CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE	E USE ONLY
	00088176		38			Date Received	
;	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME	Mrs.	Kimberly M.			02/08/2024	
		NICKNAME	LAST		SUFFIX		
			Laseter			Date Hand-delivere	d or Date Postmarked
_	ORIGINAL	X January 15	Runoff	Other (s	pecify)	Date Hand delivere	a or bate i ostinarica
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		8th day before election	appointment (office	*,		Date Processed	
	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	- Data Imaged	
	COVERED	07/01/2023	THROUGH	12/31/2023	rear	Date Imaged	
_	EXPLANATION OF C			12/01/2020			
		error in calculating Line 5	(Total Political Contrib	utions Maintained)Th	e Line 5 amoui	nt was reduced h	v Sch G (Political
	AFFIDAVIT		and	ear, or affirm, under p correct. ck the box next to any	, , , ,		ted report is true
	AFFIDAVIT		and	correct.	and all applicas: I swear, or aith and without	able statements: r affirm that the ore an intent to misle	riginal report ead or to
	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report: was made in good fa	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in	able statements: r affirm that the or t an intent to mislened in the report. t, that I am filing these day after the chaccurate or inco	riginal report ead or to his corrected date I learned mplete. I
	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report: was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.	able statements: r affirm that the or t an intent to mislined in the report. t that I am filing these day after the enaccurate or incomission in the report. M. Laseter	riginal report ead or to his corrected date I learned mplete. I port as originally
			and Che	correct. ck the box next to any Semiannual report: was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.	able statements: r affirm that the ore an intent to mislened in the report. that I am filing these day after the enaccurate or incomission in the report.	riginal report ead or to his corrected date I learned mplete. I port as originally
		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report: was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.	able statements: r affirm that the or t an intent to mislined in the report. t that I am filing these day after the enaccurate or incomission in the report. M. Laseter	riginal report ead or to his corrected date I learned mplete. I port as originally
	AFFIX NOTARY ST		and Che X	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go M Signatu	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements: r affirm that the one an intent to misle ned in the report. that I am filing these day after the enaccurate or incomission in the report. A. Laseter e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che X	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good M Signatu	r and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith. rs. Kimberly N re of Candidate, this t	able statements: r affirm that the one an intent to misle ned in the report. that I am filing these day after the enaccurate or incomission in the report. A. Laseter e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally
	AFFIX NOTARY ST Sworn to and subsc		and Che X	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good M Signatu	r and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith. rs. Kimberly N re of Candidate, this t	able statements: r affirm that the one an intent to misle ned in the report. that I am filing these day after the enaccurate or incomission in the report. A. Laseter e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088176 38 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Kimberly M. NAME Date Received **ELECTRONICALLY FILED** 02/08/2024 NICKNAME LAST **SUFFIX** Laseter CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1631 Wichita Dr. MAILING Receipt # Amount **ADDRESS** Prosper, TX 75078 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kimberly M. NAME NICKNAME LAST **SUFFIX** Laseter **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 1415 Harroun Ave. **ADDRESS** Ste. 205 (Residence or Business) McKinney, TX 75069 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (940) 390-5893 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 401st

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 38

13 C / OH NAME	Laseter, Kimberly M.	(Mrs.)	14 Filer ID (00088176	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without is d officeholders are required to report this information	the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		.I IIZED POLITICAL CONTRIBUTIONS(OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 50.00		
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 34,175.00		
EXPENDITURE TOTALS						
	4. TOTAL POLIT	TICAL EXPENDITURES		\$ 30,634.63		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 16,193.75		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 10,000.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		Mrs. K	imberly M. Laseter			
			Candidate or Officehol	der		
AFFIX NOT	ΓARY STAMP / SEAL AE	OVE				
Sworn to and subsc	cribed before me, by the s	aid	, this the	day		
of						
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	r administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

4 of 38

				4 01 38
18 FILER NA Laseter,	ME Kimberly M. (Mrs.)	19 Filer ID 00088176	(Ethics Commission Filers)	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT	
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	34,075.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	100.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	5,250.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	10,000.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	27,881.25
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	619.18
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,134.20
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1		
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/7 Rpt: 5/38		
2	FILER NAME Laseter, Kim	berly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176		
4	Date 12/08/2023	5 Full name of contributor Balimba, Ashu (Mr.)6 Contributor address; City; St.	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$25.00		
		McKinney, TX 75071						
8		Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10	Contributor's e	employer/law firm urdson, P.C.		11 Law firm of contributor's sp	ous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if a	ny)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)		
	12/19/2023	Barber, Greg (Mr.) Contributor address; City; St.	_			\$100.00		
		Gardendale, TX 79758-38	38					
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Lawyer			Assistant District Attorn	Attorney			
		employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	Ector County	/ DA's Office						
	If contributor is	s a child, law firm of parent(s) (if a	ny)					
_	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)		
	12/13/2023	Calhoun, Mitchell (Mr.)	_ ` -			\$50.00		
		Contributor address; City; St McKinney, TX 75069	ate; Zip Code					
	Contributor's F	Principal Occupation		Contributor's Job Title	-			
	Attorney			Attorney				
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	Collin Count	y District Attorney's Office						
	If contributor is	s a child, law firm of parent(s) (if a	ny)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/7 Rpt: 6/38	
2	FILER NAME Laseter, Kim	iberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176	
4	Date 12/28/2023	5 Full name of contributorDowns, Christene (Mrs.)6 Contributor address; City; S			7	Amount of Contribution (\$) \$100.0	10
		Plano, TX 75075					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney - Business Ow			
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)	
12	·	s Law, PLLC s a child, law firm of parent(s) (if	onu)				
12	i Continuator i	s a cilliu, iaw ilitti oi pareiti(s) (il	arry)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	=
	12/08/2023	Goheen & O'Toole, PLLO	—			\$200.0	00
		Contributor address; City; S Allen, TX 75013	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		_
				Attorney - Partner			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)				_
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	=
	12/16/2023	Holcomb, David (Mr.)				\$300.0	0
		Contributor address; City; 9 Plano, TX 75093-6608	State; Zip Code				
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		_
	Police Office	er		Sheriff's Deputy			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	_
	Collin Count	y Sheriff's Office					
	If contributor is	s a child, law firm of parent(s) (if	any)	•			

	MONET	ARY POLITICAL CONTR	IBUTIC	DNS		SCHEDULE A(J)1	
	The Instru	ction Guide explains how to comp	lete this f	form.	1	Total pages Schedule A(J)1: Sch: 3/7 Rpt: 7/38	
2	FILER NAME	Landa Anna (Anna)			3	Filer ID (Ethics Commission Filers)	
		berly M. (Mrs.)			L	00088176	
4	Date 11/13/2023	Full name of contributor	ate PAC (ID#:_)	7	Amount of Contribution (\$) \$10,000.00	
		McKinney, TX 75069					
8	Contributor's Law	Principal Occupation		9 Contributor's Job Title Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
	Laseter Law	Firm, PLLC		Office of Chief Counsel			
12	lf contributor i	s a child, law firm of parent(s) (if any)		,			
	Date	Full name of contributor ut-of-sta	ate PAC (ID#:_)		Amount of Contribution (\$)	
	12/26/2023	Laseter, Kimberly (Mrs.)				\$10,000.00	
		Contributor address; City; State; Zip Cod	е		1		
		McKinney, TX 75069					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Lawyer			Attorney, Business Owr	ner		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)		
	Laseter Law	Firm, PLLC		Office of Chief Counsel			
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	12/08/2023	Law Office of K.H. Haywood				\$250.00	
		Contributor address; City; State; Zip Cod			1		
		McKinney, TX 75071					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)					
<u> </u>							

