#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete	this form.	Filer ID (Ethics Commis 00088176	sion Filers)	2 Total pages	filed: 21	
3 CANDIDATE /	MS / MRS / MR FIF	RST	50000110	MI	00000		
OFFICEHOLDER				IVII	OFFICE	USE ONLY	
NAME	Mrs. Kir	nberly M.			Date Received		
					ELECTRONIC	CALLY FILED	
	NICKNAME LA	ST		SUFFIX	02/26/2024		
	La	seter					
					Data Usud dalbuma	d or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SU	ITE #; CITY;		ZIP CODE	Date Hand-delivered	of Date Postmarked	
MAILING	1631 Wichita Dr.						
ADDRESS					Receipt #	Amount	
	December TV 75070						
Change of Address	Prosper, TX 75078				Date Processed	•	
					Date Imaged		
					Dute imaged		
E OAMBAION		<u></u>					
5 CAMPAIGN TREASURER	MS / MRS / MR FIR				MI		
NAME	Mrs. Kin	nberly M.					
		\					
	NICKNAME LAS				SUFFIX		
	Las	seter					
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	(PLEASE):	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE	
TREASURER	1415 Harroun Ave.				-		
ADDRESS							
(Residence or Business)	Ste. 205						
(ricelaenee er Edelineee)	McKinney, TX 75069						
7 CAMPAIGN	AREA CODE PHONE N	UMBER EX	FENSION				
TREASURER	(940) 390-5893						
PHONE	(940) 390-3893						
8 REPORT			_	_	-		
TYPE	January 15	80th day before ele	ection	Runoff		campaign treasurer ifficeholder only)	
					-		
	July 15 X 8	8th day before elec		Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)	
				ioporting initia			
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/26/2024	THR	DUGH	02/24/2024	4		
10 ELECTION	ELECTION DATE			ELECTION TYPE	<b>—</b>		
	Month Day Year	X Prim	ary	Runoff	Other		
	03/05/2024	Gene	eral	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)		
				District Judge Dis	strict 401		
GO TO PAGE 2							
Forms provided by Te	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47f						

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH **COVER SHEET PG 2** 2 of 21

I

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 expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's knowledge or			
Additional Pages		COMMITTEE NAME	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS	COMMITTEE ADDRESS				
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS	<b>\$</b> 0.00						
		ICAL CONTRIBUTIONS	19)	<b>\$</b> 15,850.00			
COTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)     EXPENDITURE     3. TOTAL UNITEMIZED POLITICAL EXPENDITURES     TOTALS				\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 47,867.83			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	<b>\$</b> 7,610.23			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 10,000.00			
17 AFFIDAVIT				•			
		I swear, or affirm, under penali true and correct and includes a under Title 15, Election Code.					
		Mrs. k	Kimberly M. Laseter				
		Signature o	f Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
	Sworn to and subscribed before me, by the said day						
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of offi	Signature of officer administering oathPrinted name of officer administering oathTitle of officer administering oath						
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.9000c47f			

#### FORM JC/OH COVER SHEET PG 3

\$

\$

					3 of 21
	ILER NAI aseter, h	ME Kimberly M. (Mrs.)	19 Filer ID 00088176	(Ethics C	ommission Filers)
		E SUBTOTALS SCHEDULE		SUE	STOTAL AMOUNT
1	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	15,850.00
2	2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3	8. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4	. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	10,000.00
L()	5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$	43,997.83
6	i. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	3,870.00
7	7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8	s. 🗙	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
ç	). X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
1	.0.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

11.

12.

TO FILER

SUBTOTALS - JC/OH

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/21
2 FILER NAME Laseter, Kim	berly M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088176	
4 Date 02/13/2024	5 Full name of contributor out-of-state PAC (ID#: Bruce Isaacks, Attorney		7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76201		
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 02/01/2024	Full name of contributor out-of-state PAC (ID#: Burke Bogdanowicz PLLC Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$500.00
Contributor's F	Dallas , TX 75270 Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Caldwell, Barbara (Mrs.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
	McKinney, TX 75071		
Contributor's F Paralegal	rincipal Occupation	Contributor's Job Title Paralegal	
Contributor's employer/law firm			
	f Leland R. Caldwell s a child, law firm of parent(s) (if any)	Law Office of Leland R.	Caldwell
	by Texas Ethics Commission www.ethic		Version V3 5 1 9000c47

The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/21			
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)			
Laseter, Kim	berly M. (Mrs.)	00088176			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)		
02/09/2024	Deandra Grant Law		\$500.00		
	6 Contributor address; City; State; Zip Code		1		
	Allen, TX 75013				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)		
12 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 (\$)		
02/06/2024	Jackson & Hagen Law	)	\$500.00		
0_/00/_0_ !	Contributor address; City; State; Zip Code				
	Denton, TX 76201				
Contributor's F	I Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (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 (\$)		
02/01/2024	KoonsFuller PC		\$2,500.00		
	Contributor address; City; State; Zip Code				
O sustrila standa 5	Dallas, TX 75201	Ocarteile steale Job Title			
Contributor S F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
L	by Toyoo Ethios Commission	o ototo tv uo	Vereien V2 E 1 0000477		

The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/21		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Laseter, Kim	berly M. (Mrs.)		00088176	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
02/05/2024	Laseter, Kimberly (Mrs.)		\$5,000.00	
	6 Contributor address; City; State; Zip Code			
	McKinney, TX 75069			
	Principal Occupation	9 Contributor's Job Title		
Attorney		Self-employed, Busines		
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)	
Laseter Law		Office of Chief Counsel		
12 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 (\$)	
02/12/2024	Law Office of Philip D. Ray		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Frisco, TX 75033			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
lf contributor i	s a child, law firm of parent(s) (if any)			
	s a child, law lifth of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/01/2024	Law Offices of Tim Powers		\$500.00	
	Contributor address; City; State; Zip Code			
	Depton TV 76201			
O sustaila standa	Denton, TX 76201	O antributaria Jak Titla		
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's a	pmplover/law firm	Law firm of contributor's sp	nouse (if any)	
Contributor's employer/law firm Law firm of contributor's s				
If contributor is	s a child, law firm of parent(s) (if any)			
	hy Tayaa Ethiaa Commission		$\sqrt{2}$	

The Instrue	ction Guide explains how	1 Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/21			
2 FILER NAME		3 Filer ID (Ethics Commission File	ers)		
Laseter, Kim	berly M. (Mrs.)	00088176			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/26/2024	Lewis, Passons & Darnel	, PC		\$5	500.00
	6 Contributor address; City; S	tate; Zip Code			
	Denton, TX 76201				
8 Contributor's F	Principal Occupation		9 Contributor's Job Title		
10 Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if a	any)			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/30/2024	Motley, Kristi (Mrs.)			\$1	L00.00
	Contributor address; City; S				
	Dallas, TX 75201				
Contributor's F	Principal Occupation		Contributor's Job Title		
Attorney			Attorney		
	employer/law firm		Law firm of contributor's sp	oouse (if any)	
Nace and Mo	-				
If contributor is	s a child, law firm of parent(s) (if a	any)			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/30/2024	Nace, Brad (Mr.)			\$1	L00.00
	Contributor address; City; S	tate; Zip Code			
	Dallas, TX 75201				
	Principal Occupation		Contributor's Job Title Attorney		
Attorney					
	employer/law firm		Law firm of contributor's sp	oouse (if any)	
Nace and Mo	-				
II contributor is	s a child, law firm of parent(s) (if a	any)			
Forms provided	by Texas Ethics Commission	www.ethic	es state tx us	Version V3 5 1 9	00c47

The Instructi	on Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/21
2 FILER NAME Laseter, Kimbe	erly M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088176
02/08/2024	Full name of contributor       out-of-state PAC (ID#:_         Plano Police Association         Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$2,500.00
	Plano, TX 75086		
8 Contributor's Prir	ncipal Occupation	9 Contributor's Job Title	
10 Contributor's emp	ployer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)
<b>12</b> If contributor is a	child, law firm of parent(s) (if any)		
Date 01/26/2024	Full name of contributor       out-of-state PAC (ID#:_         Robison, Carol (Ms.)         Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$100.00
Contributor's Prir Retired	Plano, TX 75024 ncipal Occupation	Contributor's Job Title Retired	
Contributor's em Retired		Law firm of contributor's sp	oouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
Date 02/09/2024	Full name of contributorout-of-state PAC (ID#: Simmons Law Firm Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
	Denton, TX 76209		
Contributor's Prir	ncipal Occupation	Contributor's Job Title	
Contributor's em	ployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
	Tayos Ethics Commission	s state ty us	Vercion V/2 5 1 9000c/7

