| Amount (\$)<br><b>2,200.55</b><br><small>Reimbursement from political contributions intended</small>          | Payee address; City; State; Zip Code<br><b>755 S Main, Ste 150, Keller, TX 76248</b>  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | Description<br><b>Mailers</b>                              |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |

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