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1		ges Schedule A(J)1 7 Rpt: 8/38	:
2	FILER NAME				3	Filer ID	(Ethics Commission	on Filers)
	Laseter, Kim	nberly M. (Mrs.)				000881	76	
4	Date 12/26/2023	Full name of contributor Law Office of Mito Gonz Contributor address; City;			7	Amount	of Contribution (\$)	\$500.00
		Allen, TX 75013						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (if any)					
-	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount	of Contribution (\$)	
12/26/2023		Little, Polly (Ms.)	out or state 1740 (IBM.			7	o. co	\$100.00
		Contributor address; City;	State; Zip Code					
		Jacksboro, TX 76458						
		Principal Occupation		Contributor's Job Title				
	Retired			Retired				
	Retired	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount	of Contribution (\$)	
	12/20/2023	MC Criminal Law						\$500.00
		Contributor address; City;	State; Zip Code					
		Dallas, TX 75240						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/7 Rpt: 9/38
2	FILER NAME Laseter, Kim	iberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	Date 12/26/2023	5 Full name of contributor Massey, Haven (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Argyle, TX 76226				
8		Principal Occupation		9 Contributor's Job Title		
	Lawyer			Attorney		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
12	. II CONTINUION	s a criliu, iaw iiiiii or parerii(s) (i	i airy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	12/27/2023	McDaniel Law Group				\$1,000.00
		Contributor address; City; McKinney, TX 75069	State; Zip Code			
_	Contributor's F	Principal Occupation		Contributor's Job Title		
	Continuator 3 i	meipai Occupation		Continuator 3 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/18/2023	Mowla, Michael (Mr.)				\$200.00
		Contributor address; City; Cedar Hill, TX 75104	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Michael Mov	vla Law				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONT	RIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to cor	nplete this f	orm.	1	Total pages Schedule A(J)1: Sch: 6/7 Rpt: 10/38
2	FILER NAME Laseter, Kim	berly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	Date 11/27/2023	Myers, Vicki (Mrs.) 6 Contributor address; City; State; Zip (of-state PAC (ID#:_		7	Amount of Contribution (\$) \$5,000.00
Ļ	0	Denton, TX 76201		In a		
8	Retired	Principal Occupation		9 Contributor's Job Title Retired		
10						and (if any)
10	Retired	employer/law firm		11 Law firm of contributor's sp	ous	se (IT any)
12	! If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-o	f-state PAC (ID#:_)		Amount of Contribution (\$)
	12/08/2023	The Law Office of H. Alex Fuller, I Contributor address; City; State; Zip (\$500.00
	-	McKinney, TX 75070		Γ		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>		
	Date	Full name of contributor out-o	f-state PAC (ID#:_)		Amount of Contribution (\$)
	12/15/2023	The Law Office of Kristin R. Brow	n, PLLC			\$100.00
		Contributor address; City; State; Zip (Dallas, TX 75252	Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1		ges Schedule A(J 7 Rpt: 11/38)1:
2	FILER NAME Laseter, Kim	nberly M. (Mrs.)			3 F		(Ethics Commis	sion Filers)
4	Date 12/26/2023	5 Full name of contributorThe Suster Law Group, I6 Contributor address; City; S			7 4	Amount (of Contribution (\$	\$2,500.00
Ω	Contributor's I	Principal Occupation		9 Contributor's Job Title				
°	Continuators	-ппстрат Оссирацоп		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse	(if any)		
12	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>				
	Date 12/07/2023	Full name of contributor Toby L. Shook PC Contributor address; City; S	out-of-state PAC (ID#:_)	A	Amount	of Contribution (\$	\$2,500.00
	Contributor's I	Dallas, TX 75201 Principal Occupation		Contributor's Job Title				
	Contributor's e	employer/law firm		Law firm of contributor's s	pouse	(if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/38 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laseter, Kimberly M. (Mrs.) 00088176 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/17/2023 Leach, Courtney (Mrs.) \$100.00 | Family Photos 7 Contributor address; City; State; Zip Code Prosper, TX 75078 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) Homemaker/Freelance Photographer Homemaker/Freelance Photographer 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Homemaker 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGE	D CONTRIBUTIONS	(JUDICIAL)			SCHEDULE B(J)			
The In	struction Guide explains how	to complete th	is form.	1 Total pages Schedule B(J): Sch: 1/1 Rpt: 13/38				
2 FILER NAME				3 Filer ID (Etl	hics Commission Filers)			
Laseter, Kimb	erly M. (Mrs.)			00088176				
4 TOTAL OF U	JNITEMIZED PLEDGES				\$ 0.00			
5 Date		-state PAC (ID#:)	8 Amount of	9 In-kind description			
	Barbieri Law Firm			pledge (\$)	(If applicable)			
12/22/2023	7 Pledgor Address; City; State; Zip Code 22/2023			\$2,500.00	 			
	Plano, TX 75024			Check if travel out	I I Itside of Texas. Complete Schedule			
10 Pledgor's princi		11 P	ledgor's job title	Check ii iiavei oui	- Islae of Texas. Complete Schedule			
20 Trianger a printer	pai oooapailon		loagor o job titto					
12 Pledgor's emplo	oyer/law firm	13 L	aw firm of pledgor's	spouse (if any)				
14 If pledgor is a cl	hild, law firm of parent(s) (if any)							
Date	Full name of pledgor out-of-	-state PAC (ID#:)	Amount of	In-kind description			
	Pask Law, PLLC			pledge (\$)	(If applicable)			
	Pledgor Address; City	; State; Zip Code		\$250.00				
12/08/2023								
	McKinney, TX 75070			Check if travel out	tside of Texas. Complete Schedule			
Pledgor's princi	pal occupation	Р	ledgor's job title					
Pledgor's emplo	oyer/law firm	L	Law firm of pledgor's spouse (if any)					
If pledgor is a c	hild, law firm of parent(s) (if any)							
Date	Full name of pledgor out-of-	-state PAC (ID#:)	Amount of	In-kind description			
	The Crowder Law Firm, PC			pledge (\$)	(If applicable)			
	Pledgor Address; City	; State; Zip Code		\$2,500.00	 			
12/22/2023					[[
	Plano, TX 75024			Check if travel out	I I Itside of Texas. Complete Schedule			
Pledgor's princi	 pal occupation	P	ledgor's job title	Ш				
	•		,					
Pledgor's emplo	oyer/law firm	L	Law firm of pledgor's spouse (if any)					
If pledgor is a c	hild, law firm of parent(s) (if any)							

	LOANS (J	UDICIAL)			SCHEDULE	E(J)	
	The Instruction	on Guide explains how to complete this	form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 14/38		
2	FILER NAME Laseter, Kimberl	ly M. (Mrs.)		3 Filer ID 000881	(Ethics Commission	on Filers)	
4	TOTAL OF UN	IITEMIZED LOANS		1	\$	0.00	
5	Date of loan 11/29/2023	7 Name of lender	AC (ID#:)	9 Loan Amount (\$) \$10,000.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	McKinney, TX 75069			11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title		•		
	Attorney		Attorney - Business Ow	ner			
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if any)			
	Laseter Law Firn	n, PLLC	Office of Chief Counsel				
16	If lender is child, la	w firm of parent(s) (if any)	1				
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposited	d into political accou (See Instruction		
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guarai	nteed (\$)	
	X not applicable	21 Guarantor address; City; State;	Zip Code				
	Guarantor's Princip		24 Guarantor's Job Title				
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27	If guarantor is child	d, law firm of parent(s) (if any)	•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Mad Candidate/Officeholder/Po Credit Card Payment	
1 Total pages Cabadala 5	
1 Total pages Schedule F	
Sch: 1/18 Rpt: 15/3	
4 Date	5 Payee name
12/15/2023	380 Outfitters
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$797.8	1 861 N. Coleman St., Ste. 130
	Dropper TV 7E070
	Prosper, TX 75078
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign t-shirts
	Campaigh Familia
9 Complete <u>ONLY</u> if direct expenditure to benefit C	
experiulture to beliefft C	/OII
Date	Payee name
12/06/2023	Amazon Marketplace
Amount (\$)	Payee address; City; State; Zip Code
\$108.0	7 410 Terry Ave. N.
	Seattle, WA 98109
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Heritage Ranch Christmas Parade Decorations
	(ballons, garland, banner, flags, tree & truck decor)
Compulate ONLY if dive	
Complete <u>ONLY</u> if direct expenditure to benefit C	
Date	Payee name
12/18/2023	Amazon Marketplace
Amount (\$)	Payee address; City; State; Zip Code
\$43.2	9 410 Terry Ave. N.
	Seattle, WA 98109
PURPOSE	
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Zip tie purchase
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Credit Card Payment

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

		The instruction duide explains now to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/18 Rpt: 16/38	Laseter, Kimberly M. (Mrs.)	00088176
4	Date	5 Payee name	
	12/27/2023	Amazon Marketplace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$43.29	410 Terry Ave. N	
		Seattle, WA 98109	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loutside of Tours Consults Colorlels T
	EXPENDITURE	/ Advertising Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Zip ties	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/28/2023	Collin County Elections	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.06	2010 Redbud Blvd #102	
		McKinney, TX 75069	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Voter List	,, ,,, omeencies ming expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/28/2023	Collin County Elections	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.00	2010 Redbud Blvd, #102	
		McKinney, TX 75069	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 CC3	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			for Purchase of Voter List
		3363	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 3/18 Rpt: 17/38	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	12/01/2023	Cristina, Rude (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	5517 Centeridge Lane
		McKinney, TX 75071
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consulting fee December 2023
		Consulting fee December 2020
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	12/08/2023	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.54	1970 N. Central Expy., Ste. 120
		Ste. 205
		McKinney, TX 75069-2908
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Condy for Heritage Republications Parado
		Candy for Heritage Ranch Christmas Parade
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	11/18/2023	Domain.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.58	5335 Gate Pkwy
		Jacksonville, FL 32256
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Website domain purchase
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 4/18 Rpt: 18/38	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	12/28/2023	Domain.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.37	5335 Gate Pkwy
		Jacksonville, FL 32256
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google Workspace Business Starter: from
		12/28/2023 to 12/28/2024
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2023	First Graphic Services, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,309.50	229 Garvon St.
		Garland, TX 75040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs, down payment prior to delivery
		Signo, down paymont to donvery
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/18/2023	First Graphic Services, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,315.70	229 Garvon St.
		Garland, TX 75040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Final sign payment (2nd 1/2)
		Final Sign payment (2nd 1/2)
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 19/38	Laseter, Kimberly M. (Mrs.)	00088176
4	Date	5 Payee name	•
	11/21/2023	Harland Clarke	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$125.56	15955 La Cantera Pkwy	
		San Antonio, TX 78256	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Campaign checks	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		1,40	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/29/2023	Hutchison, Justin (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,520.00	1427 Chippewa Dr.	
		Richardson, TX 75080	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		🗀	ogo, pushcard, business card, thank you
		card, invite o	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	ł	
	Date	Payee name	
	12/14/2023	Justin, Hutchison (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,960.00	1427 Chippewa Dr.	
		Richardson, TX 75080	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			d, website host, and endorsement
		post/web	.,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 6/18 Rpt: 20/38	2 FILER NAME Laseter, Kimberly M. (Mrs.) 3 Filer ID (Ethics Commission File 00088176	lers)
4	Date 12/07/2023	5 Payee name McAlister's Deli	
6	Amount (\$) \$102.62	7 Payee address; City; State; Zip Code 11901 Dallas Pkwy, Ste. 800	
		Frisco, TX 75033	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Boxed lunches to LawFirm Meet and Greet	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 11/27/2023	Payee name Paypal, Inc.	
	Amount (\$) \$149.50	Payee address; City; State; Zip Code 2211 N. 1st St. San Jose, CA 95131	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Paypal fee assessed on campaign contribution	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 12/08/2023	Payee name Paypal, Inc.	
	Amount (\$) \$17.94	Payee address; City; State; Zip Code 2211 N. 1st St. San Jose, CA 95131	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Paypal fee assessed on campaign contribution	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T		- >
1	Total pages Schedule F1:		5)
	Sch: 7/18 Rpt: 21/38	Laseter, Kimberly M. (Mrs.) 00088176	
4	Date	5 Payee name	
	12/08/2023	Paypal, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.47	2211 N. 1st St.	
	·		
		Son Jose CA 05121	
		San Jose, CA 95131	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Paypal fee assessed on campaign contribution	
		Tayparice assessed on earlpaigh contribution	
<u>_</u>	Complete ONLY !! -!!!	Condidate/Officeholder name	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/08/2023	Paypal, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.36	2211 N. 1st St.	
		San Jose, CA 95131	
_	DUDDOGE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Paypal fee assessed on campaign contribution	
		ight is the first	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	y	
\vdash	D :	T _	
	Date	Payee name	
	12/08/2023	Paypal, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.22	2211 N. 1st St.	
		San Jose, CA 95131	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	TVI FIADLIONE	Check if Austin, TX, officeholder living expense	
		Paypal fee assessed on campaign contribution	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	п	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 8/18 Rpt: 22/38	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	12/13/2023	Paypal, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.24	2211 N. 1st St.
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paypal fee assessed on campaign contribution
		and the state of t
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	12/15/2023	Paypal, Inc.
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$3.98	2211 N. 1st St.
	φ3.30	2211 N. 15t St.
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Paypal fee assessed on campaign contribution
		raypariee assessed on campaign continuution
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	12/16/2023	Paypal, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.96	2211 N. 1st St.
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Paypal fee assessed on campaign contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Lahor

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 9/18 Rpt: 23/38	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	12/18/2023	Paypal, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.47	2211 N. 1st St.
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paypal fee assessed on campaign contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/19/2023	Paypal, Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.98	2211 N. 1st St.
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paypal fee assessed on campaign contribution
		Tayparios assesses on sampaign sommound.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	12/26/2023	Paypal, Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.98	2211 N. 1st St.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paypal fee assessed on campaign contribution
		1 ayparice assessed on earripaigh contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 24/38	Laseter, Kimberly M. (Mrs.)		00088176
4	Date	5 Payee name		
	12/26/2023	Paypal, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$3.98	2211 N. 1st St.		
		0.1.01.01		
		San Jose, CA 95131		
8	PURPOSE OF	,	o) 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Paypal fee assessed on campaign contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held
	experialture to beriefft C/O	7		
	Date	Payee name		
	12/27/2023	Paypal, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$35.39	2211 N. 1st St.		
		San Jose, CA 95131		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	0)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Paypal fee assessed on campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	12/28/2023	Paypal, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$3.98	2211 N. 1st St.		
		San Jose, CA 95131		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Paypal fee assessed on campaign contribution
				Salar and an annih and a salar
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/18 Rpt: 25/38	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	12/10/2023	Republican Women of Greater North Texas
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code PO Box 2353 Frisco, TX 75034
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Party Monthly Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/15/2023	Rude, Cristina (Mrs.)
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 5517 Centeridge Ln.
		McKinney, TX 75071
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Fee November 2023
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/11/2023	Payee name Signarama
	Amount (\$) \$228.15	Payee address; City; State; Zip Code 1502 W. University Dr. Ste. 108 McKinney, TX 75069
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Signs, 36" diameter
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)	
	Sch: 12/18 Rpt: 26/38	Laseter, Kimberly M. (Mrs.) 00088176	
4	Date	5 Payee name	
	12/05/2023	Spoons Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$186.08	100 E. Louisiana St.	
		McKinney, TX 75069	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Precinct Chair Event - Pie and Coffee at Spoons	
		Garage	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
L	experialiture to benefit C/OI	<u> </u>	
	Date	Payee name	
	12/08/2023	Squarespace, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$15.00	8 Clarkson St.	
		12th Floor	
		New York, NY 10014	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Credit card fee paypal	
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	Data		_
	Date	Payee name	
	12/08/2023	Squarespace, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.00	8 Clarkson St.	
		12th Floor	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Credit card fee paypal	
		Credit Card lee paypar	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
\vdash			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/18 Rpt: 27/38	Laseter, Kimberly M. (Mrs.)		00088176
4	Date	5 Payee name		
	12/08/2023	Squarespace, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$0.75	8 Clarkson St.		
		12th Floor		
		New York, NY 10014		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Credit card fee paypal
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	12/08/2023	Squarespace, Inc.		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7.50	8 Clarkson St.		
		12th Floor		
		New York, NY 10014		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Credit card fee paypal
				oroan cara roo paypar
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	12/15/2023	Squarespace, Inc.		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$3.00	8 Clarkson St.		
		12th Floor		
		New York, NY 10014		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	Fees	(- ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Credit card fee paypal
	Operation ONE VIII II	Our distant Office had a see	and a s	06-111
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnt	t Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 14/18 Rpt: 28/38	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	12/16/2023	Squarespace, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.00	8 Clarkson St.
		12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card fee paypal
		Great cara lee paypar
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/18/2023	Squarespace, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	8 Clarkson St.
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card fee paypal
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	12/19/2023	Squarespace, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	8 Clarkson St.
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card fee paypal
		Credit card fee paypar
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

	The Instruction Guide explains how to complete this form.		
2	FILER NAME	3	ı

1	Total pages Schedule F1: Sch: 15/18 Rpt: 29/38	2 FILER NAME Laseter, Kimberly M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088176	
4	Date 12/26/2023	5 Payee name Squarespace, Inc.		
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Cod8 Clarkson St.12th FloorNew York, NY 10014	e e	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees]]	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card fee paypal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	nt	Office held
	Date 12/26/2023	Payee name Squarespace, Inc.		
	Amount (\$) \$3.00	Payee address; City; State; Zip Cod 8 Clarkson St. 12th Floor New York, NY 10014	Э	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees]	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card fee paypal
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	nt	Office held
	Date 12/27/2023	Payee name Squarespace, Inc.		
	Amount (\$) \$30.00	Payee address; City; State; Zip Cod 8 Clarkson St. 12th Floor New York, NY 10014	Э	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees]]	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card fee paypal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	nt	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 16/18 Rpt: 30/38	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	12/28/2023	Squarespace, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	8 Clarkson St.
		12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Cradit cord foo poward
		Credit card fee paypal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/18/2023	The Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.60	5321 Highway 121
		The Colony, TX 75056
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Zip tie purchase
		Zip de parentese
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/07/2023	The Republican Club at Heritage Ranch
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.30	465 Scenic Ranch Circle
		Fairview, TX 75069
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Christmas Celebration, meal and program (self and
		spouse)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
	Sch: 17/18 Rpt: 31/38	Laseter, Kimberly M. (Mrs.) 00088176	
4	Date	5 Payee name	
l	12/12/2023	Tractor Supply	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$324.18	600 South Oklahoma Dr.	
l			
l		Celina, TX 75009-6510	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Tpost purchase	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
┡	·		
l	Date	Payee name	
L	12/16/2023	Tractor Supply	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$346.82	600 South Oklahoma Dr.	
l			
		Celina, TX 75009-6510	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Tpost purchase	
l			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/O		
F	Date	Payee name	
l	12/19/2023	Tractor Supply	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$330.60	600 South Oklahoma Dr.	
l			
l		Celina, TX 75009-6510	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Tpost purchase	
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to beliefit 6/01	••	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/18 Rpt: 32/38	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	12/27/2023	Tractor Supply
6	Amount (\$) \$16.23	7 Payee address; City; State; Zip Code 600 South Oklahoma Dr.
		Celina, TX 75009-6510
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel sustains of Tayes Complete Categories I.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Zip tie purchase
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/26/2023	Valentine Direct Marking LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,503.20	14243 Proton Rd.
	•	
		Farmers Branch, TX 75244
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Push cards, business cards, stickers, thank you
		notes
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/19/2023	Wristband Bros
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	190 Exchange St.
	Ψ220.00	2nd Floor
		Pawtucket, RI 06830
	DUDDOCE	Tu.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign wristbands
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic				Travel in District Travel Out of District OTHER (enter a category not listed above)						
		The Instruction Guid	de explains how t	o compl	lete this form.					
1 Total pages Schedule F2:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)		
Sch: 1/3 Rpt: 33/38	Laseter, K	imberly M. (Mrs.)					00088176	3		
4 TOTAL OF UNITEMI	ZED UNPAID) INCURRED OB	BLIGATIONS			\$		0.00		
5 Date	6 Payee nam	е				•				
11/26/2023	Rude, Cris	s (Ms.)								
7 Amount (\$)										
\$26.12	8 Payee addr	ess; City; teridge Lane	State; Zip							
1	002. 00	.oago _ao								
	McKinney	, TX 75071								
9 TYPE OF EXPENDITURE	X	Political	Non-	-Politica	d					
10 PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description					
OF EXPENDITURE	Advertisin	g Expense			<u> </u>			omplete Schedule T.		
LXI ENDITORE					ш		, officeholder liv			
					Nov paymen 1601 Trapel			ude for Constant Contact		
					1001 Hapen	UK	uau, Sie. s	DZ9		
11 Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office	sought			Office	held		
Date	Payee nam	е								
12/26/2023	Rude, Cris	s (Ms.)								
Amount (\$)	Payee addr	ress; City;	State; Zip	Code						
\$26.12	5517 Cent	teridge Lane								
		g								
	McKinney	, TX 75071								
TYPE OF EXPENDITURE	X	Political	Non-	-Politica						
PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description					
OF EXPENDITURE	Advertisin	g Expense			<u> </u>	I outside of Texas. Complete Schedule T.				
LAFENDITORE						n, TX, officeholder living expense				
				Dec paymen 1601 Trapelo				ude for: Constant Contact		
						UK	uau, Sie. s	DZ9		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office	sought			Office	held		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B		Polling Exp nse Printing Exp	oense	Travel in Distr Travel Out of	District
Candidate/Officeholder/Politica	al Committee Legal Services The Instruction Guide		ages/Contract Labor nplete this form.	OTHER (ente	er a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 2/3 Rpt: 34/38	Laseter, Kimberly M. (Mrs.)			00088176	6
TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLI	GATIONS		\$	0.00
5 Date	6 Payee name				
12/08/2023	Rude, Cris (Ms.)				
7 Amount (\$) \$135.31	8 Payee address; City; 5517 Centeridge Lane	State; Zip Cod	ie		
	McKinney, TX 75071				
9 TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
10 PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
EXPENDITURE	Event Expense		=	outside of Texas. Ci i, TX, officeholder liv	omplete Schedule T. ving expense
					o: Southern Ink & Clay, , Prosper (Parade Shirts)
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	ht	Office	held
Date	Payee name				
12/28/2023	Rude, Cris (Ms.)				
Amount (\$) \$190.55	Payee address; City; 5517 Centeridge Lane	State; Zip Coo	le		
	McKinney, TX 75071				
TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	of this schedule)	Check if Austin	n, TX, officeholder liv	omplete Schedule T. ving expense akes Cupcakery & n Rd., Unit 20, Prosper-
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	ht	Office	held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 35/38 Laseter, Kimberly M. (Mrs.) 00088176 \$ 0.00 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/05/2023 Rude, Cris (Ms.) Amount (\$) Payee address; City; State; Zip Code \$241.08 5517 Centeridge Lane McKinney, TX 75071 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Pmt by C.Rude: to Walmart (1721 N. Custer, McKinney) for Christmas Parade Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor					Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	oroun ouru r aymone		The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Co	mmission Filers)			
	Sch: 1/3 Rpt: 36/38	Laseter, Kir	nberly M. (Mrs.)			(00088176				
4	Date	5 Payee name				<u> </u>					
	12/20/2023	l í	sh Republican Women								
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode						
	\$100.00	2963 W. 15	2963 W. 15th St., Ste. 2981								
	Reimbursement from										
	political contributions intended	Plano, TX 7	5075								
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Che	eck if travel outside of Texa	s. Complete Schedule T.			
	OF EXPENDITURE	Fees			l L	Che	eck if Austin, TX, officehold	er living expense			
					Patron Members	hip					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	nolder name		Office sought		Office he	ld			
		T									
	Date	Payee name									
	11/20/2023	Best Name	Badges								
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode						
	\$49.45	1700 NW 6	5th Ave., Ste. 4								
	Reimbursement from										
	X political contributions intended	Plantation,	FL 33313								
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texa	s. Complete Schedule T.			
	OF	Advertising		,		Che	eck if Austin, TX, officehold	er living expense			
	EXPENDITURE		p		Event name bad	ges					
						•					
	Complete ONLY if direct	L Candidate/Office	nolder name		Office sought		Office he	ld			
	expenditure to benefit		Total Trains		eee eeug		ZZ				
	C/OH										
f	Date	Payee name									
	11/21/2023	1 1	ty Republican Assembly								
_	Amount (\$)	Payee addre		; Zip Co	nde						
	\$30.00	l	th St., Ste. 2981	, <u>-</u> .p oc							
		2505 W. 15	111 Ot., Otc. 2001								
	Reimbursement from political contributions intended	Plano, TX 7	5075								
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texa	s. Complete Schedule T.			
	OF EXPENDITURE	Fees				Che	eck if Austin, TX, officehold	er living expense			
	EXPENDITURE				Dues for Membe	rship	0				
		L Candidate/Office	nolder name		Office sought		Office he	ld			
	expenditure to benefit				5 ·						
L	C/OH										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

(Ethics Commission Filers)

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 2/3 Rpt: 37/38 Laseter, Kimberly M. (Mrs.) 00088176 Date Payee name 11/16/2023 Collin County Republican Party Payee address; City; State; Zip Code \$1,500.00 2963 West 15th St., Ste. 2981

Amount (\$) Reimbursement from political contributions Х intended Plano, TX 75075 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Filing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/01/2023 Collin County Republican Party Amount (\$) Payee address; City; State; Zip Code \$250.00 2963 W. 15th St., Ste. 2981 Reimbursement from political contributions Χ Plano, TX 75075 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Christmas Party Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/19/2023 Connor Harrington Republican Women Payee address: City; State; Zip Code Amount (\$) \$100.00 2963 W. 15th St., Ste. 2981 Reimbursement from political contributions intended Plano, TX 75075 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Membership

Candidate/Officeholder name

EXPENDITURE

Complete ONLY if direct

expenditure to benefit

C/OH

Sponsor Fee for CHRW

Office sought

Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a categ	jory not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics	Commission Filers)
	Sch: 3/3 Rpt: 38/38	L	Laseter, Kir	nberly M. (Mrs.)				L	00088176	
4	Date	5	Payee name							
	11/30/2023		Plano Repu	blican Women						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$36.15		3320 Centra	al Expy						
	Reimbursement from political contributions intended		Plano, TX 7	5074						
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b) Description	=		Texas. Complete Schedule T.
	EXPENDITURE		Event Expe	nse			L		neck if Austin, TX, office	cholder living expense
							PRW Christmas	Tea	l	
Ļ	Operation ONE V. C. F.	$\overline{\square}$	- 454-1-1000	I - I			0#:		0.00	. L. a.l.d
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office	e held
	Date		Payee name							
	11/14/2023		The Republ	ican Club at Heri	tage Rancl	h				
	Amount (\$)		Payee addre	e address; City; State; Zip Code						
	\$53.60		465 Scenic	Ranch Circle						
	Reimbursement from political contributions intended		Fairview, T	K 75069						
	PURPOSE		Category (Se	ee Categories listed at the	top of this sche	edule)	Description	=		Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expe	nse				_	neck if Austin, TX, office	
							Monthly Meeting	and	d Legislative Up	date
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought		Office	held
	C/OH									
H	Date	Π	Payee name							
	12/01/2023		•	ican Club at Heri	tage Rancl	h				
\vdash	Amount (\$)	\vdash	Payee addre			Zip Co	ode			
	\$15.00		-	Ranch Circle	,	, 30				
	Reimbursement from									
	X political contributions intended		Fairview, T	K 75069			_			
	PURPOSE OF			ee Categories listed at the	top of this sche	edule)	Description	=	neck if travel outside of neck if Austin, TX, office	Texas. Complete Schedule T.
	EXPENDITURE		Membershi	0			L Membership/Spo	_		
							Twombership/Spo	,, ISC	7. IXOLIIX	
	Complete ONLY if direct	L Car	ndidate/Officel	nolder name			Office sought		Office	e held
	expenditure to benefit C/OH								2.1100	- -