# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete thi	s form. 1 Filer ID (Ethics Commis 00051273	ssion Filers)	2 Total pages filed: 13			
3 CANDIDATE /	MS / MRS / MR FIRS	ST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	The Honorable Jodi	e A.		Date Received			
"""				ELECTRONICALLY FILED			
		-	0115514	07/13/2025			
	NICKNAME LAS		SUFFIX	01713/2023			
	Laui	penberg					
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked			
OFFICEHOLDER MAILING	2941 Rosefield Dr						
ADDRESS				Receipt # Amount			
Change of Address	Houston, TX 77080			Date Processed			
"				Date Processed			
				Date Imaged			
				Jule maged			
5 CAMPAIGN	MS / MRS / MR FIRS	T	MI				
TREASURER	Mrs. Dixie						
NAME	Wile.						
	NICKNAME LAST		SUFFIX				
	Jeffe		301117				
	Selle	13					
6 CAMPAIGN	STREET ADDRESS (NO PO BOX I		Γ / SUITE #; CITY;	STATE; ZIP CODE			
TREASURER	8226 Teal Ln.	PLEASE), AP	1/3011E#, CITT,	STATE, ZIP CODE			
ADDRESS	6220 Teal Lil.						
(Residence or Business)							
	Lavon, TX 75166						
7 CAMPAIGN	AREA CODE PHONE NUI	MBER EXTENSION					
TREASURER	(469) 307-3983						
PHONE	(100) 001 0000						
8 REPORT							
TYPE	January 15 30	th day before election	Runoff	15th day after campaign treasurer			
				appointment (officeholder only)			
	X July 15 8th	day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day	Year -			
	01/01/2025	IHROUGH	06/30/2025				
10 51 5071011	ELECTION DATE	i	ELECTION TYPE				
10 ELECTION	ELECTION DATE  Month Day Year	Drimon	ELECTION TYPE Runoff	Cthor			
	Month Day Year	Primary	Runon	Other			
		General	Special				
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)			
	Legacy Only District 89		State Representa	tive District 89			
	1		1				
		GO TO PAGE 2					
		GO TO PAGE Z					

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	(Ethics Com	mission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accept These expenditures may had d officeholders are required	ave been made without t	he candidate's or office	eholder's kno	wledge or				
Additional Pages										
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN	TREASURER NAME							
		COMMITTEE CAMPAIGN	TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIB ES OF LOANS, OR CONTR			\$	0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GU	ARANTEES OF LOANS	i)	\$	0.00				
EXPENDITURE TOTALS		\$	0.00							
		\$	7,768.50							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAIN	NTAINED AS OF THE LA	AST DAY OF THE	\$	125,423.02				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	0.00				
<b>17</b> AFFIDAVIT		true and	, or affirm, under penalty d correct and includes al Title 15, Election Code.							
			The Honoral	ble Jodie A. Laubenl	berg					
			Signature of	Candidate or Officeho	lder					
AFFIX NO	TARY STAMP / SEAL AB	OVE								
	Sworn to and subscribed before me, by the said day									
	, 20, to contact the contact to contact the	ertify which, witness my han Printed name of office		Title of office	r administari	ng oath				
Signature of offi	cei auministenny	Printed name of office	auministenny	Tille OF OHICE	ı aummisteri	ny valii				

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

			O V EI ( OI I	3 of 13	
18 FILER NA Laubenbe	(Ethics Comr	mission Filers)			
20 SCHEDUL NAME OF	SUBTO	TAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	7,768.50	
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

#### 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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 1/10 Rpt: 4/13	Laubenberg, Jodie A. (The Honorable) 00051273				
4	Date	5 Payee name	_			
	06/16/2025	ACLJ				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
	\$150.00	P.O. Box 90555				
		Washington DC, DC 20090-0555				
8	PURPOSE		_			
0	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 Candidate of Foreign Check if Austin, TX, officeholder living expense				
		Contribution				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
	Date	Payee name	=			
	06/16/2025	Bible League				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$150.00	1 Bible League Plaza				
	<b>4100.00</b>	1 Dibio Louguo i inala				
		Crete, IL 60417				
	DUDD 0.5	To.	_			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By				
	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				
		Contribution				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/O	1				
	Date	Payee name	_			
	03/24/2025	Feline/Canine Friends-Houston				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$350.00	800 Wilcrest				
		Houston, TX 77042				
	PURPOSE	T	_			
	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				
	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)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 2/10 Rpt: 5/13	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	01/10/2025	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
		Candidate/Officeholder/Political Committee
		Contribution
Ļ	Computate ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	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
		Candidate/Officeholder/Political Committee
		Contribution
	Computate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	03/10/2025	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
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Contributions
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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								Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	ΛE				3	Filer ID	(Ethics Commission	Filers)		
	Sch: 3/10 Rpt: 6/13	Laubenbe	erg, Jodie A. (The Ho	onorable)				00051273				
4	Date	5 Payee nam	ne									
	04/10/2025	Fifth Ward	d Pregnancy Center									
6	Amount (\$)	7 Payee add	ress; City;	State; Zip (	Code							
	\$100.00	743 Shotv	vell									
		Houston,	TX 77020									
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description						
	OF EXPENDITURE		ons/Donations Made e/Officeholder/Politic			=		ide of Texas. Cor , officeholder livin	nplete Schedule T.			
		Candidate	e/Officerrolder/Politic	ai Committee		Contribution	1, 17	, omcendaer nvin	g expense			
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office so	ought			Office h	eld			
	Date	Payee nam	ne									
	05/09/2025	l ´	d Pregnancy Center									
	Amount (\$)	Payee add	ress; City;	State; Zip (	Code							
	\$100.00	743 Shotv	vell									
		Houston,	TX 77020									
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description						
	OF EXPENDITURE	Contributi	ons/Donations Made	е Ву		<b>=</b>			nplete Schedule T.			
		Candidate	e/Officeholder/Politic	al Committee		Contribution	1, IX	, officeholder livin	g expense			
						Continuation						
	Complete ONLY if direct	L Candidate/O	officeholder name	Office so	<u> </u>			Office h	eld			
	expenditure to benefit C/OI	Н			Ü							
	Date	Payee nam	ne									
	06/10/2025	1 1	d Pregnancy Center									
	Amount (\$)	Payee add	ress; City;	State; Zip (	Code							
	\$100.00	743 Shotv	vell									
		Houston,	TX 77020									
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description						
	OF EXPENDITURE	Contributi	ons/Donations Made	е Ву		Check if travel			nplete Schedule T.			
	LAI LINDITORE	Candidate	e/Officeholder/Politic	al Committee		Contribution	ı, TX	, officeholder livin	g expense			
						Continuution						
	Complete ONLY if direct	Candidate/∩	officeholder name	Office so	Juaht			Office h	eld			
	expenditure to benefit C/OI		conordor ridino	Office 30	Jugiit			Jilloc II	<b>∵.</b>			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	Vages	s/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	<u> </u>				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/10 Rpt: 7/13	Laubenberg	, Jodie A. (The Ho	onorable)				00051273		
4	Date	5 Payee name								
	01/05/2025	Grace Com	munity Church							
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
	\$800.00	1021 Camp	bell Rd							
		Houston, T	K 77055							
8	PURPOSE	(a) Category	ee Categories listed at the t	on of this schedule)	(b)	Description				_
	OF		ns/Donations Made		` ´	_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politic			Check if Austin,	, TX,	officeholder living	g expense	
						Contribution				
9	Complete ONLY if direct		ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	1								
	Date	Payee name								
	02/02/2025	Grace Com	munity Church							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$800.00	1021 Camp	bell Rd							
		Houston, T	K 77055							
_	PURPOSE		ee Categories listed at the t		(b)	Description				_
	OF		ns/Donations Made		(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politic	,		Check if Austin,	, TX,	officeholder living	gexpense	
						Contribution				
	Complete ONLY if direct		ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	1								
	Date	Payee name								_
	03/02/2025	Grace Com	munity Church							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$800.00	1021 Camp	bell Rd							
		Houston, TX	K 77055							
	PURPOSE	(a) Category	ee Categories listed at the t	on of this schedule)	(b)	Description				_
	OF		ns/Donations Made				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politic			_	, TX,	officeholder living	g expense	
						Contribution				
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ıght			Office h	eld	
	experience to benefit C/Or	•								

