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 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Kimberly M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Laseter CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1631 Wichita Dr. MAILING Amount Receipt # **ADDRESS** Change of Address Prosper, TX 75078 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** 941 N. Coleman St. **ADDRESS** PO Box 398 (Residence or Business) Prosper, TX 75078 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (940) 390-5893 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 05/19/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Laseter, Kimberly M.	(Mrs.)	14 Filer ID 00088176	(Ethics Commission Filer
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	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		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 22,927.
EXPENDITURE TOTALS	+	ZED POLITICAL EXPENDITURES	<u> </u>	\$ 0.
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 21,049.
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 5,240.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 22,000.
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Mrs. K	imberly M. Laseter	
		Signature of	Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
Of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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					3 01 16
18 FIL	ER NAM	ME	19 Filer ID	(Eth	ics Commission Filers)
La	seter, k	00088176			
		E SUBTOTALS			SUBTOTAL AMOUNT
N.A	ME OF	SCHEDULE			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,600.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	15,327.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4. X SCHEDULE E(J): LOANS (JUDICIAL)				\$	4,000.00
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				13,849.09
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	7,200.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$	

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete t	his form.	1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/18
2	FILER NAME Laseter, Kim	nberly M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088176
4	Date 06/11/2024 5 Full name of contributor out-of-state PAC (ID#:) Beadle, Forrest (The Honorable) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$250.00	
		Denton, TX 76210		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Judge		Judge of CCC3	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Denton Cou	nty		
12	! 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 (\$)
	05/22/2024	Flores, Jessica (Dr.)		\$100.00
		Contributor address; City; State; Zip Code		
		Celina, TX 75009		
		Principal Occupation	Contributor's Job Title	
	Physician		Physician	
		employer/law firm 	Law firm of contributor's s	spouse (if any)
	Evolent Hea			
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
	05/22/2024	Garland, Tanner (Mr.)		\$100.00
		Contributor address; City; State; Zip Code		
		Prosper, TX 75078		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Appraiser		Appraiser	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	BBG		Collin County District A	Attorney's Office
	If contributor i	s a child, law firm of parent(s) (if any)	•	

	MONET	ARY POLITICAL CONTI	RIBUTIC	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to com	plete this f	orm.	1	al pages Schedule A(J)1 n: 2/4 Rpt: 5/18	:
2	Paseter, Kimberly M. (Mrs.)		l	r ID (Ethics Commission) 188176	on Filers)		
4	Date 06/06/2024	5 Full name of contributor out-of-state PAC (ID#:)		7 Amo	ount of Contribution (\$)	\$500.00	
8	Contributor's I	Sherman, TX 75092 Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ouse (if	any)	
12	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date Full name of contributor out-of-state PAC (ID#:) 05/21/2024 McNeill, Scott (Mr.) Contributor address; City; State; Zip Code		Amo	ount of Contribution (\$)	\$150.00		
		Celina, TX 75009					
		Principal Occupation		Contributor's Job Title			
	Director of IT			Director of IT			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date 05/29/2024	Full name of contributor out-of-s Michael Crowder Law, PLLC Contributor address; City; State; Zip Co	state PAC (ID#:_)	Amo	ount of Contribution (\$)	\$500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (if any)		ı			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/18
2	FILER NAME Laseter, Kimberly M. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00088176	
4	06/07/2024 Myers, Vicki (Mrs.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00		
8	Contributor's I	Denton, TX 76201 Principal Occupation		9 Contributor's Job Title	
	Retired			Retired	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if a	ny)	L	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/22/2024 Pfister Family Law Contributor address; City; State; Zip Code			\$500.00 		
	Contributor's I	Frisco, TX 75034 Principal Occupation		Contributor's Job Title	
		· ····o·pai o ocapation			
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if a	ny)	ı	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	05/30/2024	Plunk Smith PLLC Contributor address; City; Sta	ate; Zip Code		\$2,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	I
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL CONTRIB	BUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complet	e this f	orm.	1	Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/18
2	FILER NAME Laseter, Kim	nberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4			7	Amount of Contribution (\$) \$250.00		
8	Contributor's I	Denton, TX 76209 Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (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#:) 05/22/2024 Strenger, Brittany (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$250.00		
	Contributor's I	McKinney, TX 75071 Principal Occupation		Contributor's Job Title		
	Autistic Assi			Autistic Assistant		
			Law firm of contributor's sp	ous	se (if any)	
	Date 06/10/2024	Full name of contributor out-of-state F Willowbend ADR Group, LLC Contributor address; City; State; Zip Code Plano, TX 75024	PAC (ID#:_)		Amount of Contribution (\$) \$1,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	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)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCH	EDL	JLE	A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/2 Rpt: 8/18		
2 FILER NAME	i	3 Filer ID (Ethics Commission Filers)			
Laseter, Kin	nberly M. (Mrs.)		00088176		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
05/23/2024	Law Office of Philip D. Ray		contribution (\$) description \$500.00 Phone Banking		
	7 Contributor address; City; State; Zip Code		I I		
			į į		
	Frisco, TX 75033		_ ;		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)		
10 Filicipal occi	apation 7 300 title (FOR NON-30DICIAL) (See instituctions)	11 Employer (FOR NON	FJODICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution		
05/28/2024	Little, Larry (Mr.)		contribution (\$) description \$4,000.00 Phone Banking		
	Contributor address; City; State; Zip Code		I		
			į į		
	Fairviow TV 75060		_		
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)		
Fillicipal occi	apation 7 300 title (FOR NON-30DICIAL) (See institutions)	Employer (FOR NON	FJODICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title			
	wner/City Councilman	Business Owner/C	Owner/City Councilman		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
Ace Fence I	DFW				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution		
05/23/2024	Pezzulli, Michael (Mr.)		contribution (\$) description \$500.00 Phone Banking		
	Contributor address; City; State; Zip Code		I I		
			į į		
	Fairview, TX 75069		_		
Dringing con	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)		
Principal occi	apation / Job title (FOR NON-JODICIAL) (See instructions)	Employer (FOR NON	1-JUDICIAL) (See Institutions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Attorney/Bu	siness Owner	Attorney			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
Law Office o	of Michael F. Pezzulli				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 9/18 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laseter, Kimberly M. (Mrs.) 00088176

