# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Con	nmission Filers)	2 Total pages	33
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Ms.	FIRST Laura		MI	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Richard		SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #:	CITY: STATE: TX. 77478	ZIP CODE		JAN 14 2022
Change of Address		· · ·				
CANDIDATE/ OFFICEHOLDER PHONE	(281 )	433-3363	EXTENSION	1	Date Hand-deliver	ed or Date Postmarked
CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs.	FIRST Doris		M1	Receipt #  Date Processed	Amount \$
NAME	NICKNAME	LAST Gurecky	· :	SUFFIX	Date Imaged	
Z CAMBAICH!	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	l	STATE;	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS	ĺ	eet Rosenberg TX	•		e, SIAIE;	ZIP CODE
(Residence or Business)					<u> </u>	
CAMPAIGN TREASURER PHONE	( 281 )	342-5926	EXTENSION	1	4. 1	
REPORT TYPE	January 15	30th day before e	election Runoff			after campaign appointment der Only)
	July 15	8th day before ek	- I	led Modified ing Limit		ort (Attach C/OH - FR)
O PERIOD COVERED	Month 7	Day Year / 1 / 21	THROUGH	Month 12	Day Ye	
11 ELECTION	ELECTION DA	TE	El	ECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11 / 8 /	✓ 22 General	Special			
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOL	JGHT (if known)		<del></del>
- 01110L		ounty Clerk	Fort Bend			
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL EX S MAY HAVE BEEN MADE WIT	PENDITURES MA	DE BY POLITICAL CO	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		-	
	1					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

	TI MANUE ILLI OITI		·	
15 C/OH NAME Laura Richard	· ·		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECTRICATION		\$	125.00
:	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	s) \$	14,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$	257.17
	4. TOTAL POLITICAL EXPEND	ITURES	\$	5,910.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY 5	18,843.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS G PERIOD	OF THE \$	68,000.00
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, t	that the accompanying report is tr	rue and correct	t and includes all information
	quired to be reported by me under Title 15, E			
	÷		1)	/
		Alua	PXX	ud I
<b></b> .	\(\frac{1}{2}\)	Signature of C	Candidate or C	Officeholder
		• Signature of C	Junicidate Of C	
			·	
	•	•		
	Please comp	lete either option belo	w:	
	•			
		•		
(1) Affidavit				
NOTARY SAMPRE	LINDA WILLIS stary Public, State of Texas gmm. Expires 12-19-2022	·		
THE OF THE	Notary ID 13005857-4 Defore me by	and this the	e <u>13<sup>H</sup></u> d	ay of January.
20 32 to certify	which, witness my hand and seal of office.	11,5	<i>1</i>	Letery
Signature of officer administr	ering oath Printed name of off	icer administering oath	Tit	e of officer administering oath
		OR .		
(2) Unsworn Declarati	ion		19	
My name is	·.	, and my date of birth	ie	
My address is	:	, and my date of bitti	~	·
my address is	(street)	(city)	(state) (zip	code) (country)
Executed :-	, , ,		(State) (ZIP	code) (country)
Executed in	County, State of	, on the day of (mon	nth)	20 (year)
		Signature of Cano	didate/Officehol	lder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethics Comm	mission Filers)
La	ura Richard	<i>:</i>
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 679.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 90,000.00
4.	■ SCHEDULE E: LOANS	\$ 68,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,050.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	· · · · · · · · · · · · · · · · · · ·
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	· \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,860.70
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	: · : <b>\$</b>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## SCHEDULE A1

The	Instruction Cuido avalaina haw t	a complete th	io form	1 Total pages Schedule A1:
The	Instruction Guide explains how t	10		
FILER NAME			·	3 Filer ID (Ethics Commission Filers)
Laura Rich	ard	;		
Date	5 Full name of contributor	out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
	Linebarger Gogan Blair &	Sampson	LLP	
7/15/2021	6 Contributor address;	City;	State; Zip Code	500.00
	P. O. Box 17428	Austin 7	TX 78760	000.00
Principal occu	pation / Job title (See Instructions)	::	9 Employer (See Instruction	ons)
ttomey	······································	<u> </u>	:	<u> </u>
Date	Full name of contributor	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
	ABHR			
7/15/2021			State; Zip Code	500.00
				300,00
	3200 SW Frwy Suite	2000 110	usion, 17. 11021	
	pation / Job title (See Instructions)		Employer (See Instruction	ons)
ttorney	· · · · · · · · · · · · · · · · · · ·		·	
Date	Full name of contributor	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
	Bob and Pat Hebert			
7/15/2021	Contributor address;	City;	State; Zip Code	250.00
•	1503 Foster Creek	• • •		200.00
	1303 TOSICI CICCI	· I (ICIIII)	ond 17. 77400	
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruction	ons)
eurea				
Date	Full name of contributor	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
	Cadence Bank			
07/15/2021	Contributor address;	City;	State; Zip Code	1,000.00
	4647 Sweetwater B			1,000.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instructi	ons)
	(See House and Assessed)			
			;	
	•	·		
	•			•
				•
			•	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

				<del> </del>		
The	Instruction Guide explains how	form.	1 Total pages Schedule A1:			
2 FILER NAME Laura Rich	ard			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Doris Gurecky	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
08/02/2021	6 Contributor address; 1820 Allen St. Ro	city: Disenbera	State; Zip Code . TX. 77471	200.00		
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	; (ID#:).	Amount of contribution (\$)		
08/02/2021	Penney Farris  Contributor address:	City;	State; Zip Code	100.00		
	220 Arbor St. Ba		TX. 77520	100.00		
Principal occup Retired	ation / Job title (See Instructions)	:	Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
07/06/2021	Phillip Andrews  Contributor address;	City;	State; Zip Code	250.00		
	1802 Madenhair S	Sugar Lar	nd, TX. 77479	_00.00		
Principal occup Construction	ation / Job title (See Instructions)  //anager		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
07/09/2021	Kathy Keene  Contributor address;	City;	State; Zip Code	250.00		
3906 Wood Park Sugar Land, TX. 77479						
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
Retired		· · · · · · · · · · · · · · · · · · ·				
	er.			· · · · · · · · · · · · · · · · · · ·		
•.				*** *		
•	•		*			
				. •		
	·.					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Laura Richa	ard	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
07/09/2021	6 Contributor address; City; State; 24106 Falcon Point Dr. Katy TX	200.00
8 Principal occu Sales	pation / Job title (See Instructions)  9 Emplo	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/11/2021	Contributor address; City; State;  35 Laurel Wreath Trail Sugar Land, TX	Zip Code X 77498 500.00
Principal occup Retired		oyer (See Instructions)
Date 07/13/2021	Full name of contributor out-of-state PAC (ID#:	Zip Code 77471 100.00
Principal occup		oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
07/11/2021		400.00 47471
Principal occup	pation / Job title (See Instructions) Emplo	oyer (See Instructions)
**: ***		
, . ,		
	ATTACH ADDITIONAL COPIES OF THIS S If contributor is out-of-state PAC, please see Instruction guid	

## SCHEDULE A1

	· · · · · · · · · · · · · · · · · · ·	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Laura Rich	ard	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Christopher Meyer	7 Amount of contribution (\$)
07/16/2021	6 Contributor address: City; State; 1418 Lake Pointe Pkwy Sugar Land T	zip Code X. 77478 250.00
8 Principal occu	pation / Job title (See Instructions)  9. Emple	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/16/2021	Contributor address; City; State; P. O. Box 1051 Rosenberg, TX	zip Code . 77471 250.00
Principal occur Case Manage	The state of the s	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/28/2021	Raleigh Bailes, Jr.  Contributor address; City; State;  1650 Highway 6, Suite 470 Sugar Land, 7	1,000.00
Principal occup Accountant	eation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/28/2021	Contributor address; City; State;	Zip Code 100.00
Birata I assure	1115 Honey Rose Ct. Richmond, TX	
Pilot	eation / Job title (See Instructions) Emplo	oyer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

### SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inc	clude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Laura Richa	ard		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Mike Rozell	(ID#:)	7 Amount of contribution (\$)
08/03/2021	6 Contributor address; City; 8518 Chipping Rock Dr. Sugar L	State; Zip Code Land TX. 77479	125.00
8 Principal occu Realtor	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date :	Full name of contributor out-of-state PAC  Bach Williams	(ID#:)	Amount of contribution (\$)
08/02/2021	Contributor address; City; 8505 Graceful Oak Katy	State: Zip Code , TX. 77494	125.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/02/2021	Mohammed Abdulhameed  Contributor address; City;  8718 Grasswren Richmon	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC  Cee Cee Parker	(ID#:)	Amount of contribution (\$)
08/02/2021	Contributor address; City; 4614 Thompson Chapel Rd. Sugar	State; Zip Code Land, TX. 77479	100.00
	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Attorney		· · · · · · · · · · · · · · · · · · ·	
	:: ::		
V		•	*.
4			e .
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NI	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	•		·
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME Laura Rich	ard		3 Filer ID (Ethics Commission Filers)
4 Date 08/03/2021	5 Full name of contributor out-of-state PAC (ID# James Stokes 6 Contributor address; City; S 1662 Creekside Sugar Land	State; Zip Code	Amount of contribution (\$)  25.00
8 Principal occu Attorney	pation / Job title (See Instructions) 9	Employer (See Instruction	ns)
Date 08/03/2021	Full name of contributor out-of-state PAC (ID# Eugenia Blomstrom  Contributor address; City; S 3106 River Fern Dr. Richmond	State; Zip Code	Amount of contribution (\$)  100.00
Principal occup Professor	ation / Job title (See Instructions)	Employer (See Instruction	ns) , "
Date 08/03/2021	Full name of contributor out-of-state PAC (ID# Steve Rogers  Contributor address; City; S  4525 Roesler Rd. Needville	itate; Zip Code	Amount of contribution (\$)  25.00
Principal occup Attorney	nation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 08/03/2021	Full name of contributor out-of-state PAC (ID# Greg Barnes  Contributor address; City; S 626 Saguro Way Richmond,	State; Zip Code	Amount of contribution (\$)  25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)
			· · · · · · · · · · · · · · · · · · ·
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDOLE AS NET	באבה

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## SCHEDULE A1

If the reques	ted information is not applicable,	DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Laura Richa	ard			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Tina Mitchie	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
08/03/2021	6 Contributor address: 9111 S. Fitzgerald Way	city;  Missouri	State: Zip Code City, TX. 77459	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/03/2021	Don & Christina McCall  Contributor address;  4838 Zachary Ln. S		State: Zip Code	100.00
Principal occup	eation / Job title (See Instructions)	:	Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/03/2021	Dominic Cashiola  Contributor address;  8406 Havens Glade C	city;	State; Zip Code	50.00
Principal occup Business Dev	pation / Job title (See Instructions) elopment		Employer (See Instruct	ions)
Date	Full name of contributor  Gary Pearson	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/03/2021	Contributor address;	City;	State; Zip Code	50.00
Principal occur	2350 Wescreek Ln	. Housto		ione)
Political Cons			Employer (See Instruct	ions)
				:.
	ATTACHADDITION	NAL COPIES	OF THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### SCHEDULE A1

The	Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1:
FILER NAME Laura Rich	•			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Mary Favre	out-of-state PA	C (ID#:	7 Amount of contribution (\$)
08/03/2021	6 Contributor address; 1110 Battery Ln. S		State; Zip Code nd, TX. 77478	1,000.00
Principal occu Retired	pation / Job title (See Instructions)	1	9 Employer (See Instruc	cions)
Date .	Full name of contributor  Michael Schiff	out-of-state PA	C (ID#:)	Amount of contribution (\$)
08/03/2021	Contributor address:  37 The Oval Sug	• .	State: Zip Code  1, TX. 77479	500.00
Principal occup	I pation / Job title (See Instructions) iSOF		Employer (See Instruct	ions)
Date	Full name of contributor  Jingling Clemence	out-of-state PA	C (ID#:	Amount of contribution (\$)
8/03/2021	1			
	Contributor address; 4127 Turtle Trails Ln		State; Zip Code and, TX. 77479	100.00
	· ·			
	4127 Turtle Trails Ln pation / Job title (See Instructions)  Full name of contributor	. Sugar L	and, TX. 77479	
Principal occup	4127 Turtle Trails Ln pation / Job title (See Instructions)  Full name of contributor  Sharon Leal  Contributor address;	out-of-state PA	Employer (See Instruct	Amount of contribution (\$)
Principal occup  Date  8/03/2021	4127 Turtle Trails Ln pation / Job title (See Instructions)  Full name of contributor Sharon Leal  Contributor address; 12015 Meadowdale	out-of-state PA	Employer (See Instruct  C (ID#:)  State; Zip Code  Ord, TX. 77477	Amount of contribution (\$)
Principal occup Date 08/03/2021	4127 Turtle Trails Ln pation / Job title (See Instructions)  Full name of contributor  Sharon Leal  Contributor address;	out-of-state PA	Employer (See Instruct	Amount of contribution (\$)
Principal occup Date 08/03/2021	4127 Turtle Trails Ln pation / Job title (See Instructions)  Full name of contributor Sharon Leal  Contributor address; 12015 Meadowdale	out-of-state PAI  City;  Dr. Staff	Employer (See Instruct  C (ID#:)  State; Zip Code  Ord, TX. 77477	Amount of contribution (\$)
Principal occup Date 08/03/2021	4127 Turtle Trails Ln pation / Job title (See Instructions)  Full name of contributor Sharon Leal  Contributor address; 12015 Meadowdale	out-of-state PAI  City;  Dr. Staff	Employer (See Instruct  C (ID#:)  State; Zip Code  Ord, TX. 77477	Amount of contribution (\$)
Principal occup Date 08/03/2021	4127 Turtle Trails Ln pation / Job title (See Instructions)  Full name of contributor Sharon Leal  Contributor address; 12015 Meadowdale	out-of-state PAI  City;  Dr. Staff	Employer (See Instruct  C (ID#:)  State; Zip Code  Ord, TX. 77477	Amount of contribution (\$)  25.00

SCHEDULE A1

	sed information is not applicable		· ·	
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Laura Rich	ard	:		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Elsa Malakoff	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
08/03/2021	6 Contributor address: 823 Sandpiper St	city: Jgar Lan	State; Zip Code d TX. 77478	100.00
8 Principal occu Video Produc	pation / Job title (See Instructions)	# 4	9 Employer (See Instruct	ions)
Date	Full name of contributor  E. B. Furman	out-of-state PA	C (ID#:)	Amount of contribution (\$)
08/03/2021	Contributor address; 2930 Oakland Su	gar Lan	State; Zip Code d, TX. 77478	100.00
Principal occur Accountant	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor  Judith Schmid	out-of-state PA	C (ID#:	Amount of contribution (\$)
08/03/2021	Contributor address; 502 Past Shadow Grov	city; e Ln. Rich	State; Zip Code mond, TX. 77406	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor  Tobin Englet	out-of-state PA	C (ID#:)	Amount of contribution (\$)
08/03/2021	Contributor address;	City;	State; Zip Code	100.00
	4534 Bermuda S	ugar Lar	nd IX. //4/9	
Principal occup	pation / Job title (See Instructions)	· ·	Employer (See Instruct	ions)
· .				
<u>:</u> ·	4	· · · · · · · · · · · · · · · · · · ·	:	
	ATTACH ADDITION If contributor is out-of-state PAC,		OF THIS SCHEDULE AS N	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

			<u> </u>	
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Laura Rich	ard			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor C. M. Scott	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
08/03/2021	6 Contributor address; 16931 Ascot Meadow	c <sub>ity;</sub> Dr. Sugar	State; Zip Code Land TX. 77479	100.00
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
10/01/2021	Mary Favre  Contributor address:  1110 Battery Ln. S	city: lugar Lai	State: Zip Code	4,000.00
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 10/19/2021	Full name of contributor  James Thompson	out-of-state PAC	; (ID#:) .	Amount of contribution (\$)
10/13/2021	Contributor address; 2333 Town Ctr. Blvd.	city: Sugar La	State; Zip Code and, TX. 77479	750.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/17/2021	Cheryl Stalinsky  Contributor address;	City;	State; Zip Code	100.00
	32410 Watersmee	t Fulshe	ar TX. 77441	
	eation / Job title (See Instructions)		Employer (See Instruct	ions)
Retired				
14. 14.	• • •			
· .	•			
÷.	ATTACHADDITIO	NAL COPIES	OF THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 1
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
Laura Ric	chard			• •
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00	
5 Date :	6 Full name of contributor	)	8 Amount of	9 In-kind contribution
· ·	Rhonda Mokerski		Contribution \$	description
10/14/2021	7 0 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		179.96	4 metal flags
<u> </u>	7 Contributor address; City; State;	Zip Code		
	16906 Fairview Glen Sugar Land, TX	. 77498	Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Promotion	nal Products			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fim	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			, i
	Full name of contributor	)		1
Date			Amount of Contribution \$	In-kind contribution description
	Kim Icenhower		500.00	Consulting
08/01/2021	Contributor address; City; State;	Zip Code	500.00	l
	3019 Arrowhead Sugar Land TX	77479	Check if travel outsi	l de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICE	AL)(See Instructions)
Consulta	ant	Icenhow	er Consulting	
Contributors	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law fim	n of contributor's spou	se (if any) (FOR JUDICIAL)
: •	<u> </u>			:
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ing the second s			<i>∴</i>
:				
				eg
4.				#
:			* *	•.
			• .	
	and the second s			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedu	ile B. 1
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
Laura Rick	hard	·.		
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor ut-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
	Laura Richard	· · · · · · · · · · · · · · · · · · ·	l civicage \$	description
01/10/2017	7 Pledgor address; City; St	ate; Zip Code	90,000.00	•
	427 Dockside Ct. Sugar Land,	TX. 77478	Check if travel outside	de of Texas. Complete Schedule
	upation / Job title (See Instructions)	11 Employer (See		
Fort Bend (	County Clerk	Fort Bend	County	
Date	Full name of pledgor ut-of-state PAC (ID#:_	<u> </u>	Amount I of Pledge \$	In-kind contribution description
	Pledgor address; City; Si	ate; Zip Code		
	Construction of the constr	,		
1876			Check if travel outside	ie of Texas. Complete Schedule
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	·
		<u> </u>		· .
Date	Full name of pledgor, out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
•	Pledgor address; City; St	ate; Zip Code	. i	; ;
	· .			
	·		Check if travel outsid	le of Texas. Complete Schedule
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:_		Amount of I	In-kind contribution description
•			/ · · · · ·	
·	Pledgor address; City; State	; Zip Code	1	∶.
			Check if travel outsin	le of Texas. Complete Schedule
Principal occu	pation / Job title (See Instructions)	Employer (See		e or rexas. Compete ochedule
Timopar occu	,			
	•			•
¥		• :		
		·:		

Revised 8/17/2020

# LOANS

# SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port.
The	instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Laura Richard		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$ 50
5 Date of loan	7 Name of lender  ut-of-state	PAC (ID#)	9 Loan Amount (5)
8/16/18	Laura Richard		\$2000
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution? Y N No	427 Dockside Ct. Sugar Land TX.	77478	11 Maturity date N/A
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
County Clerk		Fort Bend County	1.
14 Description of Coll	ateral	15 YES Check if personal fundaccount (See Instruct	ds were deposited into political lons)
16 GUARANTOR INFORMATION	17 Name of guarantor	•	19 Amount Guaranteed (\$)
N/A ☐ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lander	PAC (ID#)	Loan Amount (\$)
8/7 <i>/</i> 19	Laura Richard		\$1000
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate 0
Institution? Y N No	427 Dockside Ct. Sugar Land TX. 77	7478	Maturity date N/A
	on / Job title (See Instructions)	Employer (See Instructions) Fort Bend County	
County Cleri Description of Colle	ateral		ds were deposited into political
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION	•••••	5.	·.· ·
N/A	Guarantor address; City;	State; Zip Code	
not applicable	*.*	4,41	1.
Principal Occupati	on (See instructions)	Employer (See Instructions)	• .
If le	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NEI	

# LOANS

# SCHEDULE E

If the requester	d information is not applicable, DO NO	OT Include this page in the re	port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Laura Richard		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		<b>\$</b> 0
5 Date of loan 2/22/13	7 Name of lender	PAC (IDE)	9 Lean Amount (\$) \$2000
6 is lender a financial institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N No	427 Dockside Ct. Sugar Land TX. 77	7478	11 Maturity date N/A
12 Principal occupati	on / Job title (See instructions) Clerk	13 Employer (See Instructions) Fort Bend County	
14 Description of Col	ateral None	15 Check if personal fun account (See Instruct	ds were deposited into political lions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
N/A	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions) Fort Bend County	
Date of loan 9/30/13	Name of lender out-of-state	PAC (IDII)	Loan Amount (\$) \$3000
le lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate C
Y N No	427 Dockside Ct Sugar Land TX.	77478	Maturity date N/A
Principal occupation County (	on / Job title (See Instructions) Clerk	Employer (See Instructions) Fort Bend County	
Description of Coll	ateral	YES Check if personal fundaccount (See Instruct	ds were deposited into political lons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guarantoed (\$)
N/A	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)	
if ie	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE struction guide for additional re	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

#### LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Richard 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lander out-of-state PAC (ID#; Loan Amount (S) Laura Richard 8/07/14 \$ 2000.00 10 Interest rate ls lender Zip Code Lender address; City; State; a financial Institution? 427 Dockside Ct. Sugar Land TX. 77478 11 Maturity date Nο N/A 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) County Clark Fort Bend County 14 Description of Collateral 15 Check if personal funds were deposited into political YES account (See Instructions) none 17. Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION N/A 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#; 8/20/14 \$2000 Laura Richard Interest rate is lender Lender address; City; State: Zip Code a financial Institution? 427 Dockside Ct. Sugar Land TX. 77478 **Maturity date** N No Principal occupation / Job title (See Instructions) Employer (See Instructions) **Fort Bend County** County Clerk Description of Collateral Check if personal funds were deposited into political YES account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# LOANS

# SCHEDULE E

The I	nstruction Guide explains	how to com	plete this fo	rm.		1	Total pages Schedule E:
FILER NAME	aura Richard				·:	3	Filer ID (Ethics Commission Filer
TOTAL OF UN	TEMIZED LOANS	· .			v. V	\$	0
Date of loan 10/1/14	7 Name of lender Laura Richard	out-of-state	e PAC (IDII:		·.	9	Loan Amount (\$) \$20,000
ts lander a financial Institution?	8 Lender address; 427 Dockside Ct. Sug	City;	· · · · · · · · · · · · · · · · · · ·	State;	Zip Code		Interest rate O
Y N No	. 427 DUCKSIGO CC Sug	ar Land IX.			· · · · · · · · · · · · · · · · · · ·	11	Maturity date N/A
•	n / Job title (See Instructions) mty Clerk			yer (See Fort Bend	Instructions) County		
4 Description of Colla			15 YES		if personal fun t (See Instruc		ere deposited into political
GUARANTOR INFORMATION	17 Name of guarantor					19	Amount Guaranteed (\$)
N/A not applicable	18 Guarantor address;	City:		State;	Zip Code		
Principal Occupation	on (See Instructions)		21 Emplo	yer (See	Instructions)	<u> </u>	
Date of loan	Name of lender	out-of-stat	PAC (IDIR	====	)		Loan Amount (\$)
11/3/14	Laura Richard		• • • • • • • • • • • • • • • • • • • •				\$10,000
ts lender a financial Institution?	Lender address;	City;		State;	Zip Code		Interest rate 0
Y N No	427 Dockside Ct. Sug	ar Land TX. 7	7478		;		Maturity date N/A
•	n / Job title (See Instructions) mty Clerk		Emplo		instructions)		:
Description of Collection	eral	:."'	YES 🗆		f personal fun t (See Instruct		re deposited into political
GUARANTOR INFORMATION	Name of guarantor	: '					Amount Guaranteed (5)
N/A	Guarantor address;	City:	••••••	State;	Zip Code		
not applicable			<del></del>				
Principal Occupation	n (See Instructions)	**	Emplo	y <del>e</del> r (See	Instructions)		1. 13

#### LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule E: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Richard TOTAL OF UNITEMIZED LOANS Name of lender Date of loan Out-of-state PAC (ID#: Loan Amount (\$) Laura Richard 12/29/16 \$10,000 10 Interest rate Is lender 8 Lender address; State: Zip Code a financial Institution? 11 Maturity date 427 Dockside Ct. Sugar Land TX. 77478 13 Employer (See instructions) 12 Principal occupation / Job title (See Instructions) County Clerk Fort Bend County 14 Description of Collateral 15 Check if personal funds were deposited into political YES account (See Instructions) □ none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: Zip Code City: State: N/A not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of leader Out-of-state PAC (IDIC Laura Richard 9/13/17 \$1000 Interest rate Is lender Lender address; State: Zip Code a financial Institution? 427 Dockside Ct. Sugar Land TX. 77478 Maturity date N No Principal occupation / Job title (See Instructions) Employer (See Instructions) **Fort Bend County** County Clerk Description of Collateral Check if personal funds were deposited into political YES | account (See Instructions) None · none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION N/A Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal Occupation (See Instructions)

not applicable

# LOANS

## SCHEDULE E

	d information is not applica			
The	Instruction Guide explains	how to comp	lete this form.	1 Total pages Schedule E: Q
FILER NAME				3 Filer ID (Ethics Commission Filers
	Laura Richard			
TOTAL OF U	NITEMIZED LOANS			\$
TOTAL OF U	VITEWIZED LOANS	·:	:	• 0
Date of loan	7 Name of lender	Out-of-state	PAC (IDIE)	9 Loan Amount (\$)
12/4/17	Laura Richard		0.5 0.5	\$1000
is lender a financial	8 Lender address;	City;	State; Zip Code	10 Interest rate
Institution?				0
Y N No	427 Dockside Ct. Sug	ar Land TX. 7	7478	11 Maturity date
2 Principal occupati	on / Job title (See Instructions)		13 Employer (See Instructions)	-1
•	ly Clerk		Fort Bend County	
Description of Col	lateral		15 Chart If parsonal fur	nds were deposited into political
enon	None	144 144	YES account (See Instruc	
GUARANTOR	17 Name of guaranter		17.	19 Amount Guaranteed (\$)
INFORMATION			<u> </u>	1
N/A	18 Guarantor address;	City;	State; Zip Code	· · ·
not applicable	\$**	:		) A
Principal Occupa	tion (See Instructions)		21 Employer (See Instructions)	\
Date of loan	Name of lender	out-of-state	PAC (IDIt)	Loan Amount (\$)
7/26/18	Laura Richard			\$1000
ls lender	Lender address;	City;	State; Zip Code	Interest rate
a financial	· ·			0
Institution?	. 427 Dockside Ct. Su	ger Land TX. 1	77478	Maturity date
Y N No	<u> </u>			N/A
Principal occupati	on / Job title (See Instructions)	-	Employer (See Instructions)	::
C	County Clark	<i>:</i> .	Fort Bend County	÷
Description of Coll	ateral		— Check if personal fur	ds were deposited into political
none	Nane		YES account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
N/A	Guarantor address;	City;	State; Zip Code	
1217	Ganimika damassi	<del>олу,</del>	came, especial	
not applicable				
	on (See instructions)		Employer (See Instructions)	,

#### LOANS

#### SCHEDULE E

if the requester	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Laura Richard		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ o
5 Date of loan 2/17/20	7 Name of lender	PAC (IDF)	9 Loan Amount (\$) \$ 1000
6 is lender a financial institution?	8 Lender address; City; 427 Dockside Ct. Sugar Land TX. 77	State; Zip Code	10 Interest rate  0 11 Maturity date
Y N No			N/A
12 Principal occupation County C	on / Job title (See Instructions) Clerk	13 Employer (See instructions) Fort Bend County	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14 Description of Coll	lateral Yone	YES Check if personal functions account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
N/A	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
Date of loan 9/15/2020	Name of lender Out-of-state  Laura Richard	PAC (IDS:)	Loan Amount (\$) \$1000
is lender a financial Institution?	Lender address; City; 427 Dockside Ct. Sugar Land TX. 77	State; Zip Code 7478	Interest rate 0
Y N No			Maturity date N/A
Principal occupation County Cle	on / Job title (See Instructions) ark	Employer (See Instructions) Fort Bend County	
Description of Coll	ateral Ione	YES Check if personal functions account (See Instruction	ds were deposited into political lone)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
<b>N/A</b>	Guarantor address; City;	State; Zip Code	
not applicable	on (See Instructions)	Employer (See Instructions)	
* 11100-pmi - 2-20p	on the mentional	militaria (one included)	
if le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	

Forms provided by Texas Ethics Commission

#### LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Richard TOTAL OF UNITEMIZED LOANS Name of lender Date of loan Loan Amount (\$) Out-of-state PAC (ID# Laura Richard \$500 12/8/2020 10 Interest rate 6 is lender State; Zip Code a financial Institution? 427 Dockside Ct. Sugar Land TX. 77478 11 Maturity date N No N/A 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) County Clerk Fort Bend County 14 Description of Collateral 15. Check if personal funds were deposited into political YES 🗆 account (See Instructions) 🔲 попе 17 Name of guarantor 18 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION NA 18 Guarantor address; City; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) : Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (ID#\_ Interest rate is lender Lender address; City; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 🔲 GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION N/A ' Guarantor address; City; State; Zip Code not applicable Employer (See Instructions) Principal Occupation (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# LOANS SCHEDULE E

The	Instruction Guide expla	has how to comp	plete this form.	1 Total pages Schedule E: 9
FILER NAME	·			3 Filer ID (Ethics Commission Filer
Laura Richard	d :	ř		
TOTAL OF UN	ITEMIZED LOANS			\$
Date of loan	7 Name of lender	out-of-state	PAC (ID#:	) 9 Loan Amount (\$)
04/19/2021	Laura Richard	• •:* •:•		500.00
Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	o 10 Interest rate 0.00
J y ■ N	427 Dockside Ct.	Sugar Land	1X. //4/8 <sub>/</sub>	11 Maturity date
2 Principal occupation	on / Job title (See Instruct	ions)	13 Employer (See Instruction	ns)
County Clerk			Fort Bend County	
4 Description of Call	ateraj :		15 Check if persona account (See Inc	ul funds were deposited into political structions)
6 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
A.	18 Guarantor address;	City;	State; Zip Code	e
not applicable	,	•		
9 Principal Occupat	ion (See Instructions)		21 Employer (See Instruction	na)
Date of loan	Name of lender	out-of-state	PAC (ID#L	) Loan Amount (\$)
06/29/2021	Laura Richard			10,000.00
ls lender	Lender address;	City;	State; Zip Cod	e Interest rate
a financial Institution?	427 Dockside Ct.	Sugar Land	TX. 77478	0.00
] ү 🔳 и		·	174,77410	Maturity date
Principal occupation County Clerk	on / Job title (See Instruct	lons)	Employer (See Instruction Fort Bend County	;
Description of Colle	ateral	······································	<del></del>	I funds were deposited into political
■ none		•	account (See Ins	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	••••
E not applicable		· · · · · · · · · · · · · · · · · · ·		
Principal Occupation	on (See Instructions)		Employer (See Instruction	20)
- imopui Occupant	on (See Instructions)		Embloder (aga mangenar	ioj
			<u> </u>	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

		•		
1 Total pages Schedule F1:	2 FILER NAME Laura Richard		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name		<del> </del>	
09/06/2021	Michael Scott			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
100.00	8511 Mullins Houston, TX 77096	:		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Advertising	Graphics		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	n evnense
		·	., .,,	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H Laura Richard	Office sought Fort Bend County	Clerk Fort	Office held BendCounty Clerk
Date	Payee name		<i>*</i>	
10/01/2021	Icenhower Consulting			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	3019 Arrowhead Sugar Land TX. 774	<b>179</b>	: :	
	Category (See Categories listed at the top of this schedule)	Description		,
PURPOSE OF	Consulting			
EXPENDITURE	·	L		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	•	Office held
expenditure to benefit C/Ol	Laura Richard	Fort Bend County	Clerk Fort	Bend County Clerk
Date	Payee name			
10/11/2021	Fort Bend Education Foundation			
Amount (\$)	Payee address;	City;	State;	Zip Code
200.00	P. O. Box 1004 Sugar Land TX. 7748	37		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution/Donation	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	٠.	The Instruction Guide explains how to o	complete this form.	
1 Total pages Sched	dule F1:	2 FILER NAME	:	3 Filer ID (Ethics Commission Filers)
	•	Laura Richard		
Date	17/	5 Payee name		:
11/03/2021		Fort Bend County Republican Party		
Amount (\$)	7::	7 Payee address;	City;	State; Zip Code
4 250 0	Λ.	P. O. Box 461 Sugar Land TX. 77487	7	A.
1,250.0	U	P. O. Box 401 Sugai Land 17. 7740		
<u> </u>		(a) Category (See Categories listed at the top of this schedule)	(b) Description	
•		- 37		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF		Fee	Filing Fee	·
EXPENDITUR	E			
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if	direct	Candidate / Officeholder name	Office sought	Office held
expenditure to ben		H Laura Richard	Fort Bend Count	y Clerk Fort Bend County Clerk
Date		Payee name		:
			. * •	<i>₩</i> .
		<u>''</u>		
Amount (\$)		Payee address;	City;	State; Zip Code
			:	
		i.	: •	•
		Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		'.		
OF EXPENDITUR	E			
		Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if	direct	Candidate / Officeholder name	Office sought	Office held
expenditure to ben		н	•	
		·		
Date		Payee name		
				·:
Amount (\$)	** /	Payee address;	City;	State; Zip Code
		>:	4". .4"	•
				*.*
		Category (See Categories listed at the top of this schedule)	Description	
BUBBOSE		Category (See Categories issue at the top of this scriedule)	Description	
PURPOSE OF	1.	.:	· ·	
EXPENDITUR	E		1.1	
		Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if expenditure to ben		Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expens Travel in District Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer. ID (Ethics Commission Filers) Laura Richard 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 257.17 5 Date 6 Payee name **Branding Matters** 07/07/2021 7 Amount (\$) 8 Payee address; City; State; Zip Code 8034 Hwy 90 A Sugar Land TX. 77478 232.74 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Shirts OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Laura Richard Fort Bend County Clerk Fort Bend County Clerk Date Fort Bend History Association Online 07/15/2021 Amount (\$) Payee address; City; State; Zip Code 75.00 TYPE OF Non-Political **Political EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Contribution/Donation **PURPOSE** EXPENDITURE Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE **F4** 

	•.	EVDENE	NTUDE CA	TECODIES E	DB BOY 40(a)		•
	•		JII UKE CA	TEGORIES FO			
Advertising Expense Accounting/Banking		Event Expense Fees	<i>-</i>	Office Overt	ment/Reimbursement nead/Rental Expense		aising Expense uipment & Related Expense
Consulting Expense Contributions/Donations Made B		Food/Beverage Gift/Awards/Me			ense	Travel In District Travel Out Of Dis	
Candidate/Officeholder/Politica	i Committee	Legal Services	vice Cuide ex		ges/Contract Labor	Other (enter a cat	egory not listed above)
4		<del></del>	tion Guide ex	plains now to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER I				· · · · ·	3 Filer ID (Ethic	s Commission Filers)
	<u> </u>						
4 TOTAL OF UNITEM	IZED EXP	ENDITURE	SCHARG	ED TOACK	EDIT CARD	<b> \$ 257.1</b>	<b>7</b> 5
5 Date	6 Payee	name	* * *		::	1	<del></del>
07/20/2021	Pamela	Printing				٠.	• · · ·
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
070 40	-	•	e Cuant	Lond TV 7			
373.46	550 Julie	s Kiveis D	n. Suyar	Land TX. 7	1410		
9 TVDE OF			· · · · · · · · · · · · · · · · · · ·		***		
TYPE OF EXPENDITURE	. I	Political	e.	Non-Pol	itical		7. S.
40	(a) Catagon	u (Can Catanadan	fietad atítha tan	of this pahadula)	(b) Description		
10		y (See Categories	listed at the top	or this schedule)	(b) Description		
PURPOSE OF	Adverti	sing			Stickers		
EXPENDITURE							· · ·
<u> </u>	(c)	Check if travel outs	side of Texas, Con	nplete Schedule T.	Check if A	istin, TX, officeholder li	ving expense
11	Can	didate / Office	holder name	e Of	fice sought	Office	e held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Laura	a Richa	ard	For	Bend County	Clark Fort F	Bend County Clerk
	Laure	1 110116		1 01	- Dend County	SIEIR TOILL	
Date	Payee	name			<del></del>		
07/21/2021		i i di i i c		,			
0112112021	Chris Gi			,			
Amount (\$)				,	City;	State;	Zip Code
Amount (\$)	Payee	llett address;	Houston	TY 77027	City;	State;	Zip Code
	Payee	llett address;	Houstor	n TX 77027	City;	State;	Zip Code
Amount (\$) 400.00	Payee	llett address;	Houstor	n TX 77027	•	State;	Zip Code
Amount (\$)	Payee 3200 W	llett address;	Houstor	n TX 77027	54	State;	Zip Code
Amount (\$) 400.00	9ayee .3200 W	llett address; . Freeway Political		Non-Po	itical	State;	Zip Code
Amount (\$) 400.00  TYPE OF EXPENDITURE	Payee .3200 W	llett address; . Freeway Political y (See Categories		Non-Po	itical  Description	State;	Zip Code
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE OF	9ayee .3200 W	llett address; . Freeway Political y (See Categories		Non-Po	itical	State;	Zip Code
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE	Payee .3200 W	llett address; . Freeway Political y (See Categories		Non-Po	itical  Description	State;	Zip Code
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE OF	Payee .3200 W	llett address; . Freeway Political y (See Categories	ilisted at the top	Non-Pol	Description Headshot	State;	
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE	Payee .3200 W  Categor  Advertis	llett address; . Freeway Political y (See Categories	ilisted at the top	Non-Pol of this schedule)	Description Headshot	ustin, TX, officeholder i	
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE OF	Payee 3200 W  Categor  Advertis	llett address; . Freeway Political y (See Categories Sing Check if travel out	s listed at the top side of Texas. Cor holder name	Non-Pol of this schedule)  Inplete Schedule T.	Description Headshot  Check if A	ustin, TX, officeholder I	iving expense
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee 3200 W  Categor  Advertis	llett address; . Freeway Political y (See Categories Sing Check if travel out	s listed at the top side of Texas. Cor holder name	Non-Pol of this schedule)  Inplete Schedule T.	Description Headshot  Check if A	ustin, TX, officeholder I	iving expense
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee 3200 W  Categor  Advertis	llett address; . Freeway Political y (See Categories Sing Check if travel out	s listed at the top side of Texas. Cor holder name	Non-Pol of this schedule)  Inplete Schedule T.	Description Headshot  Check if A	ustin, TX, officeholder I	iving expense
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee 3200 W  Categor  Advertis	llett address; . Freeway Political y (See Categories Sing Check if travel out	s listed at the top side of Texas. Cor holder name	Non-Pol of this schedule)  Inplete Schedule T.	Description Headshot  Check if A	ustin, TX, officeholder I	iving expense
Amount (\$) 400.00  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee 3200 W  Categor  Advertis	llett address; . Freeway Political y (See Categories Sing Check if travel out	s listed at the top side of Texas. Cor holder name	Non-Pol of this schedule)  Inplete Schedule T.	Description Headshot  Check if A	ustin, TX, officeholder I	iving expense

### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense P y Gift/Awards/Memorials Expense P	olling Expense rinting Expense alanes/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4;	2 FILER NAME Laura Richard		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	ACREDITCARD	\$ 257.17			
5 Date 08/02/2021	6 Payee name Fort Bend Buyers Group					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
100.00						
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of this sche	dule) (b) Description				
PURPOSE OF EXPENDITURE	Contribution/Donation		A A			
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
08/03/2021	Fort Bend Junior Service League	<b>e</b> .	·			
Amount (\$)	Payee address;	City;	State; Zip Code			
520.00 17424 W. Grand Parkway POB #209 Sugar Land TX. 77479						
TYPE OF EXPENDITURE	Political	Non-Political	· .			
	Category (See Categories listed at the top of this school	edule) Description				
PURPOSE	Contribution/Donation	":				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Sche	dule T. Check if A	ustin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought	Office held			
		<u>.</u>				
· v						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE F4

· · · · · · · · · · · · · · · · · · ·	EXPENDITURE C	ATEGORIES	FOR BOX 10(a)	:	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office C Polling nse Printing Salarie	epayment/Reimbursement overhead/Rental Expense Expense (Expense s/Wages/Contract Labor o complete this form.	Transportatio Travel In Dist Travel Out O	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (	Ethics Commission Filers)
. Total pages concusto ( 4.	Laura Richard				tines commission ( iicis)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHAR	GEDTOAG	CREDIT CARD	\$ 257	.17
5 Date	6 Payee name	::		:.	S
08/03/2021	Pacific Coast Tacos	. •		· :.	
7 Amount (\$)	8 Payee address;		City;	Sta	te, Zip Code
251.68	1525 Lake Pointe Pkway	Sugar Lar	nd TX. 77478	· :	
9 TYPE OF EXPENDITURE	Political	Non	-Political		
10	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description	4.	
PURPOSE	Event Expense		Food/Bevera	ge	6.7
OF EXPENDITURE		:•		<u>.</u>	
:	(C) Check if travel outside of Texas. Co	omplete Schedule T,	Check if Ai	ıstin, TX, officehole	der living expense
11	Candidate / Officeholder nan		Office sought		office held
Complete ONLY if direct expenditure to benefit C/OH	Laura Richard		Fort Bend County		rt Bend County Clerk
Date	Payee name				
09/14/2021	Constant Contact			•	
Amount (\$)	Payee address;		City;	Sta	te; Zip Code
365.54					
TYPE OF EXPENDITURE	Political				
EXI ENDITORE	1_1, Follicai	Non	-Political	•	•
	Category (See Categories listed at the to			·	
	Category (See Categories listed at the to		<del></del>		
PURPOSE OF			<del></del>		
PURPOSE	Category (See Categories listed at the to	op of this schedule)	Description		
PURPOSE OF	Category (See Categories listed at the to Advertising  Check if travel outside of Texas. C	op of this schedule)	Description	ustin, TX, officehol	der living expense
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	op of this schedule)	Description	• • •	der living expense
PURPOSE OF	Category (See Categories listed at the to Advertising  Check if travel outside of Texas. C	op of this schedule) complete Schedule T	Description  Check if A	0	
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See Categories listed at the to Advertising  Check if travel outside of Texas. C  Candidate / Officeholder nan	op of this schedule) complete Schedule T	Description  Check if Air	0	office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See Categories listed at the to Advertising  Check if travel outside of Texas. C  Candidate / Officeholder nan	op of this schedule) complete Schedule T	Description  Check if Air	0	office held

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)	
, ioidi pagoo conceano i ii	Laura Richard		c i nei is (enne commission i neis)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 257.17	
5. Date	6 Payee name	: :		
09/22/2021	Pamela Printing			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
292.28	550 Julie Rivers Dr. Sugar Lar	nd TX. 77478		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising			
	(C) Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	n, TX, officeholder living expense	
11	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH	Laura Richard	Fort Bend County C		
Date	Payee name			
10/01/2021	Icenhower Consulting			
Amount (\$)	Payee address;	City;	State; Zip Code	
500.00	3019 Arrowhead Sugar Land	TX. 77479	*	
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE	Consulting			
OF EXPENDITURE				
7.	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense	
4.	Candidate / Officeholder name	Office sought	Office held	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Laura Richard	Fort Bend County Cl	erk Fort Bend County Clerk	
		• :		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# EXPENDITURES MADE BY CREDIT CARD If the requested information is not applicable, DO NOT include this page in the repo

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.								
		EXPENDITURE	CATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services		Loan Repay Office Over Polling Exp Printing Exp	ment/Reimbursement head/Rental Expense ense	Transportation Travel In Dist Travel Out Of		
		The Instruction Guid	le explain	s how to co	omplete this form.			
1 Total pages Schedule F4:	2 FILER Laura Ric					3 Filer ID (E	Ethics Commission	Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHA	RGED	TOACR	EDIT CARD	\$ 257	.17	
5 Date	6 Payee	name				:		- 3
12/06/2021	Fort Be	nd Independent					•	
7 Amount (\$)	8 Payee	address;			City;	Sta	te; Zip Cod	е
150.00		Corporate Drive and Texas, 77477	# 282					
9 TYPE OF EXPENDITURE		Political		Non-Po	litical	· · · · · · · · · · · · · · · · · · ·		*,t .
10	(a) Categor	y (See Categories listed at the	e top of this s	schedule)	(b) Description			
PURPOSE OF	Advert	ising						
EXPENDITURE	(c)	Check if travel outside of Texas	s. Complete S	ichedule T.	Check if A	ustin, TX, officehold	der living expense	
Complete ONLY if direct expenditure to benefit C/OH		a Richard	name		ffice sought t Bend County		ffice held rt Bend County	Clerk
Date	Payee	name						
12/28/2021	Homest	ead.com						
Amount (\$)	Payee	address;			City;	Sta	te; Zip Cod	e
131.94						:		
TYPE OF EXPENDITURE	▣	Political		Non-Po	litical			
	Catego	ry (See Categories listed at th	e top of this	schedule)	Description			· ·
PURPOSE	Websit	e ·		٠.				
OF EXPENDITURE		: '						
		Check if travel outside of Texa	s. Complete S	Schedule T.	Check if A	ustin, TX; officehol	der living expense	
	Car	ndidate / Officeholder n	iame ,	O	ffice sought	0	ffice held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Laur	a Richard		Fort	Bend County	Clerk For	t Bend County	Clerk
		:						:
	ATTA	CH ADDITIONAL CO	PIES O	F THIS S	CHEDULE AS NE	EDED		

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

• •						
	EXPENDITURE CATEO	GORIES FOR BOX 10(a)	.:			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)			
:	The Instruction Guide explain	is how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME Laura Richard		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 257.17			
5 Date	6 Payee name					
07/31/2021	Anedot					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
116.40	1340 Poydras St. New Orle	eans, LA 70112				
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE OF EXPENDITURE	Fees	Credit Card F	ees			
	(C) Check if travel outside of Texas, Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense			
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Jaura Richard Fort Rend County Clerk Fort Rend County						
	Laura Richard	Fort Bend County (	Clerk Fort Bend County Clerk			
Date	Payee name		:			
08/31/2021	Anedot		·			
Amount (\$)	Payee address; City; State; Zip Code					
131.94	1340 Poydras St. New Orlean	s, LA 70112	•			
TYPE OF EXPENDITURE	Political	Non-Political				
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE	Fees	Credit Card F	- Fees			
OF		Orodit Odra i				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Candidate / Officeholder name	Office held				
Complete ONLY if direct expenditure to benefit C/OH	Laura Richard	Office sought Fort Bend County C				
			4			
<b>.</b>						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED