CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Ms. Laura NAME Date Received NICKNAME LAST SUFFIX Richard 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **OFFICEHOLDER** OCT 11 2022 RCVD 427 Dockside Ct. Sugar Land TX 77478 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281 433-3363 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Doris Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Gurecky STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; **CAMPAIGN** CITY; STATE: ZIP CODE **TREASURER** 2420 3rd Street Rosenberg TX 77471 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER** PHONE 342-5926 (281 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year COVERED 29 / 22 16 22 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 22 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known): 12 OFFICE Fort Bend County Clerk Fort Bend County Clerk 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Laura Richard		
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,224.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 12,995.73
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 68,000.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	Signature of Car Please complete either option below	adidate or Officeholder
NOTARY STATE Swom to and subscribed 20 2 , to certify Signature of officer administer	which, witness my hand and seal of office.	11th day of October, Notary Title of officer administering oath
	OR	
(0) 11		
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
iny addices is		tate) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME aura Richard 20 Filer ID (Ethics Co	ommis	sion Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,625.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$	68,000.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		3,150.00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	5,074.81			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		Maria Para Para Para Para Para Para Para			
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	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 PA Teresa Reading	C (ID#:)	7 Amount of contribution (\$)		
09/22/2022	6 Contributor address; City; 3003 Arrowhead Sugar La	State; Zip Code and TX 77479	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PA Beverly Stricker	C (ID#:)	Amount of contribution (\$)		
09/22/2022	Contributor address; City; P.O.Box 1010 Needville	State; Zip Code	100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date		C (ID#:)	Amount of contribution (\$)		
09/22/2022	Buford Jurica Contributor address; City; 8202 River Fern Dr. Missouri	State; Zip Code City TX 77459	100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
09/22/2022	Eugenia Blomstrom Contributor address; City;	State; Zip Code	100.00		
3106 River Fern Dr. Richmond TX 77469					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	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#:	7 Amount of contribution (\$)				
09/22/2022	6 Contributor address; City; State; Zip Code	200.00				
	23503 Eula Mae Richmond TX 77469	200.00				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
09/14/2022	Nancy Parr	750.00				
00/ 1 // 2022	Contributor address; City; State; Zip Code	750.00				
	14019 SW Frwy Sugar Land TX 77478					
Principal occup	eation / Job title (See Instructions) Employer (See Instr	uctions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
00/44/2022	Randy Johnson	F0 00				
09/14/2022	Contributor address; City; State; Zip Code	50.00				
	3927 Mossycup Lane Richmond TX 77469					
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
09/14/2022	James Skarzynski	25.00				
30, 1 11 2022	25.00 Contributor address; City; State; Zip Code 2915 Persimmon Grv. Richmond TX 77469					
Principal occupation / Job title (See Instructions) Employer (See Instructions)						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 3
FILER NAME Laura Rich	ard	;	3 Filer ID (Ethics Commission Filers)
Date	Guy LaRose		7 Amount of contribution (\$)
9/14/2022	6 Contributor address; City; 2922 Black Walnut Court Richmo	State; Zip Code	200.00
Principal occu	· · · · · · · · · · · · · · · · · · ·	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (IE	*	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (III	* :	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)
	J.		
		•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	1 Total pages Schedule E:	
2 FILER NAME	Laura Richard	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$ so
5 Date of loan	7 Name of lender ust-of-state	PAC (Dit)	9 Loan Amount (S)
8/16/18	Laura Richard		\$2000
6 is lender a financial institution? Y N No	8 Lender address; City; 427 Dockside Ct. Sugar Land TX.	State; Zip Code	10 Interest rate 0 11 Maturity date N/A
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
County Cleri		Fort Bend County	
14 Description of Col	lateral	YES Check if personal fun- account (See Instruct	ds were deposited into political dons)
16 GUARANTOR INFORMATION	17 Name of guerantor		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	Name of lander	PAC (08:)	Loan Amount (8)
8/7/19	Laura Richard		\$1000
le 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
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
County Cler	k	Fort Bend County	
Description of Coli		Check if personal fundamental	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
N/A	Guerantor eddress; City;	State; Zip Gode	
not applicable	<u> </u>	Employer (See Instructions)	
Poncipal Occupati	on (See Instructions)		
Ин	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEI	

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	OT Include this page in the re	port.
The	Instruction Guide explains how to comp	elete 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	7 Name of lender out-of-state	PAC (IDI:)	9 Loan Amount (\$)
2/22/13	Laura Richard		\$2000
6 is lender a financial institution? Y N No	a financial Institution? 427 Dockside Ct. Sugar Land TX. 77478		10 Interest rate 0
	on / Job title (See Instructions)	13 Employer (See Instructions)	N/A
County		Fort Bend County	
14 Description of Coll	lateral None	16 Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
N/A not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions) Fort Bend County	
Date of Joan 9/30/13	Name of lender out-of-state Laura Richard	PAC (IDI):)	Loan Amount (\$) \$3000
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate C
Institution? Y N _{No}	427 Dockside Ct. Suger Land TX. 7	77476	Meturity date N/A
Principal occupation	on / Job title (See Instructions) Clerk	Employer (See Instructions) Fort Bend County	
Description of Coll	steral	YBS Check if personal fundaccount (See Instruct	ds were deposited into political ions)
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)	
if le	ATTACH ADDITIONAL COP	MES OF THIS SCHEDULE AS NEE struction guide for additional re	DED porting requirements.

LOANS

SCHEDULE E

If the requested	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		\$ 0
6 Date of loan 8/07/14	7 Name of lender	PAG (IDR)	9 Loan Amount (8) \$ 2000.00
6 is lender a financial Institution?	8 Lender address; City; 427 Dockside Ct. Sugar Land TX.	State; Zip Code	10 Interest rate 0 11 Maturity date
110			N/A
	on / Job title (See Instructions) ounty Clerk	13 Employer (See Instructions) Fort Bend County	
14 Description of Colle	ateral	15 YES Check if personal fun account (See Instruct	ds were deposited into political tions)
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 8/20/14	Name of lender	PAC (DR)	Loan Amount (5) \$2000
is lender a financial	Lender eddress; City;	State; Zip Code	Interest rate
Institution? Y N No	427 Dockside Ct. Sugar Land TX.	77478	Maturity date N/A
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Count	ty Clerk	Fort Bend County	
Description of Colle	sterel None	YES Check if personal fundamental secount (See Instruct	ds were deposited into political liters)
GUARANTOR INFORMATION	Name of guarantor	<u></u>	Amount Guaranteed (5)
N/A	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See instructions)	
lf le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEI	EDED sporting requirements.

LOANS SCHEDULE E

If the requested	I information is not applicable, DO NO	OT include this page in the re	pport.
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)
TOTAL OF UN	IITEMIZED LOANS		\$ 0
5 Date of ioen 10/1/14	7 Name of lender	PAC (DR)	9 Loan Amount (\$) \$20,000
Is lander a financial institution? Y N No 8 Lender address; City; State; Zip Code 427 Dockside Ct. Sugar Land TX. 77478			10 Interest rate 0 11 Maturity date N/A
	on / Job title (See Instructions) unty Clerk	13 Employer (See Instructions) Fort Bend County	
14 Description of Coll	eteraj one	15 Check if personal fur	ids were deposited into political titons)
GUARANTOR INFORMATION	17 Name of guaranter		19 Amount Guaranteed (3)
N/A not applicable	18 Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan 11/3/14	Name of lender out-of-state	PAC (IDIR)	Loan Amount (\$) \$10,000
is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N No	427 Dockside Ct. Sugar Land TX. 7	7478	Maturity date N/A
	nn / Job title (Sera Instructional) unty Clark	Employer (8% Instructions) Fort Bend County	
Description of Colle	steral None	YES Check if personal fun	da were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
N/A	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Cocupati	on (See Instructions)	Employer (See Instructions)	
jø to	ATTACH ADDITIONAL COF	PES OF THIS SCHEDULE AS NE struction guide for additional n	EDED poorting requirements.

