CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete th	1 Filer ID (Ethics Co 000512	mmission Filers)	2 Total pages filed: 15
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Joo	lie A.		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAS	ST	SUFFIX	07/15/2024
	Lau	ıbenberg		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	2941 Rosefield Dr			Receipt # Amount
l	Houston TV 77000			
Change of Address	Houston, TX 77080			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	ST	MI	
TREASURER NAME	Mrs. Dixi	е		
	NICKNAME LAS		SUFFIX	
	Jeff	ers		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	8226 Teal Ln.			
(Residence or Business)	TV 75400			
	Lavon, TX 75166			
7 CAMPAIGN	AREA CODE PHONE NU	JMBER EXTENSION		
TREASURER PHONE	(469) 307-3983			
FHONE				
8 REPORT		_		
TYPE	January 15	Oth day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8	th day before election	Exceeded modified	Final Report (Attach C/OH-FR)
			reporting limit]
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2024	THROUGH	06/30/2024	1
10 ELECTION	ELECTION DATE	<u></u>	ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
		General	Special	
		"	Ш	
11 OFFICE	OFFICE HELD (if any)	I	12 OFFICE SOUGHT	(if known)
	State Representative District 8	9 Collin	None	,
	·			
		GO TO PAGE	2	
I				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Laubenberg, Jodie A	(The Honorable)	14 Filer ID 00051273	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	litical expenditures made by political of made without the candidate's or office this information only if they receive no	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASU	URER NAME				
		COMMITTEE CAMPAIGN TREASI	URER ADDRESS	_			
16 CONTRIBUTION TOTALS	\$ 0.00						
	\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAST DAY OF THE	\$ 140,892.57			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required t Election Code.				
			The Honorable Jodie A. Lauben	berg			
			Signature of Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to co	ertify which, witness my hand and se	eal of office.				
Signature of offi	cer administering	Printed name of officer admini	stering Title of office	r administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 15					
18 FILER NAME	g, Jodie A. (The Honorable)	19 Filer ID 00051273	(Ethics Commission Filers)					
20 SCHEDULE	SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00					
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00					
4. X	SCHEDULE E: LOANS		\$ 0.00					
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS							
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00					
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00					
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00					
9. X	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
17 1 1	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					
			•					

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/15
2 FILER NAME Laubenberg, Jodie A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051273
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable)
	Check if travel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instr	uctions)

	LOANS					SCHEDUL	ΕE
	The Instruction	on Guide explains how	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/15			
	FILER NAME Laubenberg, Joo	die A. (The Honorable)			3 Filer ID 000512	(Ethics Commission F	Filers)
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
	Is lender a financial institution?	8 Lender address; C	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	s)		
14	Description of Coll None	ateral		15 Check if personal funds w	ere deposited	d into political account (See Instructions)	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	ed (\$)
	not applicable	18 Guarantor address; C	City; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	s)		

