# 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 Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFIC	EUSEONLY
NAME	NICKNAME	Laura LAST Richard	SUFFIX	Date Received	JUL 15 2022 R
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 427 Dockside	: APT / SUITE #; C Ct. Sugar Land TX. 7747	SITY; STATE; ZIP CODE		
Change of Address			-		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 281 )	PHONE NUMBER	EXTENSION	Date Hand-delive	red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Gurecky	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / SU 420 3rd Street Rosenberg		STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 281 )	PHONE NUMBER 342-5926	EXTENSION		
9 REPORT TYPE	January 15	30th day before el	ection Runoff	treasurer	after campaign appointment Ider Only)
	X July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Re	port (Attach C/OH - FR)
10 PERIOD COVERED	Month 01,	Day Year 01 / 2022	Month THROUGH 06		9ar 022
11 ELECTION	ELECTION DA Month Day 11 / 08 /	Year Primary	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) Fort Bend C		13 OFFICE SOUGHT (if known Fort Bend County		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTION	E OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CANU LED TO REPORT THIS INFORMATION ONLY IF T	ADE BY POLITICAL C	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
	1	GO TO I	PAGE 2		

Forms provided by Texas Ethics Commission

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	aura Richard	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$80.99
	4. TOTAL POLITICAL EXPENDITURES	\$ \$3608.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	DAY \$ \$16,190.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	<sup>HE</sup> \$ \$68,000
(1) Affidavit NOTARY STAMP/SEA	Please complete either option below:	idate or Officeholder
Sworn to and subscribed		day of,
, to certify	which, witness my hand and seal of office.	a day a day
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration My name is My address is Executed in Fort Bl	on <u>Ca Richard</u> , and my date of birth is <u>Dockside CF.</u> , <u>Succe and</u> , <u>TX</u> (street) <u>nd</u> county, State of <u>TCKAS</u> , on the <u>15</u> day of <del>JUN</del> (month)	$\begin{array}{c} 6 & 6 & 19 & 62 \\ \hline 6 & 7 & 7 & 48 \\ \hline e & (zip code) & (country) \\ \hline 7 & 7 & 7 \\ \hline 7$
	Signature of Candidate	2/Officeholder (Declarant)

Forms provided by Texas Ethics Commission

Revised 8/17/2020

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommiss	ion Filers)
	Laura Richard		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	\$500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	\$80,000
4.	SCHEDULE E: LOANS	\$	68,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	\$3188.68
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	\$338.37
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
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	\$	

## MONETARY POLITICAL CONTRIBUTIONS

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 form.	1 Total pages Schedule A1: 1
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
-		aura Richard	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of contribution (\$)
		Linebarger Goggan Blair Sampson LLP	
	06/23/2022		
	06/23/2022	6 Contributor address; City; State; Zip Code	500.00
		P. O. Box 17428 Austin TX 78760	
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)
	Attr	omey	
	7.00		
	Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal acourt	action ( Joh title (See Instructione) Employer (See In	ustructions)
	Principal occu	bation / Job title (See Instructions) Employer (See In	
	Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occu	pation / Job title (See Instructions) Employer (See In	structions)
-			T
	Date	Full name of contributor	Amount of contribution (C)
		Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
-			
	Principal occu	pation / Job title (See Instructions) Employer (See In	istructions)
			ASNEEDED
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	
		If contributor is out-of-state PAC, please see Instruction guide for additi	onai reporting requirements.

Forms provided by Texas Ethics Commission

## PLEDGED CONTRIBUTIONS

### SCHEDULE B

The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	lule B:
2 FILER NAME Laura Richard		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor Dut-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
01/10/2017	7 Pledgor address; City; Sta 427 Dockside Ct. Sugar Land TX 77478	ate; Zip Code	\$80,000	      . ide of Texas. Complete Schedule T.
10 Principal occu	ipation / Job title (See Instructions) Fort Bend County Clerk	11 Employer (See Fort Bend C		
Date	Full name of pledgor 🔲 out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outs	I. ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor 🗍 out-of-state PAC (ID#: Pledgor address; City; Sta	ate; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occu	pation / Job title (See Instructions)	Employer (See		l ide of Texas. Complete Schedule T.
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	; Zip Code		
			Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occup	bation / Job title (See Instructions)	Employer (See	Instructions)	
lf	ATTACH ADDITIONAL COPIES			requirements.

#### SCHEDULE E

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: 9	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	ITEMIZED LOANS		\$ 50	
5 Date of loan 8/16/18	7 Name of lender Dut-of-state F	PAC (ID#)	9 Loan Amount (5) \$2000	
6 Is lender a financial Institution? Y N No	8 Lender address; City; 427 Dockside Ct. Sugar Land TX.	State; Zip Code 77478	10 Interest rate 0 11 Maturiky date N/A	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
County Cler		Fort Bend County		
14 Description of Col		15	ds were deposited into political tions)	
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)		
Date of loan 8/7/19	Name of lender Out-of-state	PAC (ID#)	Loan Amount (\$) \$1000	
ls lender a financial Institution?	Lender address; City; 427 Dockside Ct. Sugar Land TX, 774	State; Žip Code	Interest rate 0	
Y N No			Maturity date N/A	
Principal accurate	on / Job title (See Instructions)	Employer (See Instructions)		
County Cle		Fort Bend County		
Description of Col	lateral	Check If personal fun YED account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor	<u>1</u>	Amount Guaranteed (\$)	
N/A	Guarantor address; City;	State; Zip Code		
	ion (See Instructions)	Employer (See Instructions)	<u> </u>	
If I	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see in:	IES OF THIS SCHEDULE AS NEI struction guide for additional re		

LOANS			SCHEDULE E	
If the requeste	d 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: 9	
2 FILER NAME	Laura Richard		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF U	NITEMIZED LOANS		\$ o	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#;)	9 Loan Amount (\$)	
2/22/13	Laura Richard		\$2000	
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate	
Institution?	427 Dockside Ct. Sugar Land TX. 77	478	11 Maturity date	
NO		12 Employee (Bas Instructions)	N/A	
County	on / Job title (See Instructions) Clerk	13 Employer (See Instructions) Fort Bend County		
14 Description of Col	lateral	15 Check if personal fun	ls were deposited into political	
	None	YES account (See Instruct		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
N/A	18 Guarantor address; City;	State; Zip Code		
not applicable				
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 (D#)	Loan Amount (\$) \$3000	
ls lander a financial	Lender address; City;	State; Zip Code	Interest rate O	
Institution?	427 Dockside Ct. Sugar Land TX. 7	7478	Meturity date	
Y N No			N/A	
Principal occupation	on / Jab title (See Instructions) Clerk	Employer (See Instructions) Fort Bend County		
Description of Col	ateral	Check if personal func	is were deposited into political	
	tone	YES account (See Instruct		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
N/A	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				
IT IS	annar is ont-ot-stare LWA' histors 266 IUS	Autorion Same in additional le	Porting requirements.	

# SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the rep	port.
The I	nstruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 9
2 FILER NAME	Laura Richard		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$ o
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
8/07/14	Laura Richard		\$ 2000.00
6 is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0
Institution?	427 Dockside Ct. Sugar Land TX.	77478	11 Maturity date
Y N No			N/A
	on / Job title (See Instructions) unty Clerk	13 Employer (See Instructions) Fort Bend County	
14 Description of Colle	nteral Dice	15 YES Check if personal fund account (See Instruct	ds were deposited into political lions)
16 GUARANTOR INFORMATION	17 Name of guarantor	2	19 Amount Guaranteed (\$)
N/A	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (10#:)	Loan Amount (\$)
8/20/14	Laura Richard		\$2000
is lender a financial Institution?	Lender address; City;	State; Zip Code	interest rate 0
Y N No	427 Dockside Ct. Sugar Land TX. 7	7478	Maturity date N/A
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Coun	ty Clerk	Fort Bend County	
Description of Colle	atoral	- Check if personal fun	ds were deposited into political
	None	YES account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
NA	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
if le	ATTACH ADDITIONAL COP Inder is out-of-state PAC, please see in:	IES OF THIS SCHEDULE AS NEI struction guide for additional re	

#### SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: Q		
		3 Filer ID (Ethics Commission Filers)			
	2 FILER NAME 3 Laura Richard				
4 TOTAL OF UN	ITEMIZED LOANS		\$ 0		
5 Date of loan 10/1/14	Laura Richard	PAĊ (ID#:)	9 Loan Amount (\$) \$20,000		
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			NKA		
	on / Job title (See Instructions) unty Clerk	13 Employer (See Instructions) Fort Bend County			
14 Description of Coll	ateral one	15 Check if personal function YES account (See Instruct	ds were deposited into polítical ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
N/A	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender Out-of-state 1	PAC (IDII:)	Loan Amount (\$)		
11/3/14	Laura Richard		\$10,000		
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate 0		
	427 Dockside Ct. Sugar Land TX. 77	478	Maturity date		
Y N No		10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	N/A		
Principal, occupatio	on / Job title (See Instructions)	Employer (See Instructions)			
Ca	unty Clerk	Fort Bend County			
Description of Coll		YES Check if personal fund account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	None Name of guarantor	L	Amount Guaranteed (\$)		
N/A	Guarantor address; City;	State; Zip Code			
not applicable					
	Principal Occupation (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

#### SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: Q	
2 FILER NAME	Laura Richard		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED LOANS		\$ <sub>0</sub>	
5 Date of loan	7 Name of lender out-of-state F	PAC: (1D#:)	9 Loan Amount (\$)	
12/29/16	Laura Richard		\$10,000	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0	
Y N No	427 Dockside Ct. Sugar Land TX. 7	77478	11 Maturity date N/A	
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)		
County		Fort Bend County		
14 Description of Coll		15 Check if personal fun YES 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				
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan			Loan Amount (\$)	
9/13/17	Name of lender 🛛 out-of-state	PAC (IDIK)	\$1000	
			Interest rate	
is lender a financial	Lender address; City;	State; Zip Code	0	
Institution?	427 Dockside Ct. Sugar Land TX. 77	478	Maturity date	
Y N NO			N/A	
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)		
County C		Fort Bend County		
Description of Coll	ateral		ds were deposited into political	
	None	account (See Instruc		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
N/A	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COP ander is out-of-state PAC, please see in:	IES OF THIS SCHEDULE AS NE struction guide for additional re		

#### SCHEDULE E

1 Total pages Schedule E: The instruction Guide explains how to complete this form. 4 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura Richard 4 TOTAL OF UNITEMIZED LOANS S 0 5 Date of loan 7 Name of lender 9 Loan Amount (\$) Out-of-state PAC (DE 1 Laura Richard \$1000 12/4/17 10 Interest rate 6 is lender 8 Lender address: City; State: Zip Code a financial 0 Institution? 11 Maturity date 427 Dockside Ct. Sugar Land TX. 77478 Y N No N/A 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Fort Bend County County Clerk 14 Description of Collateral 15 Check if personal funds were deposited into political YES None account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION N/A 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (S) Data of loan Name of lender Out-of-state PAC (D# ) Laura Richard 7/26/18 \$1000 Interest rate State; Zip Code Is lender Lender address; City; 0 a financial Institution? 427 Dockside Ct. Sugar Land TX. 77478 Maturity date Y N No N/A Principal occupation / Job title (See Instructions) Employer (See Instructions) **County Clerk** Fort Bend County **Description of Collateral** Check if personal funds were deposited into political account (See Instructions) YES U none None Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION N/A City; State; Zip Code Guarantor address: not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. Revised 8/17/2020 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

#### SCHEDULE E

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: 9
2 FILER NAME Laura Richar	rd			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOAN	S			\$ o
5 Date of Ioan 7 Name of lender 2/17/20 Laura Richard	🗌 out-of-étate F		)	<ul> <li>Doan Amount (\$)</li> <li>\$ 1000</li> </ul>
6 is lender 8 Lender address; a financial institution?	City; City;	State;	Zip Code	10 Interest rate 0 11 Maturity date
Y N NO				N/A
12 Principal occupation / Job title (See Instr County Clerk	uctions)	13 Employer (See ) Fort Bend Co		
	······································	15		
14 Description of Collateral		Check it	personal fundations (See Instruction	s were deposited into political ms)
16 GUARANTOR 17 Name of guaranton INFORMATION				19 Amount Guaranteed (\$)
N/A 18 Guarantor addres	is; City;	State;	Zip Code	
not applicable				
20 Principal Occupation (See Instructions)		21 Employer (See	instructions)	
Date of Ioan Name of lender 9/15/2020 Laura Richard	-	PAC (IDIK	}	Loan Amount (\$) \$1000
Is lender Lender address; a financial Institution? 427 Dockside (	City; Ct. Sugar Land TX. 77	State; 478	Zip Code	Interest rate O
Y N No	Land IX. IT			Maturity date N/A
Principal occupation / Job title (See Instru County Clerk	ictions)	Employer (See ) Fort Bend Co		
Description of Collateral	and designed and the second	_ Check #	normal fund	s were deposited into political
none None			(See Instruction	
GUARANTOR Name of guarantor INFORMATION				Amount Guaranteed (\$)
N/A Guarantor addres	s; City;	State;	Zip Code	
not applicable				
Principal Occupation (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

### SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 9
2 FILER NAME	Laura Richard		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan 12/8/2020	7 Name of lender 🔲 out-of-state l Laura Richard	PAC (ID#)	9 Loan Amount (\$) \$500
6 Is lender a financial Institution? Y N No	8 Lender address; City; 427 Dockside Ct. Sugar Land TX. 774	State; Zip Code 78	10 Interest rate 0 11 Maturity date N/A
	on / Job title (See Instructions) y Clerk	13 Employer (See Instructions) Fort Bend County	
14 Description of Coll		15 YES account (See Instruct	is were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
N/A	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🔲 out-of-state I	PAC (IDII;)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate Maturity date
YN			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal function	is were deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
N/A	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP ander is out-of-state PAC, please see ins	ES OF THIS SCHEDULE AS NEE	
Forms provided by Texas		hics.state.tx.us	Revised 8/17/2020

LOANS	d information is not applicable, DO NO	T include this page in the re	SCHEDULE E	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 9	
2 FILER NAME	<u></u>		3 Filer ID (Ethics Commission Filers)	
Laura Richar	d			
4 TOTAL OF U	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender Out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
04/19/2021	Laura Richard		500.00	
6 Is lender a financial Institution?	8 Lender address; City; 427 Dockside Ct. Sugar Land	State; Zip Code TX. 77478	10 Interest rate 0.00 11 Maturity date	
L Y IN				
	ion / Job title (See Instructions)	13 Employer (See Instructions)		
County Clerk		Fort Bend County		
14 Description of Co	liateral	15 Check if personal funds were deposited into political account (See Instructions)		
ROME     INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
<ul> <li>not applicable</li> <li>20 Principal Occupa</li> </ul>	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See instructions)		
Date of loan	Name of lender Cut-of-state	PAC (ID#)	Loan Amount (\$)	
06/29/2021	Laura Richard		10,000.00	
is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0.00	
	427 Dockside Ct. Sugar Land	X. 77478	Maturity date	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	I	
<b>County Clerk</b>		Fort Bend County		
Description of Col	lateral	Check if personal fun account (See Instruct	ds were deposited into political . lions)	
GUARANTOR	Name of guarantor	L	Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	1	
If I	ATTACHADDITIONAL COP ender is out-of-state PAC, please see ins	ES OF THIS SCHEDULE AS NEI		
		hics.state.br.us	Revised 8/17/202	

## 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 B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Laura Richard	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
4 Date 7/7/2022	5 Payee name Branding Matters		1
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$375.63	8034 Hwy 90A Sugar Land TX 7	77478	
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	Shirts	
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	ter fill for a second design of the second design of the second	
6/29/2022	Fort Bend Star		
Amount (\$)	Payee address;	City;	State; Zip Code
\$106.25	3944 Bluebonnet Sugar La	nd TX. 77477	
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Advertising		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/6/2022	Exchange Club of Sugar Land		
Amount (\$)	Payee address;	City;	State; Zip Code
206.80			
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete Sche	adule T. Check if Austi	in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEI	EDED

### 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 B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER M	NAME Laura Richard			3 Filer ID (Ethic	s Commission Filers)
4 Date 6/1/2022	5 Payeen	ame Icenhower Consultir	ng			
6 Amount (\$)	7 Payee a	address;		City;	State;	Zip Code
\$1200.00		3019 Arrowhead Sugar Land T	K. 77479			
8 PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of this	s schedule)	(b) Description		-
EXPENDITORE	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
5/9/2022		Icenhower Consulting				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$1200.00		3019 Arrowhead Suga	r Land TX.	77479		
PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this onsulting	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee	name				
2/6/2022		Simonton Christian School				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$100 <u> </u>		P. O. Box 490 Simonton TX. 77476	3			
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this tvertising	schedule)	Description	,	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
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Forms provided by Texas Ethics Commission

		EXPENDITUR	ECATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	F F Sy C	Event Expense ees food/Beverage Expense Bifl/Awards/Memorials I egal Services		Office Over Polling Exp Printing Exp		Tran Tran Tran	vel In District vel Out Of District	ment & Related Expe
		The Instruction Gu	ide explains	how to co	mplete this form.			•
1 Total pages Schedule F4:	2 FILER NA					3 File	er ID (Ethics (	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPE	Laura Richard		OACR	EDIT CARD	\$	80.99	
5 Date	6 Payee na	me				1		
1/26/2022		Pamela Printing						
7 Amount (\$)	8 Payee ad	dress;			City;		State;	Zip Code
195.93	550 J	ulie Rivers Sugar L	and TX 774	478				
9 TYPE OF EXPENDITURE	X Po	itical		Non-Pol	itical	-		
10	(a) Category (	See Categories listed at t	he top of this so	chedule)	(b) Description			an an transmission of an Holenanian
PURPOSE OF EXPENDITURE	Event	Expense			Labels			
	(c) C	heck if travel outside of Tex	as. Complete Sc	hedule T.	Check if Au	istin, TX,	officeholder living	ехрепse
H Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder	name	Of	fice sought		Office he	əld
Date	Payee na	me						
	Homes	ead.com						
1/28/2022	Tiennee			No. (1)	City;		State;	Zip Code
1/28/2022 Amount (\$)	Payee ad	uiess,						
	Payee ad	uiess,						
Amount (\$)		itical		Non-Pol	itical			
Amount (\$) \$23.74 TYPE OF	L Pol		the top of this so		itical Description			
Amount (\$) \$23.74 TYPE OF EXPENDITURE PURPOSE OF	Category (	itical	the top of this so		Description	osite		-
Amount (\$) \$23.74 TYPE OF EXPENDITURE PURPOSE	Category (	itical See Categories listed at		chedule)	Description		officeholder living	g expense

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	RES MADE BY CRED				DULE F4
	EXPENDITURE CATE	COPIES FO	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repaym Office Overhe Polling Exper Printing Expe	ent/Reimbursement ad/Rental Expense nse	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	The Instruction Guide expla	ains how to con	nplete this form.	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	Laura Richard	DTOACRE	DITCARD	\$ 80.99	
5 Date 2/25/2022	6 Payee name Homestead.com			• 00.00	
7 Amount (\$) \$23.74	8 Payee address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Politi	ical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Advertising	nis schedule)	(b) Description	Website	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complet Candidate / Officeholder name		Check if Au ice sought	ustin, TX, officeholder livin	
Date	Payee name				
3/25/2022 Amount (\$) \$23.74	Homestead.com Payee address;		City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Advertising	his schedule)	Description Web:	site	5 - S
	Check if travel outside of Texas. Comple	ate Schedule T.	Check if A	ustin, TX, officeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offi	ice sought	Office h	eld
	ATTACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED	

Forms provided by Texas Ethics Commission

	RES MADE BY				EDULE F4
If the requested inform	mation is not applicable, D	O NOT include this	page in the rep	port.	
	EXPENDIT	JRE CATEGORIES FO	OR BOX 10(a)		and and a second se
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	nse Polling Exp als Expense Printing Exp	oense ages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME	-		3 Filer ID (Ethics (	Commission Filers)
4 TOTAL OF UNITEM	Laura Richard		EDIT CARD	\$ 00.00	
5 Date	6 Payee name			80.99	
4/25/2022	Homestead.com				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
\$23.74					
9 TYPE OF EXPENDITURE	× Political	Non-Pol	itical		
10	(a) Category (See Categories listed	at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising		Website	e	
	(c) Check if travel outside of	Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name Of	fice sought	Office he	əld
Date	Payee name				
5/9/2022	Homestead.com				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$23.74					
TYPE OF EXPENDITURE	x Political	Non-Pol	itical		
	Category (See Categories listed	at the top of this schedule)	Description		
PURPOSE	Advertising		Website		
EXPENDITURE	Check if travel outside of	Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name Of	fice sought	Office h	eld
			,		
	ATTACH ADDITIONAL	COPIES OF THIS SC	CHEDULE AS NE	EDED	

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	EXPENDITURE CAT	regories for BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel In District Travel Out Of District Other (enter a category not listed above
Total pages Schedule F4:	2 FILER NAME	plains how to complete this form.	3 Filer ID (Ethics Commission File
TOTAL OF UNITEN	Laura Richard	ED TO A CREDIT CARD	\$ 80.99
Date	6 Payee name		00.00
6/27/2022	Homestead.com		
Amount (\$) \$23.74	8 Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE		Non-Political	
1	(a) Category (See Categories listed at the top of	f this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	Website	
	(c) Check if travel outside of Texas. Com	plete Schedule T. Check if	Austin, TX, officeholder living expense
pomplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top	of this schedule) Description	
OF		nolete Schedule T. Check if	Austin, TX, officeholder living expense
OF EXPENDITURE	Check if travel outside of Texas. Con		