4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date 05/29/2024 6 Full name of contributor out-of-state PAC (ID#:) Plunkett, Stacy (Mrs.) 7 Contributor address; City; State; Zip Code			8 Amount of contribution (\$) In-kind contribution (\$) description \$4,932.00 I Phone Banking
	Frisco, TX 75034		Check if travel outside of Texas. Complete Schedule T.
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
	National Sales Manager	National Sales Mar	nager
14	Contributor's employer/law firm (FOR JUDICIAL) ADP	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
	05/29/2024 Plunkett, Tom (Mr.) Contributor address; City; State; Zip Code Frisco, TX 75034		contribution (\$) description \$4,895.00 Phone Banking
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Light Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
	Timopar occupation / 300 title (FOR NOW 30016IAE)	Limployer (i Orcivore	JODICIAL) (eee menasterie)
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	Consultant	Consultant	
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
	Infinity Consulting		
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
	05/23/2024 Rebecca Lively Law		contribution (\$) description \$500.00 Phone Banking
	Contributor address; City; State; Zip Code		\$500.001PHONE BANKING I I I
	Denton, TX 76209		Check if travel outside of Texas. Complete Schedule T.
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
-01	rms provided by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.d378aba

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction Guide explains how to complete this form.			1	ges Schedule E(J): 1 Rpt: 10/18
2	FILER NAME Laseter, Kimberl	ly M. (Mrs.)		3 Filer ID 000881	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 05/28/2024	7 Name of lender out-of-state PA Laseter, Kimberly (Mrs.)	C (ID#:)	9 Loan Amount (\$) \$4,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Prosper, TX 75078			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		•
	Attorney		Attorney/Business Own	er	
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)	
	Laseter Law Firr	n, PLLC	Office of Chief Counsel		
16	If lender is child, la	w firm of parent(s) (if any)			
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account X (See Instructions)		into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
	X 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 sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 11/18	Laseter, Kimberly M. (Mrs.)	00088176
4 Date	5 Payee name	<u>'</u>
06/11/2024	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$10.30		
	New Orleans, LA 70112	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
		Contribution Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/C	JH	
Date	Payee name	
05/30/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$10.30		
	New Orleans, LA 70112	
PURPOSE	(a) a	(h) 5
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 Austin, TX, officeholder living expense
		Anedot Fee on Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/C)H	
Date	Payee name	
05/29/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$20.30		ouc
Ψ20.00	1040 F Oyurus St., Sto. 1770	
	Now Orleans I A 70112	
	New Orleans, LA 70112	1
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 Fee on Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/C		<u> </u>

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 Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 12/18	Laseter, Kimberly M. (Mrs.)		00088176
4	Date	5 Payee name		
	05/22/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$10.30	1340 Poydras St., Ste. 1770		
		New Orleans, LA 70112		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Anedot Fee on Contribution
_	0 1: 0:11:4"			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	05/22/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$4.30	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Anedot Fee on Contribution
	Complete ONLY if direct	Condidate/Officeholder name Office services	abt	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	gni	Office held
	Date	Payee name		
	05/22/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$4.30	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.
				Check if Austin, TX, officeholder living expense Anedot Fee on Contribution
				Alledot Fee on Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ah+	Office held
	Complete ONLY if direct expenditure to benefit C/OI		yrıl	Office field

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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)	\neg
Sch: 3/7 Rpt: 13/18	Laseter, Kimberly M. (Mrs.) 00088176	
4 Date	5 Payee name	
05/22/2024	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$20.30	1340 Poydras St., Ste. 1770	
	New Orleans, LA 70112	
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	
	Fee on Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	=
06/10/2024	Baron's Creek Vineyard	
Amount (\$)	Payee address; City; State; Zip Code	_
\$434.02	301 W. Louisiana St.	
Ψ+0+.υ2	301 W. Louisiana St.	
	McKinney, TX 75069	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Event for Volunteers	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Davios nama	_
05/31/2024	Payee name Campaign Sidekick	
Amount (\$)	Payee address; City; State; Zip Code 1550 Old Annetta	
\$4,385.28	1550 Old Affreila	
	Aledo, TX 76005	
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	
	Text message	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	IE .				3	Filer ID	(Ethics Commiss	sion Filers)		
	Sch: 4/7 Rpt: 14/18	Laseter, K	imberly M. (Mrs.)					00088176				
4	Date	5 Payee nam	е									
	05/31/2024	Campaign	Sidekick									
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode							
	\$549.75	1550 Old A	Annetta									
		Aledo, TX	76005									
8	PURPOSE OF	(a) Category (See Categories listed at the top	p of this schedule)	(b)	Description						
	EXPENDITURE	Advertising	g Expense			=		de of Texas. Com officeholder living	plete Schedule T.			
						Phone Calls	, 17	, omcendaer nving	у ехрепас			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld			
	expenditure to benefit C/OI	H										
	Date	Payee nam	е									
	05/31/2024	Campaign	Sidekick									
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode							
	\$600.00	1550 Old A	Annetta									
		Aledo, TX	76005									
	PURPOSE OF	(a) Category (See Categories listed at the top	p of this schedule)	(b)	Description						
	EXPENDITURE	App Use				=			plete Schedule T.			
Check if Austin, TX, officeholder living expe							g expense					
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld			
	expenditure to benefit C/OI				ŭ							
	Date	Payee nam	е									
	06/05/2024	Facebook										
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode							
	\$69.99	1 Hacker \	Vay									
		Menlo Par	k, CA 94025									
	PURPOSE	(a) Category (See Categories listed at the top	p of this schedule)	(b)	Description						
	OF EXPENDITURE	Advertisin	g Expense						plete Schedule T.			
						Facebook bo		officeholder living	g expense			
						i account but	JJI	y				
	Complete ONLY if direct	Candidate/Ot	ficeholder name	Office so	liaht			Office he	eld ele			
	expenditure to benefit C/OI		noonolaol Hallic	Onice 30	agni			Omce III	oid			
L												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 5/7 Rpt: 15/18	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	05/28/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1 Hacker Way
		Menlo Park, CA 94025
8	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 Facebook Ad Boosting
		Tacebook Au Boosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/24/2024	Infinity Consulting
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PO Box 5291
		Frisco, TX 75034
	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone Banking
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/23/2024	Infinity Consulting
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 5291
		Frisco, TX 75034
T	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Phone Banking
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 16/18	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	05/22/2024	Infinity Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	PO Box 5291
		Frisco, TX 75034
8	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Phone Banking
_	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
	·	
	Date	Payee name
	06/06/2024	Mustang Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$199.97	8745 Gary Burns Dr.
		Ste. 160
		Frisco , TX 75034
	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 Facebook Ads
		T dooseek/ ldc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/06/2024	Mustang Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	8745 Gary Burns Dr.
	4000.00	Ste. 160
		Frisco , TX 75034
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expanse Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Final Graphics Consulting Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	ift/Awards/Memorials egal Services The Instruction G	·		ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	pove)
1	Total pages Schedule F1: Sch: 7/7 Rpt: 17/18	ı		berly M. (Mrs.)				l	Filer ID 00088176	(Ethics Commiss	ion Filers)
4	Date 06/06/2024		Payee name Mustang Stra									
6	Amount (\$) \$974.25		Payee address 8745 Gary B Ste. 160 Frisco , TX 7	urns Dr.	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (See Printing Expe	Categories listed at ense	the top of this sche	edule)		<u> </u>		de of Texas. Com officeholder living	plete Schedule T. expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	Date 05/21/2024	ı	Payee name Paypal, Inc.									
	Amount (\$) \$5.73		Payee address 2211 N. 1st S San Jose, C	St.	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE	ı	Category _{(See} Fees	Categories listed at	the top of this sche	edule)			, TX,	officeholder living	plete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	

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: 1/1 Rpt: 18/18 Laseter, Kimberly M. (Mrs.) 00088176 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 05/29/2024 Infinity Consulting Amount (\$) Payee address; City; State; Zip Code \$7,200.00 PO Box 5291 Frisco, TX 75034 TYPE OF Non-Political Х Political **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Phone Banking 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH