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 34 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Kimberly M. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 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 30th day before election Runoff 15th day after campaign treasurer January 15 lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge Place McKinney District 401st Collin

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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 (I 00088176	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	X GENERAL	Republican Women of Greater North Texas						
		COMMITTEE ADDRESS						
	SPECIFIC	P.O. Box 2353						
		Frisco, TX 75034						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Hardin, Andrew						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		11932 Salisbury Drive						
		Ste. 202						
		Frisco, TX 75035						
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 37,135.00				
EXPENDITURE TOTALS	\$ 0.00							
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 12,400.37				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 2,000.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		Mrs. K	imberly M. Laseter					
			Candidate or Officehold	der				
AFFIX NC	TARY STAMP / SEAL AB	OVE						
Sworn to and subs	scribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.		•				
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath				
Signature of Offi	ce. daminotoming oddi	. This a ham of officer duffillistering odul	The of officer	administring out				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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				3 01 34	
18 FIL	ER NAN	NE	19 Filer ID	(Eth	ics Commission Filers)
La	seter, K	Cimberly M. (Mrs.)	00088176		
		E SUBTOTALS			SUBTOTAL AMOUNT
N/	ME OF	SCHEDULE			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	35,635.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,500.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	28,475.11
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		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	\$	
12	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/15 Rpt: 4/34
2	FILER NAME Laseter, Kim	berly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	08/20/2024 Albin Oldner Law, PLLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Frisco, TX 75034		<u>, </u>		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)
	08/22/2024 Armstrong Divorce and Family Law, PLLC Contributor address; City; State; Zip Code			-	\$1,000.00	
		Plano, TX 75024		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/03/2024	Baranovitch, Sharon (Mr. Contributor address; City; S	·			\$500.00
		Plano, TX 75025				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Officer Mana	ager		Office Manager		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Bio Dental					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/15 Rpt: 5/34
2	FILER NAME Laseter, Kim	nberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#:) 7 8 Bogdanowicz PLLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Plano, TX 75024-4062		1		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/23/2024	Bolding, Christian (Mr.) Contributor address; City;	<u> </u>			\$100.00
	0	Fairview, TX 75069		I a		
	Business Ov	Principal Occupation		Contributor's Job Title		
				Owner		
	Precision Ho	employer/law firm		Law firm of contributor's sp	ous	se (If any)
			: A			
	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 (\$)
	09/25/2024	Bruneman Law, PC				\$500.00
		Contributor address; City; Dallas, TX 75240	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/15 Rpt: 6/34	
2	FILER NAME Laseter, Kim	berly M. (Mrs.)			3	Filer ID (Ethics Commission 00088176	n Filers)
4	09/13/2024 Connatser Family Law 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00		
Ĺ	Contributoulo	Dallas, TX 75219		O Combributorio Joh Title			
8	Contributors	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2024	Cowles & Thompson PC Contributor address; City;	<u> </u>				\$1,500.00
		Dallas, TX 75202					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/03/2024	Duffee + Eitzen					\$1,500.00
		Contributor address; City; Dallas, TX 75219	State; Zip Code		•		
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	f any)	1			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 4/15 Rpt: 7/34
2	FILER NAME Laseter, Kim	iberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	Date 08/28/2024	5 Full name of contributorEpstein Family Law, PC6 Contributor address; City;			7	Amount of Contribution (\$) \$500.00
L		Dallas, TX 75070		Ta		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
09/27/2024 Godwin Bowman Contributor address; City; State; Zip Code			\$1,500.00			
		Dallas, TX 75201				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/25/2024	Goodwin, Randal	_			\$75.00
Contributor address; City; State; Zip Code McKinney, TX 75071						
_	Contributor's I	IPrincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Business Owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	f Randal Goodwin				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/15 Rpt: 8/34
2	FILER NAME Laseter, Kim	iberly M. (Mrs.)			1	Filer ID (Ethics Commission Filers) 00088176
4	09/23/2024 Goranson Bain PLLC 6 Contributor address; City; State; Zip Code		7 /	Amount of Contribution (\$) \$1,500.00		
Ĺ	Contributoulo	Dallas, TX 75206		O Contributorio lob Title		
8	Contributors	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	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) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i> </i>	Amount of Contribution (\$)
	08/20/2024	Grinke Stewart Law Contributor address; City;	<u> </u>			\$1,500.00
		Frisco, TX 75034				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i> </i>	Amount of Contribution (\$)
	09/25/2024	Hannah C. Stroud Media	ations			\$500.00
		Contributor address; City; McKinney, TX 75071	State; Zip Code		•	
	Contributor's F	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	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/15 Rpt: 9/34
2	FILER NAME Laseter, Kim	berly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	08/03/2024 Johanson, Adam (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00		
		Bulverde, TX 78163				
8		Principal Occupation		9 Contributor's Job Title		
	Software De			Sr. Software Developer		
10	Contributor's e Broadcom	employer/law firm		11 Law firm of contributor's sp	oous	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#:)	Т	Amount of Contribution (\$)
	08/20/2024	Keeping the Peace, LLC Contributor address; City;	:			\$500.00
		McKinney, TX 75071		_		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/25/2024	Koons Fuller PC				\$1,000.00
		Contributor address; City; Dallas, TX 75201	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 7/15 Rpt: 10/34
2	FILER NAME Laseter, Kim	iberly M. (Mrs.)		3	Filer ID (Ethics Commission Filers) 00088176
4	Date 09/23/2024			7	Amount of Contribution (\$) \$10.00
_	Contributor's		Contributor's Joh Title		
8	Business Ov	Principal Occupation	9 Contributor's Job Title Self-Employed		
_			· ·		
10	Elite Diagno	employer/law firm stic Imaging	11 Law firm of contributor's sp	oous	е (іт апу)
12	If contributor is	s a child, law firm of parent(s) (if any)	•		
	Date	Full name of contributor)	Ī	Amount of Contribution (\$)
	09/23/2024	Law Office of Scott M. Ruggiero Contributor address; City; State; Zip Code			\$100.00
		McKinney, TX 75069			
	Contributor's F	Principal Occupation	Contributor's Job Title		
	Contributor's	employer/law firm	Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/03/2024	Law Offices of Edwin V. King			\$500.00
		Contributor address; City; State; Zip Code McKinney, TX 75069			
	Contributor's F	I Principal Occupation	Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 8/15 Rpt: 11/34
2	FILER NAME Laseter, Kim	iberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	09/17/2024 Leah Mleziva, PLLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50.00		
Ļ	0	Plano, TX 75075		In a		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	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#:)	Г	Amount of Contribution (\$)
	09/05/2024	Leah Mleziva, PLLC Contributor address; City; S	<u> </u>			\$50.00
		Plano, TX 75075				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/20/2024	Lewis, Passons & Darne	II, PC			\$500.00
		Contributor address; City; S Denton, TX 76201	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	I		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 9/15 Rpt: 12/34
2	FILER NAME Laseter, Kim	iberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	09/03/2024 McClure Law Group, PC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,000.00		
L		Dallas, TX 75225		T		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	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#:)	Ι	Amount of Contribution (\$)
	09/23/2024	McDaniel, Rogan (Mr.) Contributor address; City; S	<u> </u>		•	\$500.00
		McKinney, TX 75071				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
_	McDaniel La		anu)			
	ii contributor i	s a child, law firm of parent(s) (if	ally)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/30/2024	Nakaoka, James (Mr.)				\$200.00
		Contributor address; City; S Fairview, TX 75069	State; Zip Code			
_	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Architect			President		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	J.T. Nakaok	a Assoc Architects, Inc.				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/15 Rpt: 13/34
2	FILER NAME Laseter, Kim	iberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	Date 08/03/2024			7	Amount of Contribution (\$) \$500.00	
Ļ	Contributorio			Contributorio Joh Titlo		
8		Principal Occupation Farming and Fresh Veg		9 Contributor's Job Title President		
_						
10	Pathmaker,	employer/law firm Inc.		11 Law firm of contributor's sp	oous	se (IT 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 (\$)
	07/30/2024 Orsinger, Nelson, Downing, & Anderson, LLP Contributor address; City; State; Zip Code			-	\$1,500.00	
	0	Dallas, TX 75225		I a		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/23/2024	Pask Law, PLLC	_			\$250.00
		Contributor address; City; S Dallas, TX 75201	tate; Zip Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title	<u>I </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 11/15 Rpt: 14/34	=
2	FILER NAME Laseter, Kim	berly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176	_
4	Date 08/03/2024	5 Full name of contributor Pauley, Brian (Mr.)6 Contributor address; City; \$	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$100.0)
		Frisco, TX 75035					
8		Principal Occupation		9 Contributor's Job Title			
10	Sales Leade	employer/law firm		SVP Sales Operations 11 Law firm of contributor's sp	2011	on (if any)	_
10	USLS	етрюуетам шт		11 Law IIIII of Continutions Sp	Jou	se (II dily)	
12	2 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 (\$)	=
	09/04/2024	Pfister Family Law Contributor address; City; \$ Frisco, TX 75034	State; Zip Code			\$1,000.0)
_	Contributor's I	Principal Occupation		Contributor's Job Title			_
	Contributor 3 i	incipal Occupation		Contributor 3 300 True			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	_
	If contributor is	s a child, law firm of parent(s) (if	any)				_
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/19/2024	Republican Women of G Contributor address; City; §				\$1,000.0)
		Frisco, TX 75034					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	_
	If contributor is	s a child, law firm of parent(s) (if	any)				_

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 12/15 Rpt: 15/34
2	FILER NAME Laseter, Kim	berly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	Date 08/22/2024	5 Full name of contributor Saunders Walsh Beard6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$2,500.00
		McKinney, TX 75070				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)
	09/09/2024	Scheef & Stone, LLP Contributor address; City; S	<u> </u>			\$1,000.00
		Dallas, TX 75201				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/26/2024	The Crowder Law Firm F	P.C.			\$2,500.00
		Contributor address; City; S Plano, TX 75024	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	l		

	MONET	ARY POLITICAL CONTRIBU	JTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete t	this f	orm.	1	Total pages Schedule A(J)1: Sch: 13/15 Rpt: 16/34
2	FILER NAME Laseter, Kim	nberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	Date 08/22/2024	 Full name of contributor out-of-state PAC The Law Office of Natalie Gregg Contributor address; City; State; Zip Code Allen, TX 75013 	C (ID#:_		7	Amount of Contribution (\$) \$2,500.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ut-of-state PAC	C (ID#:)		Amount of Contribution (\$)
	08/22/2024	The Ramage Law Group Contributor address; City; State; Zip Code McKinney, TX 75070				\$1,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Continuators	Эппстра Оссирация		Continuator's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAG	C (ID#:_)		Amount of Contribution (\$)
	09/09/2024	The Suster Law Group Contributor address; City; State; Zip Code Plano, TX 75093				\$2,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		1		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/15 Rpt: 17/34
2	FILER NAME Laseter, Kim	ER NAME seter, Kimberly M. (Mrs.)		3	Filer ID (Ethics Commission Filers) 00088176
4	Date 08/28/2024	 Full name of contributor		7	Amount of Contribution (\$) \$500.00
8	Contributor's I	Dallas, TX 75201 Principal Occupation	9 Contributor's Job Title		
		· · · · · · · · · · · · · · · · · · ·			
10	Contributor's	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#:)	Г	Amount of Contribution (\$)
	08/03/2024	Travaglione, Daniella (Miss) Contributor address; City; State; Zip Code			\$100.00
		McKinney, TX 75070			
		Principal Occupation	Contributor's Job Title		
	Student	orania orania orania	Student		and (if a max)
	Student	employer/law firm	Law firm of contributor's sp)Ou:	se (ii ariy)
		s a child, law firm of parent(s) (if any)			
				_	
	Date 08/03/2024	Full name of contributor out-of-state PAC (ID#: Travaglione, Isabella (Miss))		Amount of Contribution (\$) \$100.00
	00/03/2024	Contributor address; City; State; Zip Code McKinney, TX 75070		•	\$100.00
	Contributor's F	Principal Occupation	Contributor's Job Title	<u> </u>	
	Student		Student		
	Contributor's	employer/law firm	Law firm of contributor's sp	ous	se (if any)
	Student				
	If contributor is	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL CONTR	RIBUTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comp	olete this f	orm.	1	Total pages Schedule A(J)1: Sch: 15/15 Rpt: 18/34
2	FILER NAME Laseter, Kim	LER NAME aseter, Kimberly M. (Mrs.)		3	Filer ID (Ethics Commission Filers) 00088176	
4	Date 08/03/2024	Travaglione, Joseph (Mr.) 6 Contributor address; City; State; Zip Cod	tate PAC (ID#:_		7	Amount of Contribution (\$) \$100.00
		McKinney, TX 75070		Γ		
8		Principal Occupation		9 Contributor's Job Title		
	Banker/Real			Owner		
10	Contributor's e Retired/Real	employer/law firm Estate		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-st	tate PAC (ID#:_)		Amount of Contribution (\$)
	08/03/2024	Travaglione, Karin (Mrs.) Contributor address; City; State; Zip Cod				\$100.00
		McKinney, TX 75070				
		Principal Occupation		Contributor's Job Title		
	Homemaker			Mom		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
_		s a child, law firm of parent(s) (if any)				
	ii contributor i	s a clinu, law litti of pareni(s) (ii any)				
	Date	Full name of contributor out-of-st	tate PAC (ID#:_)		Amount of Contribution (\$)
	08/03/2024	Travaglione, Sofia (Miss)				\$100.00
		Contributor address; City; State; Zip Coo McKinney, TX 75070	de			
Г	Contributor's I	Principal Occupation		Contributor's Job Title	-	
	Student			Student		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Student					
	If contributor is	s a child, law firm of parent(s) (if any)				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/34 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laseter, Kimberly M. (Mrs.) 00088176 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/19/2024 McCathern, PLLC \$1,500.00 Food and location for Fall 7 Contributor address; City; State; Zip Code Fundraiser Frisco, TX 75034 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS (J	SCHEI	DULE E	(J)					
	The Instructio	The Instruction Guide explains how to complete this form. 1 Total page Sch: 1/2							
2	FILER NAME Laseter, Kimberl	FILER NAME Laseter, Kimberly M. (Mrs.)				(Ethics Cor		lers)	
4	TOTAL OF UNITEMIZED LOANS					\$		0.00	
5	Date of loan 7 Name of lender out-of-state PAC (ID#:)					9 Loan An	nount (\$)		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest			
						11 Maturity	Date		
12	2 Lender's Principal	Occupation	13 Lender's Job Title						
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)				
16	If lender is child, la	w firm of parent(s) (if any)	1						
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	leposited		account structions)		
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount	Guaranteed	d (\$)	
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code						
25	5 Guarantor's Emplo	worll ou Firm	26 Law Firm of guarantor's spouse (if any)						
	· 		20 Law Filli of guarantor's Sp	Jousi	e (ii aiiy)				
27	¹ 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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
	Sch: 1/14 Rpt: 21/34	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	09/17/2024	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.60	410 Terry Ave. N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cupcake Boxes Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Cupcake Boxes
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/Of	
	Date	Payee name
	08/19/2024	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.94	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Envelopes for Thank You Notes
_	Commission ONU Wife allows	Condidate/Officeholder come
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Dete	
	Date	Payee name
	08/22/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.30	1340 Poydras St., Ste. 1770
L		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
		Fee on Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Office Overhea Polling Expens se Printing Expen Salaries/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_		The Instruction Guide ex	xpiains now to compi	ete tilis lorili.	_	
1	Total pages Schedule F1: Sch: 2/14 Rpt: 22/34	2 FILER NAME Laseter, Kimberly M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088176
4	Date	5 Payee name				
	08/22/2024	Anedot				
6	Amount (\$) \$40.30	7 Payee address; City; 1340 Poydras St., Ste. 1770 New Orleans, LA 70112	State; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Fees	of this schedule) (b)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense 1
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought			Office held
	Date	Payee name				
	08/28/2024	Anedot				
	Amount (\$)	Payee address; City;	State; Zip Code			
	\$20.30	1340 Poydras St., Ste. 1770				
		New Orleans, LA 70112				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Fees	of this schedule) (b)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense 1
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought			Office held
	Date	Payee name				
	08/28/2024	Anedot				
	Amount (\$) \$20.30	Payee address; City; 1340 Poydras St., Ste. 1770	State; Zip Code			
		New Orleans, LA 70112				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Fees	of this schedule) (b)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense 1
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought			Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 23/34	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	09/03/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.30	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 Donation
		1 33 on Banadan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/03/2024	Anedot
H	Amount (\$)	Payee address; City; State; Zip Code
	\$80.30	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
		Fee on Donation
		1 33 511 2 3114451
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/04/2024	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.
		Check if Austin, TX, officeholder living expense Fee on Donation
		Tee on Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed at	oove)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 4/14 Rpt: 24/34	1	mberly M. (Mrs.)					00088176	•	,
4	Date	5 Payee name	<u> </u>							
	09/04/2024	Anedot								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$20.30	1	ras St., Ste. 1770							
			·							
		New Orlea	ns, LA 70112							
8	PURPOSE	(a) Category (s	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		ide of Texas. Com		
						Fee on Dona		, officeholder living n	expense	
						r cc on Bona	liOi	•		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	Date	Payee name	<u> </u>							
	09/05/2024	Anedot								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	nde					
	\$2.30	′	ras St., Ste. 1770	э, _,р э.						
	Ψ2.00	10.0.00	140 011, 010. 1110							
		New Orlea	ns, LA 70112							
	PURPOSE	(a) Category (s	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		ide of Texas. Com		
						Fee on Dona		, officeholder living	expense	
						i ee on bona	uoi	•		
	Complete ONLY if direct		iceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI	H 								
	Date	Payee name	;							
	08/22/2024	Anedot								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$100.30	1340 Poyd	ras St., Ste. 1770							
		New Orlea	ns, LA 70112							
	PURPOSE	(a) Category (s	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						ide of Texas. Com		
	LAFENDITORE							, officeholder living	expense	
						Fee on Dona	tior	1		
					Ļ					
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld	
	experiencie 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	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 5/14 Rpt: 25/34	2 FILER NAME Laseter, Kimberly M. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00088176
4	Date	5 Payee name
	08/22/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.30	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 Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	09/25/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	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
		Fee on Donation
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/25/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Poydras 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
		Fee on Donation
		1.00.011.2011.2011
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	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: 6/14 Rpt: 26/34	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	09/25/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.30	1340 Poydras St., Ste. 1770
		New Orleans, LA 70112
8	PURPOSE	
Ŭ	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
		Fee on Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioration benefit C/O	1
	Date	Payee name
	09/13/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Fee on Donation
	Commission ONII V if disposit	Condidate/Office holder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/17/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	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 Fee on Donation
		i ce di Boliation
	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 27/34	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	09/23/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	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 Donation
		1 GC ON BONGUON
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
L	09/23/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras 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 Fee on Donation
		1 GC ON BONGUON
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Data	
	Date	Payee name
	09/23/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.70	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
		Fee on Donation
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritation to beliefft 6/01	·

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
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment			Gill/Awards/Memorials E Legal Services			s/Contract Labor		OTHER (enter a	category not listed abov	re)
	Credit Card Payment			The Instruction Guid	de explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 8/14 Rpt: 28/34		Laseter, Kim	nberly M. (Mrs.)					00088176		
4	Date	5	Payee name								
	09/27/2024		Anedot								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$60.30		1340 Poydra	as St., Ste. 1770							
			New Orleans	s, LA 70112							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ton of this schedule)	(b)	Description				
	OF	`´	Fees	e categories listed at the	top of this schedule)	`´		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE								, officeholder living	g expense	
							Fee on Dona	tior	1		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	Date		Payee name								
	10/03/2024		Anedot								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$20.30		1340 Poydra	as St., Ste. 1770							
			New Orleans	s, LA 70112							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees						ide of Texas. Com		
	-						Fee on Dona		, officeholder living	g expense	
							r cc on Bona	LIOI			
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office so	uaht			Office he	əld	
	expenditure to benefit C/O			Jerreraer manne	000 00	g			000		
-	Date	Т	Payee name								
	08/20/2024		Anedot								
		┢	Payee addres	City:	State: 7in C	odo					
	Amount (\$) \$20.30		,	ss; City; as St., Ste. 1770	State; Zip C	oue					
	Ψ20.30		1340 i Oyuli	23 St., Stc. 1770							
			Now Orloop	o I A 70112							
		<u> </u>	New Orlean								
	PURPOSE OF	(a)		e Categories listed at the	top of this schedule)	(b)	Description Check if travel	outci	ide of Texas. Com	inlota Schadula T	
	EXPENDITURE		Fees				<u></u>		, officeholder living		
							Fee on Dona	tior	า		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	Н									
ı											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this fo	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 29/34	Laseter, Kimberly M. (Mrs.)	00088176
4	Date	5 Payee name	
	08/20/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.30	1340 Poydras St., Ste. 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion
	OF EXPENDITURE	Fees	if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	,	x if Austin, TX, officeholder living expense
		Fee on	Donation
_			200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/20/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.30	1340 Poydras St., Ste. 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion
	OF EXPENDITURE	Fees Check	x if travel outside of Texas. Complete Schedule T.
		l — l —	cif Austin, TX, officeholder living expense Donation
		l rec on	Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office Held
	Data	D	
	Date 08/20/2024	Payee name Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.30	1340 Poydras St., Ste. 1770	
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	1 CC3	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
		,	Donation
	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 C

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 10/14 Rpt: 30/34	Laseter, Kimberly M. (Mrs.) 00088176	
4	Date	5 Payee name	
	09/26/2024	Crumbl	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$48.22	4880 Eldorado Pkwy., Ste. 400	
		Frisco, TX 75033	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Thank You Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Event Thank You	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
F	Date	Payee name	_
	12/16/2024	Domain.com	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$77.94	5335 Gate Pkwy	
		Jacksonville, FL 32256	
	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	
		Renewal of Google Workspace for	
		Laseterforjudge.com	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	12/03/2024	Domain.com	
L	Amount (\$)	Payee address; City; State; Zip Code	_
	\$37.16	5335 Gate Pkwy	
	Ψ37.10	3333 Gate 1 kwy	
		Jacksonville, FL 32256	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Renewal and privacy for laseterforjudge.com	
L	Complete ONLY if alias -t	Condidate/Officeholder name Office cought	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 11/14 Rpt: 31/34	Laseter, Kimberly M. (Mrs.)		00088176
4	Date	5 Payee name		•
	08/22/2024	Infinity Consulting		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$3,200.00	PO Box 5291		
		Frisco, TX 75034		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Consulting Fee (Phone Bank)
_	0 1: 0 1 1 1 1			000
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou d	ght	Office held
	Date	Payee name		
	07/15/2024	Infinity Consulting		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$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	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Consulting Expense (Phone Bank)
	Complete ONLY if direct	Condidate Office holder name Office sour	ab+	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou d	ynı	Office held
	Date	Payee name		
	08/02/2024	Infinity Consulting		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$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	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Consulting (Phone Bank)
				Consuling (Filone Dalik)
	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
	expenditure to benefit C/OI	•	yııl	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 32/34	Laseter, Kimberly M. (Mrs.)		00088176
4	Date	5 Payee name		·
	11/26/2024	Laseter, Kimberly (Mrs.)		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$10,000.00	PO Box 398		
		Prosper, TX 75078		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Repayment of Loan to Campaign
				repayment of Loan to Gampaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O			Cindo incid
	Date	Payee name		
	09/16/2024	Laseter, Kimberly (Mrs.)		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$10,000.00	PO Box 398	•	
	410,000.00	1 0 200000		
		Prosper, TX 75078		
	PURPOSE	· · · · · · · · · · · · · · · · · · ·	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	-, 	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	25an Nopaymont Normanion in		Check if Austin, TX, officeholder living expense
				Repayment of Personal Loan to Campaign
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	09/24/2024	Republican Club at Heritage Ranch		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$29.21	465 Scenic Ranch Circle		
		Fairview, TX 75069		
	PURPOSE OF		b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Dinner and Club Presentation
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 33/34	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	07/10/2024	Republican Club at Heritage Ranch
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.21	465 Scenic Ranch Circle
		Fairview, TX 75069
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner and Presentation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/25/2024	Republican Women of Greater North Texas
H	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 EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Expense RWGNT
		Zvone Zvponeo NWOW
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/27/2024	Ruth's Roses
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.39	100 SE 3rd Ave.
		Ft. Lauderdale, FL 33394
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Thank You Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Thank You
		Event mank tou
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 34/34	Laseter, Kimberly M. (Mrs.) 00088176
4	Date	5 Payee name
	08/03/2024	Trader Joes
6	Amount (\$) \$44.34	7 Payee address; City; State; Zip Code 2851 Craig Dr., Ste. 100
		McKinney, TX 75070
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Event& Thank You
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/26/2024	USPS
	Amount (\$) \$29.20	Payee address; City; State; Zip Code 550 N. Central Expy McKinney, TX 75070
_	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Stamps (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stamps
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held