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

se Travel in D
se Travel Out

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: 5/10 Rpt: 8/13	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	04/06/2025	Grace Community Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	1021 Campbell Rd
		Houston, TX 77055
8	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 TV, officeholder living expense.
		Candidate/Officeholder/Political Committee Contribution
		Solid Bullott
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/04/2025	Grace Community Church
H	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/OI	
H	Date	Payee name
	06/01/2025	Grace Community Church
H	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
	LXI ENDITORE	Candidate/Officeholder/Political Committee
		Contribution
$\vdash$	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 - Event Expense Fees Food/Beverage Expense Git/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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/10 Rpt: 9/13 Laubenberg, Jodie A. (The Honorable) 00051273 4 Date Payee name 02/01/2025 Happy Doggo Rescue 6 Amount (\$) Payee address; City; State; Zip Code \$520.00 215 9th Street Ames, IA 50010 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/10/2025 Inthelitterbox Amount (\$) Payee address; City; State; Zip Code \$88.00 Jewel Jones Enterprises, Inc. P.O.Box 537 Hollywood, CA 90078 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Podcast Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/02/2025 Kairos Prison Ministries 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 Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### 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

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

	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: 7/10 Rpt: 10/13	Laubenberg, Jodie A. (The Honorable) 00051273	
4	Date	5 Payee name	
	05/20/2025	New Life Animal Rescue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$400.00	P.O. Box 428	
		Mt. Enterprise, TX 75681	
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	04/21/2025	One for Israel	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.00	2405 Mustang Dr	
	Ψ100.00	2400 Musicing Di	
		Grapevine, TX 76051	_
	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	
	Operation ONE Wife disease	On alidate (Office helder game)	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	05/20/2025	One for Israel	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.00	2405 Mustang Dr	
		Grapevine, TX 76051	
	DUDD005		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By 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/O		

#### 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

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

	Contributions/ Donations Made By 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:	
	Sch: 8/10 Rpt: 11/13	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
L	06/20/2025	One for Israel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2405 Mustang Dr
		Grapevine, TX 76051
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 Check if Austin, TX, officeholder living expense
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	<u> </u>
	Date	Payee name
	01/28/2025	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 TV officeholder living purposes
		Candidate/Officeholder/Political Committee
		Contribution
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>v</b>
-	Date	Payae name
	02/27/2025	Payee name Rescued Pets Movement
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.75	2317 W. 34th St.
L		Houston, TX 77018
	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.  Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
		Continuation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Contributing/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 12/13	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	03/28/2025	Rescued Pets Movement
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.75	2317 W. 34th St.
		Houston, TX 77018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/25/2025	Rescued Pets Movement
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.75	2317 W. 34th St.
	Ψ31.13	2017 W. 04til Ot.
		Houston, TX 77018
	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	05/28/2025	Rescued Pets Movement
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.75	2317 W. 34th St.
	·	
		Houston, TX 77018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	emorials Expense		pense ages/Co	ontract Labor this form.		Travel in District Travel Out of Dis OTHER (enter a		ed above)
1	Total pages Schedule F1: Sch: 10/10 Rpt: 13/13	2			(The Honorabl	e)			1	Filer ID 00051273	(Ethics Com	mission Filers)
	Date 06/26/2025	5	Payee name Rescued P	<b>:</b>		-,			1			
6	Amount (\$) \$51.75	7	Payee addre 2317 W. 34 Houston, T	Ith St.	; Sta	te; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Contributio	ns/Donatio	sted at the top of this s ns Made By er/Political Com			4		de of Texas. Com officeholder living		:
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder na	me	Office sou	ght			Office he	eld	