SCHEDULE F1

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	
1	Total pages Schedule F1:	
	Sch: 1/10 Rpt: 6/15	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
L	03/15/2024	Cone, Matthew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2941 Rosefield Dr
		Houston, TX 77080
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LA LADITORL	Candidate/Officeholder/Political Committee Candidate for Spring Pranch ISD. Unable to find
		Candidate for Spring Branch ISD. Unable to find campaign address
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/18/2024	Feline/Canine Friends-Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	800 Wilcrest
		Houston, TX 77042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officerioider/Political Committee Dog/Kitty rescue contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	02/12/2024	Feline/Canine Friends-Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	800 Wilcrest
		Houston, TX 77042
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 2/10 Rpt: 7/15	Laubenberg, Jodie A. (The Honorable) Calling Commission Filer 15 Calling Commission File 15 Callin
4	Date	5 Payee name
	02/29/2024	Feline/Canine Friends-Houston
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 800 Wilcrest
		Houston, TX 77042
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Feline Feral
		Trap/Neuter/Return program
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2024	Feline/Canine Friends-Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	800 Wilcrest
	400.00	SSS TIMORES.
		Houston, TX 77042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2024	Feline/Canine Friends-Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	800 Wilcrest
	4200.00	SSS TIMORES.
		Houston, TX 77042
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Feline Feral Tran (Nouter/Datum program
		Trap /Neuter/Return program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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		Legal Services	Expense morials Expense tion Guide explains		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	trict category not listed above)
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/10 Rpt: 8/15	Laub	enberg, Jodie A.	(The Honorable)					00051273	
4	Date	5 Paye	e name				I			
	04/01/2024	l	e/Canine Friends	-Houston						
6	Amount (\$)	7 Paye	e address; City	State	; Zip Co	de				
	\$90.00	800	Wilcrest							
		Hous	ston, TX 77042							
8	PURPOSE	(a) Cate	JOry (See Categories lis	sted at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		ributions/Donation		,		느		de of Texas. Comp	
	EXPENDITORE	Cano	lidate/Officeholde	r/Political Comm	ittee		_		officeholder living	
							Feline Feral T	пар	J/Neuler/Ret	um
_	Complete ONLY if direct	Condi	lata/Officeholder ==	mo /	Office age:	abt			Office ha	Id
9	Complete ONLY if direct expenditure to benefit C/O		late/Officeholder na	ine (Office sou	igrit			Office he	iu
	Date	Paye	e name							
	05/31/2024	Felin	e/Canine Friends	-Houston						
	Amount (\$)	Paye	e address; City	State	; Zip Co	de				
	\$100.00	800	Wilcrest							
		Hous	ston, TX 77042							
	PURPOSE	(a) Cate	JOry (See Categories lis	sted at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	Cont	ributions/Donatio	ns Made By			_		de of Texas. Comp	
	ZA ZABITORZ	Cano	lidate/Officeholde	r/Political Comm	ittee		_	, TX,	officeholder living	expense
							Contribution			
_	Complete ONLY if direct	Candid	late/Officeholder na	me (Office sou	aht			Office he	ld
	expenditure to benefit C/O		accordinacionaci na		J.1100 30U	Ailt			Cilico ne	14
H	Date	D	n nama							
	Date 01/10/2024	1 1	e name Ward Pregnancy	Center						
					7in 0-	nd a				
	Amount (\$) \$100.00	l .	e address;	State	; Zip Co	ue				
	\$100.00	143	SHULWEII							
		Hous	ston, TX 77020							
	PURPOSE	(a) Cate	JOry (See Categories lis	sted at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		ributions/Donation		:		ш		de of Texas. Comp officeholder living	
		l cano	lidate/Officeholde	irPolitical Comm	ııılee		Pregnancy Ce			
								J. 10		- · ·
	Complete ONLY if direct	L Candid	late/Officeholder na	me (Office sou	L			Office he	ld
	expenditure to benefit C/O			-		<i>y</i>			200 710	

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
OTHER (order a category not listed above)

	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)
	Sch: 4/10 Rpt: 9/15	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	02/12/2024	Fifth Ward Pregnancy Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	743 Shotwell
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2024	Fifth Ward Pregnancy Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	743 Shotwell
	Ψ100.00	140 Ghotwell
		H. W. T. 77000
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution
		Contribution
	Commission ONII V if direct	Condidate Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	04/10/2024	Fifth Ward Pregnancy Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	743 Shotwell
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/2/10/12	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to beliefft C/OI	'

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	1
1	Total pages Schedule F1:	
	Sch: 5/10 Rpt: 10/15	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	05/10/2024	Fifth Ward Pregnancy Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
•	\$100.00	743 Shotwell
	Ψ100.00	145 Shotwell
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/11/2024	Fifth Ward Pregnancy Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	743 Shotwell
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Davida marra
		Payee name
	01/01/2024	Grace Community Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	1021 Campbell Rd
		Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 6/10 Rpt: 11/15	Laubenberg, Jodie A. (The Honorable) 00051273
4 Date	5 Payee name
02/05/2024	Grace Community Church
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$800.00	1021 Campbell Rd
	Houston, TX 77055
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to belieff 6/0	
Date	Payee name
02/26/2024	Grace Community Church
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1021 Campbell Rd
	Houston, TX 77055
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Operation ONLY if discont	On stide to 10 ff as hadden marries Off as hadden
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/26/2024	Grace Community Church
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1021 Campbell Rd
	Houston, TX 77055
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> 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

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

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

	Candidate/Officeholder/Politica Credit Card Payment			egal Services	Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict category not listed above	e)
	Credit Card Payment		1	he Instruction G	uide explains l	now to co	mple	te this form.				
1	Total pages Schedule F1:	2 FIL	LER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 7/10 Rpt: 12/15	La	aubenberg,	Jodie A. (The	Honorable)					00051273		
4	Date	5 Pa	ayee name					•				
	03/03/2024	l		unity Church								
6	Amount (\$)	7 Pa	ayee address	; City;	State;	Zip Co	de					
	\$800.00	10) 21 Campb	ell Rd								
			•									
		l Ho	ouston, TX	77055								
8	PURPOSE						(h)	Description				
ľ	OF			Categories listed at t		edule)	(u)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			ficeholder/Pol		ittee		므		officeholder livin	•	
								Contribution				
9	Complete ONLY if direct		ndidate/Office	eholder name	С	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Pa	ayee name									
	03/31/2024	Gr	race Comm	unity Church								
	Amount (\$)	Pa	ayee address	; City;	State;	Zip Co	de					
	\$250.00	10)21 Campb	ell Rd								
		Ho	ouston, TX	77055								
	PURPOSE	<u> </u>		Categories listed at t	he top of this color	adula)	(b)	Description				
	OF			/Donations Ma		edule)	(- ,	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			ficeholder/Pol	,	ittee		Check if Austin,	, TX,	officeholder living	g expense	
								Contribution				
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	eholder name	О	office sou	ght			Office h	eld	
	experialitate to beliefit e/of											
	Date	Pa	ayee name									
	04/01/2024	Gr	race Comm	unity Church								
	Amount (\$)	Pa	ayee address	; City;	State;	Zip Co	de					
	\$800.00	10)21 Campb	ell Rd								
		Ho	ouston, TX	77055								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Co	ontributions	/Donations Ma	ade By			므			plete Schedule T.	
	EXI ENDITORE	Ca	andidate/Of	ficeholder/Pol	itical Comm	ittee		_	, TX,	officeholder living	g expense	
								Contribution				
	Complete ONLY if divert	<u> </u>	adidata/Off: -	sholder nome		office say:	ab+			Office !-	ald	
	Complete ONLY if direct expenditure to benefit C/OI		iuiuate/OIIIC6	eholder name	Ü	office sou	yııı			Office h	ziu -	
	•											

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committe							
	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: 8/10 Rpt: 13/15	Laubenberg, Jodie A. (The Honorable) 00051273					
4	Date	5 Payee name					
	05/02/2024	Grace Community Church					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$800.00	1021 Campbell Rd					
		Houston, TX 77055					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Candidate/Officeholder/Political Committee					
		Contribution					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
		•					
	Date	Payee name					
	06/03/2024	Grace Community Church					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$800.00	1021 Campbell Rd					
		Houston, TX 77055					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee Contribution					
		Contribution					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					
	Date	Payee name					
	02/01/2024	Inthelitterbox					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	Jewel Jones Enterprises, Inc.					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.O.Box 537					
		Hollywood, CA 90078					
	PURPOSE	To a second seco					
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense					
		Contribution for political news podcast					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
-	Sch: 9/10 Rpt: 14/15	Laubenberg, Jodie A. (The Honorable) 00051273						
4	Date	5 Payee name						
	04/26/2024	Inthelitterbox						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$88.00	Jewel Jones Enterprises, Inc.						
		P.O.Box 537						
		Hollywood, CA 90078						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Political news subscription						
9	Complete ONLY if direct expenditure to benefit C/OI							
	Date	Payee name						
	03/01/2024	Rescued Pets Movement						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$51.75	2317 W. 34th St.						
		Houston, TX 77018						
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE		Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expenses						
		Candidate/Officeholder/Political Committee						
		Dog/Milly rescue continuation						
_	Complete ONLY if direct	Candidate/Officeholder pages Office pought Office hold						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/10/2024	Village Republican Women						
	Amount (\$)	Payee address; City; State; Zip Code						
\$65.00		P.O.Box 79924						
		Houston, TX 77279						
	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						
		Member dues						
		Monibol dues						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH								
	•							

SCHEDULE F1

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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/V	pense /ages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:						Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 15/15	Laubenbe	rg, Jodie A. (The Honor	able)			00051273	
4	Date	5 Payee nam						
	01/10/2024	Village Re	publican Women					
6	Amount (\$)	7 Payee addr	ress; City;	State; Zip Co	de			
	\$80.00	P.O.Box 7	9924					
		Houston, 7	TX 77279					
8	PURPOSE	(a) Category ((See Categories listed at the top of t	this schedule)	(b) Description			
	OF EXPENDITURE	Event Exp					de of Texas. Com	
					Lunch/Cand		officeholder living	expense
					Lancii/Cano	iidatt	Debate	
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sou	ght		Office he	eld