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 Filter ID (Ethics Commission Filers) 2 FILER NAME Laura Richard 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender Out-of-state PAC 608: 9 Loan Amount (\$) Laura Richard 12/29/16 \$10,000 10 Interest rate 6 is lender 8 Lender eddress: City: State: Zio Code a financial Institution? 11 Maturity date 427 Dockside Ct, Sugar Land TX. 77478 Y N No NA 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Fort Bend County County Clerk 14 Description of Collateral Check if personal funds were deposited into political YES account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code N/A not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (DR. \$1000 9/13/17 Interest rate City: State; Zip Code is lander Lender eddress: a financial Institution? 427 Dockside Ct. Sugar Land TX. 77478 Meturity date N No N/A Principal occupation / Job title (See Instructions) Employer (Sec Instructions) **Fort Bend County County Clerk Description of Collateral** Check if personal funds were deposited into political account (See instructions) YBS 🖂 ☐ none Amburk Guaranteed (8) Name of guarantes **GUARANTOR** MOVITAMESCAME City: State; Zip Code Guerantor address:

ATTACHADDITIONAL 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

if the requested	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: Q
FILER NAME	Laura Richard	·	3 Filer ID (Ethics Commission Filers
TOTAL OF UN	IITEMIZED LOANS		\$ 0
Date of loan 12/4/17	7 Name of lender	-	9 Loan Amount (3) \$1000
is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0 11 Maturity date
Y N No	427 Dockside Ct. Sugar Land TX. 7	77418	N/A
	on / Job title (See Instructions) y Clerk	13 Employer (See Instructions) Fort Bend County	
Description of Coll	nteral None	15 Check if personal fundament (See Instruct	ds were deposited into political lions)
6 GUARANTOR INFORMATION	17 Name of guaranter		19 Amount Guaranteed (3)
N/A	18 Guarantor address; City;	State; Zip Code	
O Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	L
Date of loan 7/28/18	Name of lender Out-of-state Listera Richard	PAC (DR)	Loan Amount (\$) \$1000
is lander a financial	Lender address; City;	State; Zip Code	Interest rate 0
Institution? Y N No	427 Dockside Ct. Sugar Land TX.	77478	Meturity date N/A
	nn / Job title (See Instructions)	Employer (See Instructions) Fort Bend County	
Description of Colle		YBS Check if personal fundacount (See Instruct	ds were deposited into political itons)
GUARANTOR INFORMATION	Name of guaranter	1	Amount Guaranteed (3)
N/A	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See instructions)	Employer (See Instructions)	
y la	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEI	

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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Richard TOTAL OF UNITEMIZED LOANS \$ 6 Date of loan 7 Name of lender Out-of-state PAC (IDI:_ 9 Loan Amount (\$) Laura Richard 2/17/20 \$ 1000 6 la lender 10 Interest rate B Lender address: City: State; Zip Code a financial institution? 427 Dockside Ct. Sugar Land TX, 77478 11 Maturity date N No 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) **Fort Bend County County Clerk** 14 Description of Colleteral Check if personal funds were deposited into political YES account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION N/A 18 Guarantor address; State; Zip Code City; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (IDIt_ \$1000 Laura Richard 9/15/2020 Interest rate is lander 427 Dockside Ct. Sugar Land TX. 77478 Institution? **Maturity date** Principal occupation / Job title (See Instructions) Employer (See Instructions) **County Clerk Fort Bend County** Description of Colleteral Check if personal funds were deposited into political YES account (See Instructions) none None Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

State; Zip Code

Employer (See Instructions)

Principal Occupation (See Instructions)

not applicable

Guarantor address;

City;

LOANS

SCHEDULE E

If the requeste	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	All days	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0
5 Date of loan 12/8/2020	7 Name of lender	PAC (IDR)	9 Loan Amount (\$) \$500
6 is lender a finencial Institution? Y N No	8 Lender eddress; City; 427 Dockside Ct. Suger Land TX. 774	State; Zip Code 478	10 Interest rate 0 11 Maturity data N/A
	on / Job title (See Instructions) y Clerk	13 Employer (See Instructions) Fort Bend County	
14 Description of Col		15 YES Check if personal fun account (See Instruct	ds were deposited into political tions)
18 GUARANTOR INFORMATION N/A	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (8)
not applicable 20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lander out-of-state	PAC(OR)	Loan Amount (8)
is lender a financial institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	nteral	Check if personal fun	ds were deposited into political tions)
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)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI struction guide for additional re	

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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Richard 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 9 Loan Amount (\$) Out-of-state PAC (ICIR_ 04/19/2021 500.00 Laura Richard 10 Interest rate is lender 8 Lender address: State; Zip Code 0.00 a financia Institution? 427 Dockside Ct. Sugar Land TX. 77478 11 Maturity date TYBN 12 Principal occupation / Job title (See Instructions) 13 Employer (See instructions) County Clerk Fort Bend County 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION 17 Name of guaranter 19 Amount Guaranteed (\$) 18 Guarantor address; State; Zip Code · not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (3) Date of loan Name of lender Out-of-state PAC (DR_ 10.000.00 06/29/2021 Laura Richard Interest rate Lender address; State: Zip Code 0.00 a financial Institution? 427 Dockside Ct. Sugar Land TX. 77478 Maturity date YBN Employer (See Instructions) Principal occupation / Job title (See instructions) **Fort Bend County** County Clerk Description of Colleteral Check if personal funds were deposited into political account (See instructions) · none Amount Guaranteed (\$) GUARANTOR INFORMATION Name of guarantor State; Zip Code Guarantor address; City; not applicable Employer (See Instructions) Principal Occupation (See Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.br.us

ATTACHADDITIONAL 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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	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	5 Payee name		L
08/18/2022	Icenhower Consulting		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,200.00	3019 Arrowhead Sugar Land 1	TX. 77479	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Consulting		
	(c) Check if travel outside of Texas. Complete So	hedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	***************************************	
08/25/2022	FB Christian Magazine		
Amount (\$)	Payee address;	City;	State; Zip Code
600.00	650 W. Bough Suite 10 Housto	on TX 77024	
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Advertising		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	in, 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		
09/01/2022	Icenhower Consulting		
Amount (\$)	Payee address;	City;	State; Zip Code
1,200.00	3019 Arrowhead Sugar land T	X 77479	
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Consulting		
	Check if travel outside of Texas. Complete So	hedule 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	OF 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 By Candidate/Officeholder/Political Committee

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

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

Laura Richard 5 Payee name 09/17/2022 Mike Scott 6 Amount (\$) 7 Payee address; City; State; Zip Code 150.00 8511 Mullins Houston TX 77096 (a) Category (See Categories listed at the top of this schedule) Advertising (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	2 Laura Richard 5 Payee name 99/17/2022 Mike Scott 6 Amount (\$) 7 Payee address; City; State; Zip Code 150.00 8511 Mullins Houston TX 77096 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising (c) Check if revel cutaide of Texas. Complete Schedule T. Check if Austin, TX, officeholder living appense Candidate / Officeholder name Office sought Office sought Office held Payee name Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if favet cutaide of Texas. Complete Schedule T. Check if Austin, TX, officeholder living appense Category (See Categories listed at the top of this schedule) Date Payee address; City; State; Zip Code Office sought Office sought Office held Office held Payee name Candidate / Officeholder name Check if favet cutaide of Texas. Complete Schedule T. Check if Austin, TX, officeholder living appense Complete QNLY if direct expenditure to benefit C/OH Date Payee name Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held Payee name Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Date Office sought Office held Date Payee address; City; State; Zip Code Date Office held Date Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living appense	Oreal Cala Paymoni	The Instruction Guide explains how to	complete this form.		
Mike Scott Payee address; City; State; Zip Code	Mike Scott 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 9 Complete QNLY if direct expenditure to benefit C/OH Payee name Candidate / Office holder name Category (See Categories listed at the top of this schedule) Payee name Candidate / Office holder name Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Check if raws custing appense Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Check if avail, TX, officeholder living expense				3 Filer ID (Ethic	s Commission Filers
The purpose address: Advertising (a) Category (See Categories listed at the top of this schedule) Date Purpose Corporate Only if direct expenditure to benefit C/OH Payee address: Categories listed at the top of this schedule) Candidate / Office holder name Category (See Categories listed at the top of this schedule) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Purpose Corporate Only if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete Only if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officaholder living expense	T Payee address; City; State; Zip Code State	4 Date	5 Payee name			
Solution Solution	Advertising	09/17/2022	Mike Scott			
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Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description 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 Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	EXPENDITURE	Chark if traval outside of Taxas Complete Schedule T	Check if Austin	TX officeholder living	n expense
Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Candidate / Officeholder name		, , , , , , , , , , , , , , , , , , , ,	
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Date	Payee name			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Amount (\$)	Payee address;	City;	State;	Zip Code
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	OF	Category (See Categories listed at the top of this schedule)	Description		
		EXPENDITURE	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense		expense
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Complete ONLY if direct				

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 B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ins how to complete this form.	
1 Total pages Schedule F4: 5	2 FILER NAME Laura Richard		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
07/19/2022	FB Buyers Club		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
100.00	P.O.Box 19742 Sugar Land T	TX 77496	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Donation		
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Au	estin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/19/2022	PYR Cowboy UP		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00			
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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 B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain		,
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	\$ 0.00
5 Date	6 Payee name		
07/26/2022	Branding Matters		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
920.13	8034 Hwy 90 Sugar Land TX	77478	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	Advertising		
OF EXPENDITURE			
EXPENDITORE	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Ai	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/08/2022	Pamela Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
149.39	550 Julie Rivers Sugar Land	TX 77478	
TYPE OF EXPENDITURE	■ Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Printing		
EX. ENDITORE	Check if travel outside of Texas. Complete	Schedule 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
	ATTACH ADDITIONAL COPIES O	F 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 B Candidate/Officeholder/Politica		Office Over ense Polling Ex als Expense Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
	The Instruction	Guide explains how to o	omplete this form.		
1 Total pages Schedule F4: 5	2 FILER NAME Laura Richard			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES O	CHARGED TO A CF	REDIT CARD	\$ 0.00	
5 Date	6 Payee name				### , , , , , , , , , , , , , , , , , ,
08/24/2022	Absolutely Focus Me	edia			
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
2,000.00	P.O.Box 1253 Richm	ond TX 77406			
9 TYPE OF EXPENDITURE	Political	Non-Po	olitical		
10	(a) Category (See Categories listed	d at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising				
	(c) Check if travel outside of	f Texas, Complete Schedule T.	Check if AL	stin, TX, officeholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name C	office sought	Office h	eld
Date	Payee name				
08/16/2022	UPS				
Amount (\$)	Payee address;		City;	State;	Zip Code
18.00					
TYPE OF EXPENDITURE	Political	Non-P	olitical		
	Category (See Categories lister	d at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising		Postage		11
	Check if travel outside of	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	der name C	Office sought	Office h	eld
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) 5 Laura Richard 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00 5 Date 6 Payee name Pamela Printing 09/15/2022 8 Payee address; 7 Amount (\$) City; State; Zip Code 550 Julie Rivers Sugar Land TX. 77478 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** Printing OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pamela Printing 09/15/2022 Amount (\$) Payee address; City; State; Zip Code 550 Julie Rivers Sugar Land TX 77478 138.56 TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing 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

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

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	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ains how to complete this form.	
1 Total pages Schedule F4: 5	2 FILER NAME Laura Richard		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 0.00
5 Date 09/21/2022	6 Payee name Earthly		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
675.00	Unknown		
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
PURPOSE OF EXPENDITURE	Printing		
	(c) Check if travel outside of Texas. Complete	te Schedule T. Check if Au	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure 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 OF EXPENDITURE	Category (See Categories listed at the top of the	his schedule) Description	
	Check if travel outside of Texas, Comple	ite Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED