Laura Pritchett

FORM C/OH **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 8 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY OFFICEHOLDER Laura NAME Date Received NICKNAME LAST SUFFIX Pritchett CANDIDATE / Date Hand-defivered or Date Postmarked ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** Change of Address Ft. Worth, TX 76179 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** NAME SUFFIX NICKNAME LAST CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE REPORT TYPE January 15 30th day before election RunoN 15th day after campaign treasurer appointment (officeholder only) Exceeded modified Final Report (Attach C/OH-FR) X July 15 8th day before election reporting limit Day PERIOD Day Year Year Month Month COVERED 01/01/2024 THROUGH 06/30/2024 ELECTION TYPE 10 ELECTION **ELECTION DATE** Month Day Year Other]Prima∩ Runoff General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) College Board of Trustees District 4 Tarrant **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Pritchett, Laura	14	4 Filer ID				
15 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.						
Additional Pages	COMMITTEE TYPE	E COMMITTEE NAME					
		COMMITTEE ADDRESS					
	SPECIFIC						
	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	PLEDGES, LOANS, RONICALLY) \$	0.00				
	2. TOTAL POLITIC (OTHER THAN I	\$	0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITIC	\$. 616.78				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	ST DAY OF THE \$	200.65				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	F THE LAST DAY \$	0.00				
17 AFFIDAVIT		I swear, or affirm, under penalty or true and correct and includes all in under Title 15, Election Code. Signature of Ca	f perjury, that the accompanion required to be requ	anying report is eported by me			
AFFIX NO	TARY STAMP / SEAL AB	OVE		•			
Sworn to and subso	cribed before me, by the s	aid ertify which, witness my hand and seal of office.	_, this the	day			
	cer administering	Printed name of officer administering	Title of officer adm				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3 18 FILER NAME** 19 Filer ID Pritchett, Laura 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS X \$ 616.78 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District **Legal Services** OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: FILER NAME 3 Filer ID Sch: 1/5 Rpt: 4/8 Pritchett, Laura Date Payee name 05/22/2024 Carrick Design, Inc. Amount (\$) Payee address; State; Zip Code \$100.00 10830 Axton Ct. Reimbursement from political contributions intended L Haslet, TX 76052 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Campaign Graphics Production EXPENDITURE Campaign Graphics Production** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2024 GoDaddy Amount (\$) Payee address; City; State; Zip Code \$50.56 2155 E. GoDaddy Way Reimbursement from political contributions intended X Tempe, AZ 85284 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Monthly Fee Domain Name Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2024 GoDaddy Payee address; Amount (\$) City; State; Zip Code \$50.56 2155 E. GoDaddy Way Reimbursement from political contributions intended |x| Tempe, AZ 85284 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Monthly Fee Domain Name Complete ONLY if direct Candidate/Officeholder name Office held, Office sought expenditure to benefit C/OH

SCHEDULE G

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	EXPENDITURE CATEGORI	ES EOD BOY 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID		
Sch: 2/5 Rpt: 5/8	Pritchett, Laura	Pritchett, Laura			
4 Date	5 Payee name				
03/01/2024	GoDaddy				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$50.56 Reimbursement from political contributions intended	2155 E. GoDaddy Way Tempe, AZ 85284				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sched	fule) (b) Description	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Fees	Monthly Foo Do	Check if Austin, TX, officeholder living expense		
		Monthly Fee Dor	nan Name		
Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Officeholder name	Office sought	Office held		
Date	Payee name	<u>.</u>			
04/01/2024	GoDaddy				
Amount (\$)	Payee address; City; State;	Zip Code			
\$50.56	2155 E. GoDaddy Way		•		
Reimbursement from political contributions intended	Tempe, AZ 85284				
PURPOSE OF	Category (See Categories listed at the top of this sched	tule) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Fees	Monthly Fee Dor			
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date	Payee name		•		
05/01/2024	GoDaddy				
Amount (\$)	Payee address; City; State;	Zip Code			
\$50.56	2155 E. GoDaddy Way				
Reimbursement from political contributions intended	Tempe, AZ 85284				
PURPOSE OF	Category (See Categories listed at the top of this sched	dule) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE Fees Monthly Fee Domain No					
		World by Fee Doi	man Name		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.				
1 Total pages Schedule G: Sch: 3/5 Rpt: 6/8	2 FILER NAME Pritchett, Laura		3 Filer ID			
4 Date 06/01/2024	5 Payee name GoDaddy					
6 Amount (\$) \$50.56	7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way					
Reimbursement from political contributions intended	Tempe, AZ 85284					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Fees	Monthly Fee Don	Check if Austin, TX, officeholder living expense nain Name			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held .			
Date	Payee name					
01/23/2024	Patriot Mobile					
Amount (\$) \$35.57	\$35.57 1527 West State Hwy 114					
X political contributions intended	Grapevine, TX 76051					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	Mobile Phone	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date	Payee name					
02/23/2024	Patriot Mobile					
Amount (\$)	Payee address; City; Sta	te; Zip Code				
\$35.57	1527 West State Hwy 114					
Reimbursement from political contributions intended	Grapevine, TX 76051					
PURPOSE OF	Category (See Categories listed at the top of this s	schedule) Description	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Office Overhead/Rental Expense	Mobile Phone	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			

SCHEDULE G

Solicitation/Fundraising Expense

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overneat/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
				<u> </u>	how to co	omplete this form.			_
1	Total pages Schedule G:		FILER NAME				3	Filer ID	
	Sch: 4/5 Rpt: 7/8		Pritchett, La	ura					
4	Date	5	Payee name						
	03/23/2024		Patriot Mobi	ile					
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$35.57		1527 West State Hwy 114						
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	x political contributions intended		Grapevine,	TX 76051				•	
8	PURPOSE	-		ee Categories listed at the top of this sch	edule)	(b) Description	٦c≀	neck if travel outside of Texas. (Complete Schedule T.
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	EXPENDITURE		O	Todail Chai Expense		Mobile Phone	_		
9	Complete ONLY if direct	Can	didate/Officel	nolder name		Office sought		Office held	
ļ.	expenditure to benefit								
L	С/ОН								
	Date		Payee name					•	
	04/23/2024		Patriot Mobi	ile					
	Amount (\$)		Payee addres	ss; City; State	; Zip Co	ode			
	\$35.57		1527 West State Hwy 114						
	Reimbursement from								
	political contributions intended		Grapevine,	TX 76051					
Г	PURPOSE		Category (se	ee Categories listed at the top of this sch	edule)	Description	7 cı	neck if travel outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Office Overl	head/Rental Expense			j cı	neck if Austin, TX, officeholder li	ving expense
EXPENDITURE Office Overhead/Nertial Expense Mobile Phone									
		Can	didate/Officel	nolder name		Office sought		Office held	
	expenditure to benefit								
	Date		Payee name						
L	05/23/2024		Patriot Mobi	ile					
	Amount (\$)	l	Payee addres	· •	; Zip Co	ode			
	\$35.57		1527 West	State Hwy 114				•	
	Reimbursement from political contributions								
	intended		Grapevine,	TX 76051					
	PURPOSE		Category (se	ee Categories listed at the top of this sch	nedule)	Description [_	neck if travel outside of Texas, (•
	OF EXPENDITURE		Office Over	head/Rental Expense		[CI	heck if Austin, TX, officeholder live	ving expense
						Mobile Phone		•	
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	Complete ONLY if direct expenditure to benefit	Can	didate/Officel	nolder name		Office sought		Office held	
	C/OH								
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District **Travel Out of District Legal Services** OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID Sch: 5/5 Rpt: 8/8 Pritchett, Laura 4 Date Payee name 06/23/2024 **Patriot Mobile** City; Payee address; 6 Amount (\$) State; Zip Code \$35.57 1527 West State Hwy 114 Reimbursement from political contributions intended X Grapevine, TX 76051 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Mobile Phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Version V4.1.0.d378aba0