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/21	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Laseter, Kim	berly M. (Mrs.)		00088176
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
02/21/2024	The Price Firm, PLLC		\$500.00
	6 Contributor address; City; State; Zip Code		
	Plano, TX 75024		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	pmplover/law firm	<b>11</b> Law firm of contributor's sp	nouse (if any)
12 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 (\$)
02/14/2024	The Webb Family Law Firm, PC	······································	\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor in	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/26/2024	Full name of contributor out-of-state PAC (ID#: Wilken, David (Mr.)	)	\$100.00
	Contributor address; City; State; Zip Code		
	Richardson, TX 75080		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Attorney		Attorney	
Contributor's employer/law firm Law firm of contributor's sp			oouse (if any)
Scott H. Palmer, PC Texas A&M School of L			aw
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state ty us	Version V3 5 1 9000c47

## PLEDGED CONTRIBUTIONS (JUDICIAL)

		1 Total pages Sch	edule B(J):	
The Instruction Guide explains how	Sch: 1/1 Rpt:	10/21		
2 FILER NAME			thics Commission	Filers)
Laseter, Kimberly M. (Mrs.)		00088176	_	
<sup>4</sup> TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date 6 Full name of pledgor out-of-s	state PAC (ID#:	) 8 Amount of pledge (\$)	9 In-kind de (If appl	escription icable)
<b>7</b> Pledgor Address; City;	State; Zip Code		l l	
		Check if travel or	utside of Texas. C	omplete Schedule T.
<b>10</b> Pledgor's principal occupation	<b>11</b> Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgo	r's spouso (if apu)		
	13 Law IIIII of pleago	s spouse (il any)		
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE	E(J)	
	The Instruction	on Guide explains how to complete this		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 11/21			
2	FILER NAME Laseter, Kimber	ly M. (Mrs.)		3 Filer ID 000881	(Ethics Commissie	on Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			\$	10,000.00	
5	Date of loan	7 Name of lender Out-of-state P	AC (ID#:	)	9 Loan Amount (	\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
					<b>11</b> Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title		·		
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)			
16	i If lender is child, la	aw firm of parent(s) (if any)					
17	Description of Col	lateral	<b>18</b> Check if personal funds were deposited into political account         (See Instructions)				
19	GUARANTOR	<b>20</b> Name of guarantor			22 Amount Guara	nteed (\$)	
	not applicable	21 Guarantor address; City; State;	Zip Code				
23	Guarantor's Princi	pal Occupation	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 chil	d, law firm of parent(s) (if any)					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - 1l Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling Ex Printing E Salaries/V	ayme erhea pense xpens xpens Vages	nt/Reimbursement d/Rental Expense e se //Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 12/21		Laseter, Kimberly M. (Mrs.)					00088176
4	Date	5	Payee name					
	02/20/2024		Alphagraphics					
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	ode			
	\$328.24		2722 N. Josey Ln, #100					
			Carrollton, TX 75007					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense			Check if travel		de of Texas. Complete Schedule T.
	EAPENDITORE							officeholder living expense
						Law Enforcer	ner	nt Stickers for Signs
_		Ľ		0/6-2-00				orr. 1.11
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
	Date	Γ	Payee name					
	02/13/2024		Amazon Marketplace					
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode			
	\$194.80		410 Terry Ave. N					
			Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE	ľ	Lapel Pins for Lincoln Day	3011000010,	ľ	·	outsi	de of Texas. Complete Schedule T.
	EAPENDITORE							officeholder living expense
						Pins for Canc	dida	ate Advertising at Lincoln Day
	O merclate ONU V if direct	Ľ	- Palata 10ff - shelder remo	04600.001	la #			0#
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lgrit			Office held
	Date		Payee name					
	02/01/2024		Amazon Marketplace					
	Amount (\$)	⊢	·	ate; Zip Co	ode			
	\$9.30		410 Terry Ave. N	, <u>-</u> .p et				
			Seattle, WA 98109		ı			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description	:	
	EXPENDITURE		Office Supplies					de of Texas. Complete Schedule T. officeholder living expense
						Rubberbands		
						rabberbanae	10	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
-								

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 2/7 Rpt: 13/21	Laseter, Kimberly M. (Mrs.) 00088176						
4 Date	5 Payee name						
01/26/2024	Amazon Marketplace						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$9.30	410 Terry Ave. N						
	Seattle, WA 98109						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	Office Supplies Rubberbands Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Rubberbands for Pushcards						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
02/21/2024	Anedot						
Amount (\$)	Payee address; City; State; Zip Code						
\$20.30	1340 Poydras St., Ste. 1770						
φ20.30	1340 Poyulas St., Ste. 1770						
	New Orleans, LA 70112						
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						
	Anedot Transaction Fee						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Dete							
Date	Payee name						
02/14/2024	Anedot						
Amount (\$)	Payee address; City; State; Zip Code						
\$40.30	1340 Poydras St., Ste. 1770						
	New Orleans, LA 70112						
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.						
EXPENDITORE	Check if Austin, TX, officeholder living expense						
	Anedot Transaction Fee						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME 3	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 3/7 Rpt: 14/21	Laseter, Kimberly M. (Mrs.) 00088176						
4	Date	5 Payee name						
	02/09/2024	Anedot						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$20.30	1340 Poydras St., Ste. 1770 New Orleans, LA 70112						
0	DUDDOSE							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Anedot Transaction Fee</li> </ul> </li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/09/2024	Anedot						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4.30	1340 Poydras St., Ste. 1770 New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense action Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/06/2024	Anedot						
	Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St., Ste. 1770						
		New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense action Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense       Loan Repayment/Reinbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Gift/Awards/Memorials Expense       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME 3	B Filer ID (Ethics Commission Filers)					
	Sch: 4/7 Rpt: 15/21	Laseter, Kimberly M. (Mrs.) 00088176						
4	Date	Payee name						
	02/01/2024	Anedot						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$20.30	1340 Poydras St., Ste. 1770 New Orleans, LA 70112						
8	PURPOSE							
0	OF	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Anedot Transaction Fee</li> </ul> </li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/26/2024	Facebook						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$41.00	1 Hacker Way Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. <sup>-</sup> X, officeholder living expense Boost					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/27/2024	Mustang Strategies						
	Amount (\$) \$2,500.00	Payee address;City;State;Zip Code8745 Gary Burns Dr.Ste. 160Frisco , TX 75034						
	PURPOSE OF EXPENDITURE		ttside of Texas. Complete Schedule T. TX, officeholder living expense Consulting and Management					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
1						
	Sch: 5/7 Rpt: 16/21	Laseter, Kimberly M. (Mrs.) 00088176				
4	Date	5 Payee name				
	02/06/2024	Mustang Strategies				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$35,818.00	8745 Gary Burns Dr.				
	\$00,010,00	-				
		Ste. 160				
		Frisco, TX 75034				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
		Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Mailer Design Printing/Mailing				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/13/2024	Republican Club at Heritage Ranch				
⊢	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.42 465 Scenic Ranch Circle					
		Fairview, TX 75069				
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Monthly Meeting/Candidate Forum and Dinner x2</li> </ul>				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	02/13/2024	Republican Women of Greater North Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$30.00	PO Box 2353				
		Frisco, TX 75034				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Monthly Luncheon and Meeting Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
Í		Monthly Luncheon and Meeting				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Oł					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 6/7 Rpt: 17/21	Laseter, Kimberly M. (Mrs.) 00088176						
4 Date	5 Payee name						
02/01/2024	Rude, Cris (Ms.)						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$2,500.00	5517 Centeridge Ln.						
	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.						
	Check if Austin, TX, officeholder living expense						
	Feb Consulting						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Davias nama						
02/07/2024	Payee name SignUp Genius						
Amount (\$)	Payee address; City; State; Zip Code						
\$29.99	13777 Ballantyne Corporate Place						
	Ste. 500						
	Charlotte, NC 28277						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Volunteer Coordination Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense Volunteer Coordination						
	Volumeer Coordination						
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Data	Deuroe nome						
Date	Payee name Signarama						
02/20/2024	Signarama						
Amount (\$)	Payee address; City; State; Zip Code						
\$48.71	1502 W. University Dr.						
	Ste. 108						
	McKinney, TX 75069						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Advertising Expense Concernation of the schedule of the schedule of the schedule of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Lincoln Day Sign						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fee Foo Gif nmittee Leg	ent Expense	oense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 7/7 Rpt: 18/21		Laseter, Kimberly M. (Mrs.) 00088176							
4	Date	5 Payee name								
	02/20/2024		Tractor Supply							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$296.15		495 S. Angel Pkwy							
			Allen, TX 7500	)2						
8	PURPOSE	(a)	Category (see	ategories listed at the to	on of this sch	odulo)	(b) Description			
	OF		Advertising Ex			euule)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Austin	, тх,	officeholder living	expense
							T posts and z	zip 1	ties	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officel	nolder name	C	Dffice sou	ght		Office he	ld
	Date		Payee name							
	02/12/2024		i360, LLC							
	Amount (\$)	-	Payee address;	City;	Stato <sup>.</sup>	Zip Co	do			
	.,			-		2ip C0	ue -			
	\$258.12		2300 Clarendo	on Blvd., Ste. 80	0					
			Arlington, VA	22201						
	PURPOSE	(a)	Category (See C	ategories listed at the to	op of this sche	edule)	(b) Description			
	OF EXPENDITURE		Advertising Ex	pense					de of Texas. Com	
									officeholder living	expense
							i360 phone c	alle	expense	
	Complete ONLY if direct		Candidate/Office	nolder name	C	Office sou	ght		Office he	ld
	expenditure to benefit C/OI	Н								
-	Date		Payee name							
	02/05/2024		i360, LLC							
-				Cit- "	<b>C1</b> -1-	7:- 0	do			
	Amount (\$)		Payee address;	City;		Zip Co	de			
	\$1,750.00		2300 Clarendo	on Blvd., Ste. 80	0					
			Arlington, VA	22201						
	PURPOSE	(a)	Category (See C	ategories listed at the to	op of this sch	edule)	(b) Description			
	OF EXPENDITURE		app, walk list,	and calling					de of Texas. Com	
	EXFENDITORE								officeholder living	
							app, walk list	an	d calling mo	nthly fee
	Complete ONLY if direct	. (	Candidate/Officel	nolder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/OH									
-										

	UNPAID INCU	RRED OE	BLIGATIONS					SCHEDULE F2
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Committee	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	se	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F2: Sch: 1/2 Rpt: 19/21		E imberly M. (Mrs.)				3	Filer ID     (Ethics Commission Filers)       00088176
4	TOTAL OF UNITEMIZ	ZED UNPAID		GATIO	NS		\$	0.00
5	Date 02/21/2024	6 Payee name Mustang S					•	
7	Amount (\$) \$1,500.00	8 Payee addru 8745 Gary Ste. 160 Frisco , TX	Burns Dr.	State;	Zip Co	de		
9	TYPE OF EXPENDITURE	X	Political		Non-Polit	ical		
10	PURPOSE OF EXPENDITURE	(a) Category (a) Advertising	See Categories listed at the top o J Expense	of this scho	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	C	Office sou	ght		Office held
	Date 02/22/2024	Payee name Mustang S						
	Amount (\$) \$1,200.00	Payee addr 8745 Gary Ste. 160 Frisco , TX	Burns Dr.	State;	Zip Co	de		
	TYPE OF EXPENDITURE	X	Political		Non-Polit	ical		
	PURPOSE OF EXPENDITURE	(a) Category (a) Advertising	See Categories listed at the top o g Expense	of this sch	edule)		in, TX	ide of Texas. Complete Schedule T. , officeholder living expense igns
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	C	Office sou	ght		Office held

	UNPAID INCU	RRED OE	BLIGATIONS	5				SCHEDULE F2
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - I Committee	EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide	ense	Loan Repay Office Overl Polling Expe Printing Exp Salaries/Wa	rment/Reimbursement head/Rental Expense ense gense gges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F2: Sch: 2/2 Rpt: 20/21		E mberly M. (Mrs.)				-	Filer ID       (Ethics Commission Filers)         00088176
4	TOTAL OF UNITEMIZ	ZED UNPAID	INCURRED OBL	IGATION	NS		\$	0.00
5	Date 02/22/2024	6 Payee name Mustang S						
7	Amount (\$) \$1,125.00	8 Payee addre 8745 Gary Ste. 160 Frisco , TX	Burns Dr.	State;	Zip Cod	e		
9	TYPE OF EXPENDITURE	X	Political		Non-Politi	cal		
10	PURPOSE OF EXPENDITURE	(a) Category (s Advertising	Gee Categories listed at the to g Expense	p of this scheo	dule) (		tin, TX,	de of Texas. Complete Schedule T. officeholder living expense dS
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Of	fice soug	ht		Office held
	Date 02/22/2024	Payee name Mustang S						
	Amount (\$) \$45.00	Payee addre 8745 Gary Ste. 160 Frisco , TX	Burns Dr.	State;	Zip Cod	e		
	TYPE OF EXPENDITURE	X	Political		Non-Politi	cal		
	PURPOSE OF EXPENDITURE	(a) Category (s Printing Ex	See Categories listed at the to	p of this scheo	dule) (		tin, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Of	fice soug	ht		Office held

OUTSTAN	NDING LOANS	SCHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 21/21
2 FILER NAME Laseter, Kimber	ly M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088176
LENDER INFORMATION	<ul> <li>4 Name of lender Laseter, Kimberly (Mrs.)</li> <li>5 Lender address; City; State; Zip Code</li> </ul>	
	McKinney, TX 75069	
GUARANTOR INFORMATION	6 Name of guarantor Laseter, Kimberly (Mrs.)	
X not applicable	7 Guarantor address; City; State; Zip Code	
	McKinney, TX 75069	