

# 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:

20

### OFFICE USE ONLY

Date Received

JUL 15 2022 RCVD

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Richard

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

427 Dockside Ct. Sugar Land TX. 77478

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

( 281 ) 433-3363

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Mrs. Doris Gurecky

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2420 3rd Street Rosenberg TX 77471

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

( 281 ) 342-5926

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    Month Day Year  
 01 / 01 / 2022    THROUGH    06 / 30 / 2022

11 ELECTION

ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     Other Description  
 11 / 08 / 2022     General     Special

12 OFFICE

OFFICE HELD (if any)  
 Fort Bend County Clerk

13 OFFICE SOUGHT (if known)  
 Fort Bend County Clerk

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE    COMMITTEE NAME  
 GENERAL    COMMITTEE ADDRESS  
 SPECIFIC    COMMITTEE CAMPAIGN TREASURER NAME  
 COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

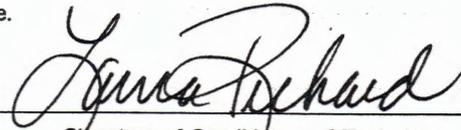
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                               |   |  |
|-------------------------------|---|--|
| 15 C/OH NAME<br>Laura Richard |   | 16 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 DAY OF REPORTING PERIOD  | \$ 16,190.96                           |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 68,000                              |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

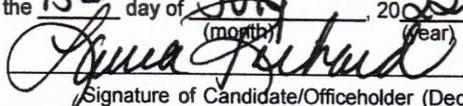
NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Laura Richard and my date of birth is 6/6/1962  
 My address is 427 Dockside Ct., Sugarland, TX, 77478, US  
(street) (city) (state) (zip code) (country)  
 Executed in Fort Bend County, State of Texas, on the 15<sup>th</sup> day of July, 2022  
(month) (year)  
  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

|   |   |   |
|---|---|---|
| <b>19 FILER NAME</b><br><br>Laura Richard         |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b> |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 500.00                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.  | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$ 80,000                                     |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 68,000.00                                  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 3188.68                                    |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 338.37                                     |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$  |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12.   | <input type="checkbox"/> 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.

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>1             |
| <b>2</b> FILER NAME<br>Laura Richard                                     |  | <b>3</b> Filer ID (Ethics Commission Filers)       |
| <b>4</b> Date<br><br>06/23/2022  | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br>Linebarger Goggan Blair Sampson LLP<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>P. O. Box 17428 Austin TX 78760 | <b>7</b> Amount of contribution (\$)<br><br>500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney |  | <b>9</b> Employer (See Instructions)               |
| <b>Date</b>  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br><hr/> <b>Contributor address;</b> City; State; Zip Code   | <b>Amount of contribution (\$)</b>                 |
| <b>Principal occupation / Job title (See Instructions)</b>               |  | <b>Employer (See Instructions)</b>                 |
| <b>Date</b>  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br><hr/> <b>Contributor address;</b> City; State; Zip Code   | <b>Amount of contribution (\$)</b>                 |
| <b>Principal occupation / Job title (See Instructions)</b>               |  | <b>Employer (See Instructions)</b>                 |
| <b>Date</b>  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br><hr/> <b>Contributor address;</b> City; State; Zip Code   | <b>Amount of contribution (\$)</b>                 |
| <b>Principal occupation / Job title (See Instructions)</b>               |  | <b>Employer (See Instructions)</b>                 |

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B:   |                                    |
| 2 FILER NAME<br><p style="text-align: center;">Laura Richard</p>  |   | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES   |   | \$  |                                    |
| 5 Date<br><p style="text-align: center;">01/10/2017</p>   | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Laura Richard</p> | 8 Amount of Pledge \$<br><p style="text-align: center;">\$80,000</p>                  | 9 In-kind contribution description |
| 7 Pledgor address; City; State; Zip Code<br><p style="text-align: center;">427 Dockside Ct. Sugar Land TX 77478</p> |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       |                                    |
| 10 Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Fort Bend County Clerk</p> |   | 11 Employer (See Instructions)<br><p style="text-align: center;">Fort Bend County</p> |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$   | In-kind contribution description   |
| Pledgor address; City; State; Zip Code  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       |                                    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$   | In-kind contribution description   |
| Pledgor address; City; State; Zip Code  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       |                                    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$   | In-kind contribution description   |
| Pledgor address; City; State; Zip Code  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       |                                    |
| 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.

**LOANS****SCHEDULE E**

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 E:<br>9  |
| 2 FILER NAME<br>Laura Richard  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ 0  |
| 5 Date of loan<br>8/18/18  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Laura Richard | 9 Loan Amount (\$)<br>\$2000  |
| 6 Is lender a financial institution?<br>Y N No                             | 8 Lender address; City; State; Zip Code<br>427 Dockside Ct. Sugar Land TX. 77478         | 10 Interest rate<br>0   |
|  |  | 11 Maturity date<br>N/A   |
| 12 Principal occupation / Job title (See Instructions)<br>County Clerk     |  | 13 Employer (See Instructions)<br>Fort Bend County  |
| 14 Description of Collateral<br><input type="checkbox"/> none None         |  | 15 <input type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)         |
| 16 GUARANTOR INFORMATION<br>N/A<br><input type="checkbox"/> not applicable | 17 Name of guarantor<br>.....<br>18 Guarantor address; City; State; Zip Code             | 19 Amount Guaranteed (\$)   |
| 20 Principal Occupation (See Instructions)                                 |  | 21 Employer (See Instructions)  |
| Date of loan<br>8/7/19   | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Laura Richard   | Loan Amount (\$)<br>\$1000  |
| Is lender a financial institution?<br>Y N No                               | Lender address; City; State; Zip Code<br>427 Dockside Ct. Sugar Land TX. 77478           | Interest rate<br>0  |
|  |  | Maturity date<br>N/A  |
| Principal occupation / Job title (See Instructions)<br>County Clerk        |  | Employer (See Instructions)<br>Fort Bend County   |
| Description of Collateral<br><input type="checkbox"/> none None            |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION<br>N/A<br><input type="checkbox"/> not applicable    | Name of guarantor<br>.....<br>Guarantor address; City; State; Zip Code                   | Amount Guaranteed (\$)  |
| Principal Occupation (See Instructions)                                    |  | Employer (See Instructions)   |

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

# LOANS

# SCHEDULE E

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 E:<br><b>9</b>  |
| 2 FILER NAME<br><p style="text-align: center;">Laura Richard</p>  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$ 0   |
| 5 Date of loan<br><p style="text-align: center;">2/22/13</p>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><p style="text-align: center;">Laura Richard</p> | 9 Loan Amount (\$)<br><p style="text-align: center;">\$2000</p>  |
| 6 Is lender a financial institution?<br><br>Y N No  | 8 Lender address; City; State; Zip Code<br><p style="text-align: center;">427 Dockside Ct. Sugar Land TX. 77478</p>          | 10 Interest rate<br><p style="text-align: center;">0</p>   |
|   |  | 11 Maturity date<br><p style="text-align: center;">N/A</p>   |
| 12 Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">County Clerk</p> |  | 13 Employer (See Instructions)<br><p style="text-align: center;">Fort Bend County</p>  |
| 14 Description of Collateral<br><input type="checkbox"/> none None  |  | 15 <input checked="" type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>N/A<br><input type="checkbox"/> not applicable                            | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|   | 18 Guarantor address; City; State; Zip Code  |  |
| 20 Principal Occupation (See Instructions)  |  | 21 Employer (See Instructions)<br><p style="text-align: center;">Fort Bend County</p>  |
| Date of loan<br><p style="text-align: center;">9/30/13</p>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><p style="text-align: center;">Laura Richard</p>   | Loan Amount (\$)<br><p style="text-align: center;">\$3000</p>  |
| Is lender a financial institution?<br><br>Y N No  | Lender address; City; State; Zip Code<br><p style="text-align: center;">427 Dockside Ct. Sugar Land TX. 77478</p>            | Interest rate<br><p style="text-align: center;">0</p>  |
|   |  | Maturity date<br><p style="text-align: center;">N/A</p>  |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">County Clerk</p>    |  | Employer (See Instructions)<br><p style="text-align: center;">Fort Bend County</p>   |
| Description of Collateral<br><input type="checkbox"/> none None   |  | YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)  |
| GUARANTOR INFORMATION<br><br>N/A<br><input type="checkbox"/> not applicable                               | Name of guarantor  | Amount Guaranteed (\$)   |
|   | Guarantor address; City; State; Zip Code   |  |
| Principal Occupation (See Instructions)   |  | Employer (See Instructions)  |

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# LOANS

# SCHEDULE E

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 E:<br>9   |
| 2 FILER NAME<br><br>Laura Richard  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$ 0   |
| 5 Date of loan<br>8/07/14  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Laura Richard | 9 Loan Amount (\$)<br>\$ 2000.00   |
| 6 Is lender a financial institution?<br><br>Y N No                                 | 8 Lender address; City; State; Zip Code<br><br>427 Dockside Ct. Sugar Land TX. 77478      | 10 Interest rate<br>0  |
|  |   | 11 Maturity date<br>N/A  |
| 12 Principal occupation / Job title (See Instructions)<br>County Clerk             |   | 13 Employer (See Instructions)<br>Fort Bend County   |
| 14 Description of Collateral<br><input type="checkbox"/> none None                 |   | 15 <input checked="" type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>N/A<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor<br><br>.....<br>18 Guarantor address; City; State; Zip Code          | 19 Amount Guaranteed (\$)  |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)   |
| Date of loan<br>8/20/14  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Laura Richard   | Loan Amount (\$)<br>\$2000   |
| Is lender a financial institution?<br><br>Y N No                                   | Lender address; City; State; Zip Code<br><br>427 Dockside Ct. Sugar Land TX. 77478        | Interest rate<br>0   |
|  |   | Maturity date<br>N/A   |
| Principal occupation / Job title (See Instructions)<br>County Clerk                |   | Employer (See Instructions)<br>Fort Bend County  |
| Description of Collateral<br><input type="checkbox"/> none None                    |   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>N/A<br><br><input type="checkbox"/> not applicable    | Name of guarantor<br><br>.....<br>Guarantor address; City; State; Zip Code                | Amount Guaranteed (\$)   |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)  |

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# LOANS

# SCHEDULE E

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|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule E:<br><b>9</b>   |
| 2 FILER NAME<br><p style="text-align: center;">Laura Richard</p>  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$ 0  |
| 5 Date of loan<br><p style="text-align: center;">10/1/14</p>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><p style="text-align: center;">Laura Richard</p> | 9 Loan Amount (\$)<br><p style="text-align: center;">\$20,000</p>   |
| 6 Is lender a financial institution?<br><br>Y N No  | 8 Lender address; City; State; Zip Code<br><p style="text-align: center;">427 Dockside Ct. Sugar Land TX. 77478</p>          | 10 Interest rate<br><p style="text-align: center;">0</p>  |
|   |  | 11 Maturity date<br><p style="text-align: center;">N/A</p>  |
| 12 Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">County Clerk</p> |  | 13 Employer (See Instructions)<br><p style="text-align: center;">Fort Bend County</p>                                       |
| 14 Description of Collateral<br><input type="checkbox"/> none None  |  | 15 <input checked="" type="checkbox"/> YES Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>N/A<br><input type="checkbox"/> not applicable                            | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|   | 18 Guarantor address; City; State; Zip Code  |   |
| 20 Principal Occupation (See Instructions)  |  | 21 Employer (See Instructions)  |
| Date of loan<br><p style="text-align: center;">11/3/14</p>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><p style="text-align: center;">Laura Richard</p>   | Loan Amount (\$)<br><p style="text-align: center;">\$10,000</p>   |
| Is lender a financial institution?<br><br>Y N No  | Lender address; City; State; Zip Code<br><p style="text-align: center;">427 Dockside Ct. Sugar Land TX. 77478</p>            | Interest rate<br><p style="text-align: center;">0</p>   |
|   |  | Maturity date<br><p style="text-align: center;">N/A</p>   |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">County Clerk</p>    |  | Employer (See Instructions)<br><p style="text-align: center;">Fort Bend County</p>  |
| Description of Collateral<br><input type="checkbox"/> none None   |  | YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)               |
| GUARANTOR INFORMATION<br><br>N/A<br><input type="checkbox"/> not applicable                               | Name of guarantor  | Amount Guaranteed (\$)  |
|   | Guarantor address; City; State; Zip Code   |   |
| 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.

# LOANS

# SCHEDULE E

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 E:<br>9  |
| 2 FILER NAME<br>Laura Richard  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ 0  |
| 5 Date of loan<br>12/29/16   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Laura Richard | 9 Loan Amount (\$)<br>\$10,000  |
| 6 Is lender a financial institution?<br><br>Y N No                             | 8 Lender address; City; State; Zip Code<br><br>427 Dockside Ct. Sugar Land TX. 77478     | 10 Interest rate<br>0   |
|  |  | 11 Maturity date<br>N/A   |
| 12 Principal occupation / Job title (See Instructions)<br>County Clerk         |  | 13 Employer (See Instructions)<br>Fort Bend County  |
| 14 Description of Collateral<br><input type="checkbox"/> none None             |  | 15 <input type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>N/A<br><input type="checkbox"/> not applicable | 17 Name of guarantor<br><br>18 Guarantor address; City; State; Zip Code                  | 19 Amount Guaranteed (\$)   |
| 20 Principal Occupation (See Instructions)                                     |  | 21 Employer (See Instructions)  |
| Date of loan<br>9/13/17  | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Laura Richard   | Loan Amount (\$)<br>\$1000  |
| Is lender a financial institution?<br><br>Y N No                               | Lender address; City; State; Zip Code<br>427 Dockside Ct. Sugar Land TX. 77478           | Interest rate<br>0  |
|  |  | Maturity date<br>N/A  |
| Principal occupation / Job title (See Instructions)<br>County Clerk            |  | Employer (See Instructions)<br>Fort Bend County   |
| Description of Collateral<br><input type="checkbox"/> none None                |  | YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)                             |
| GUARANTOR INFORMATION<br><br>N/A<br><input type="checkbox"/> not applicable    | Name of guarantor<br><br>Guarantor address; City; State; Zip Code                        | Amount Guaranteed (\$)  |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

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# LOANS

# SCHEDULE E

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|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.                  |  | 1 Total pages Schedule E:<br>9   |
| 2 FILER NAME<br>Laura Richard  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ 0   |
| 5 Date of loan<br>12/4/17  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Laura Richard | 9 Loan Amount (\$)<br>\$1000   |
| 6 Is lender a financial institution?<br>Y N No                             | 8 Lender address; City; State; Zip Code<br>427 Dockside Ct. Sugar Land TX. 77478         | 10 Interest rate<br>0  |
|  |  | 11 Maturity date<br>N/A  |
| 12 Principal occupation / Job title (See Instructions)<br>County Clerk     |  | 13 Employer (See Instructions)<br>Fort Bend County   |
| 14 Description of Collateral<br><input type="checkbox"/> none None         |  | 15 <input checked="" type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br>N/A<br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|  | 18 Guarantor address; City; State; Zip Code  |  |
| 20 Principal Occupation (See Instructions)                                 |  | 21 Employer (See Instructions)   |
| Date of loan<br>7/28/18  | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Laura Richard   | Loan Amount (\$)<br>\$1000   |
| Is lender a financial institution?<br>Y N No                               | Lender address; City; State; Zip Code<br>427 Dockside Ct. Sugar Land TX. 77478           | Interest rate<br>0   |
|  |  | Maturity date<br>N/A   |
| Principal occupation / Job title (See Instructions)<br>County Clerk        |  | Employer (See Instructions)<br>Fort Bend County  |
| Description of Collateral<br><input type="checkbox"/> none None            |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br>N/A<br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)   |
|  | Guarantor address; City; State; Zip Code   |  |
| 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.

# LOANS

# SCHEDULE E

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 E:<br>9  |
| 2 FILER NAME<br><br>Laura Richard  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$ 0  |
| 5 Date of loan<br>2/17/20  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Laura Richard | 9 Loan Amount (\$)<br>\$ 1000   |
| 6 Is lender a financial institution?<br>Y N No                             | 8 Lender address; City; State; Zip Code<br>427 Dockside Ct. Sugar Land TX. 77478        | 10 Interest rate<br>0   |
|  |   | 11 Maturity date<br>N/A   |
| 12 Principal occupation / Job title (See Instructions)<br>County Clerk     |   | 13 Employer (See Instructions)<br>Fort Bend County  |
| 14 Description of Collateral<br><input type="checkbox"/> none None         |   | 15 <input type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br>N/A<br><input type="checkbox"/> not applicable | 17 Name of guarantor  | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code   |   |
| 20 Principal Occupation (See Instructions)                                 |   | 21 Employer (See Instructions)  |
| Date of loan<br>9/15/2020  | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Laura Richard   | Loan Amount (\$)<br>\$1000  |
| Is lender a financial institution?<br>Y N No                               | Lender address; City; State; Zip Code<br>427 Dockside Ct. Sugar Land TX. 77478          | Interest rate<br>0  |
|  |   | Maturity date<br>N/A  |
| Principal occupation / Job title (See Instructions)<br>County Clerk        |   | Employer (See Instructions)<br>Fort Bend County   |
| Description of Collateral<br><input type="checkbox"/> none None            |   | YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)                             |
| GUARANTOR INFORMATION<br>N/A<br><input type="checkbox"/> not applicable    | Name of guarantor   | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code  |   |
| Principal Occupation (See Instructions)                                    |   | Employer (See Instructions)   |

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

# LOANS

# SCHEDULE E

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 E:<br>9   |
| 2 FILER NAME<br>Laura Richard  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ 0   |
| 5 Date of loan<br>12/8/2020  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Laura Richard | 9 Loan Amount (\$)<br>\$500  |
| 6 Is lender a financial institution?<br>Y N No                             | 8 Lender address; City; State; Zip Code<br>427 Dockside Ct. Sugar Land TX. 77478         | 10 Interest rate<br>0  |
|  |  | 11 Maturity date<br>N/A  |
| 12 Principal occupation / Job title (See Instructions)<br>County Clerk     |  | 13 Employer (See Instructions)<br>Fort Bend County   |
| 14 Description of Collateral<br><input type="checkbox"/> none None         |  | 15 <input checked="" type="checkbox"/> YES <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br>N/A<br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|  | 18 Guarantor address; City; State; Zip Code  |  |
| 20 Principal Occupation (See Instructions)                                 |  | 21 Employer (See Instructions)   |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )                    | Loan Amount (\$)   |
| Is lender a financial institution?<br>Y N                                  | Lender address; City; State; Zip Code  | Interest rate  |
|  |  | Maturity date  |
| Principal occupation / Job title (See Instructions)                        |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none                 |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)  |
| GUARANTOR INFORMATION<br>N/A<br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)   |
|  | Guarantor address; City; State; Zip Code   |  |
| Principal Occupation (See Instructions)                                    |  | Employer (See Instructions)  |

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**LOANS****SCHEDULE E**

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 E: <b>9</b>  |
| 2 FILER NAME<br><b>Laura Richard</b>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$  |
| 5 Date of loan<br><b>04/19/2021</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Laura Richard</b> | 9 Loan Amount (\$) <b>500.00</b>  |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><b>427 Dockside Ct. Sugar Land TX. 77478</b>          | 10 Interest rate<br><b>0.00</b>   |
|  |  | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)<br><b>County Clerk</b>                            |  | 13 Employer (See Instructions)<br><b>Fort Bend County</b>   |
| 14 Description of Collateral<br><input type="checkbox"/> none  |  | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                                  | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code  |   |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |
| Date of loan<br><b>06/29/2021</b>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Laura Richard</b>   | Loan Amount (\$) <b>10,000.00</b>   |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   | Lender address; City; State; Zip Code<br><b>427 Dockside Ct. Sugar Land TX. 77478</b>            | Interest rate<br><b>0.00</b>  |
|  |  | Maturity date   |
| Principal occupation / Job title (See Instructions)<br><b>County Clerk</b>                               |  | Employer (See Instructions)<br><b>Fort Bend County</b>  |
| Description of Collateral<br><input type="checkbox"/> none   |  | Check if personal funds were deposited into political account (See Instructions)  |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                                     | Name of guarantor  | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code   |   |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Laura Richard   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>7/7/2022   | <b>5</b> Payee name<br>Branding Matters  |  |
| <b>6</b> Amount (\$)<br>\$375.63                                    | <b>7</b> Payee address; City; State; Zip Code<br>8034 Hwy 90A Sugar Land TX 77478  |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising   | <b>(b)</b> Description<br>Shirts             |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>6/29/2022   | Payee name<br>Fort Bend Star   |  |
| Amount (\$)<br>\$106.25   | Payee address; City; State; Zip Code<br>3944 Bluebonnet Sugar Land TX. 77477   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising  | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>4/6/2022  | Payee name<br>Exchange Club of Sugar Land  |  |
| Amount (\$)<br>206.80   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Donation   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 OF THIS SCHEDULE AS NEEDED

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|                                   |                                      |  |
|-----------------------------------|--------------------------------------|--|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>Laura Richard | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|--------------------------------------|--|

|                           |   |
|---------------------------|---|
| <b>4</b> Date<br>6/1/2022 | <b>5</b> Payee name<br>Icenhower Consulting |
|---------------------------|---|

|                                   |  |       |        |          |
|-----------------------------------|--|-------|--------|----------|
| <b>6</b> Amount (\$)<br>\$1200.00 | <b>7</b> Payee address;<br>3019 Arrowhead Sugar Land TX. 77479 | City; | State; | Zip Code |
|-----------------------------------|--|-------|--------|----------|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting | <b>(b)</b> Description  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                  |                                    |
|------------------|------------------------------------|
| Date<br>5/9/2022 | Payee name<br>Icenhower Consulting |
|------------------|------------------------------------|

|                          |   |       |        |          |
|--------------------------|---|-------|--------|----------|
| Amount (\$)<br>\$1200.00 | Payee address;<br>3019 Arrowhead Sugar Land TX. 77479 | City; | State; | Zip Code |
|--------------------------|---|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Consulting      | Description   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                  |   |
|------------------|---|
| Date<br>2/6/2022 | Payee name<br>Simonton Christian School |
|------------------|---|

|                      |  |       |        |          |
|----------------------|--|-------|--------|----------|
| Amount (\$)<br>\$100 | Payee address;<br>P. O. Box 490 Simonton TX. 77476 | City; | State; | Zip Code |
|----------------------|--|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising     | Description   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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# EXPENDITURES MADE BY CREDIT CARD

# 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                         | Fees                          | 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:                                    | <b>2</b> FILER NAME<br>Laura Richard   | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$ 80.99   |
| <b>5</b> Date<br>1/26/2022   | <b>6</b> Payee name<br>Pamela Printing   |  |
| <b>7</b> Amount (\$)<br>195.93                                       | <b>8</b> Payee address; City; State; Zip Code<br>550 Julie Rivers Sugar Land TX 77478  |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br>Labels                           |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought <span style="float:right">Office held</span> |
| Date<br>1/28/2022  | Payee name<br>Homestead.com  |  |
| Amount (\$)<br>\$23.74   | Payee address; City; State; Zip Code   |  |
| TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising  | Description<br>Website                                     |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name  | Office sought <span style="float:right">Office held</span> |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>           |  |  |

# EXPENDITURES MADE BY CREDIT CARD

# 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                         | Fees                          | 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:                                  | <b>2</b> FILER NAME<br>Laura Richard  | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |   | \$ 80.99   |
| <b>5</b> Date<br>2/25/2022   | <b>6</b> Payee name<br>Homestead.com  |  |
| <b>7</b> Amount (\$)<br>\$23.74                                    | <b>8</b> Payee address; City; State; Zip Code   |  |
| <b>9</b> TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising  | <b>(b)</b> Description<br>Website                          |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>11</b><br>Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| <b>Date</b><br>3/25/2022   | <b>Payee name</b><br>Homestead.com  |  |
| <b>Amount (\$)</b><br>\$23.74                                      | <b>Payee address;</b> City; State; Zip Code   |  |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                      | <b>Category</b> (See Categories listed at the top of this schedule)<br>Advertising  | <b>Description</b><br>Website                              |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| Complete ONLY if direct expenditure to benefit C/OH                | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |

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# EXPENDITURES MADE BY CREDIT CARD

# 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                         | Fees                          | 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:                                    | <b>2</b> FILER NAME<br>Laura Richard  | <b>3</b> Filer ID (Ethics Commission Filers)                 |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | \$ 80.99   |
| <b>5</b> Date<br>4/25/2022   | <b>6</b> Payee name<br>Homestead.com  |  |
| <b>7</b> Amount (\$)<br>\$23.74                                      | <b>8</b> Payee address; City; State; Zip Code   |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising  | <b>(b)</b> Description<br>Website                            |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |
| Date<br>5/9/2022   | Payee name<br>Homestead.com   |  |
| Amount (\$)<br>\$23.74   | Payee address; City; State; Zip Code  |  |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Website                                       |
|  | Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |

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# EXPENDITURES MADE BY CREDIT CARD

# 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                         | Fees                          | 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F4:                                       | <b>2</b> FILER NAME<br>Laura Richard   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD      |  | \$ 80.99                                     |
| <b>5</b> Date<br>6/27/2022  | <b>6</b> Payee name<br>Homestead.com   |  |
| <b>7</b> Amount (\$)<br>\$23.74   | <b>8</b> Payee address; City; State; Zip Code  |  |
| <b>9</b> TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                               |  |
| <b>10</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising                             | <b>(b)</b> Description<br>Website            |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>11</b><br>Complete <u>ONLY</u> 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   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| PURPOSE OF EXPENDITURE  | 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 <u>ONLY</u> if direct expenditure to benefit C/OH              | Candidate / Officeholder name  | Office sought Office held                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED