

# 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		2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Laura		MI		<div style="text-align: center; font-size: 2em; font-weight: bold;">POSTED</div> <div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="text-align: center; font-size: 1.5em;">JUL 15 2025</div> <div style="text-align: center; font-weight: bold;">TARRANT COUNTY COLLEGE DISTRICT</div>
	NICKNAME LAST SUFFIX Pritchett				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 8101 Boat Club Road Ste 203 Fl Worth, TX 76179		Date Hand-delivered or Date Postmarked		
			Receipt # Amount		
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI				
	NICKNAME LAST SUFFIX				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year    Month Day Year 01/01/2025    THROUGH    06/30/2025				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) College Board of Trustees Place TCC District 4 Tarrant		12 OFFICE SOUGHT (if known)		
GO TO PAGE 2					

<b>POLITICAL EXPENDITURES FROM PERSONAL FUNDS</b>		<b>SCHEDULE G</b>				
<p style="text-align: center;"><b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b></p> <table style="width: 100%; font-size: small;"> <tr> <td style="vertical-align: top;">           Advertising Expense            Accounting/Banking            Consulting Expense            Contributions/Donations Made By -                Candidate/Officeholder/Political Committee            Credit Card Payment         </td> <td style="vertical-align: top;">           Event Expense            Fees            Food/Beverage Expense            Gift/Awards/Memorials Expense            Legal Services         </td> <td style="vertical-align: top;">           Loan Repayment/Reimbursement            Office Overhead/Rental Expense            Polling Expense            Printing Expense            Salaries/Wages/Contract Labor         </td> <td style="vertical-align: top;">           Solicitation/Fundraising Expense            Transportation Equipment &amp; Related Expense            Travel In District            Travel Out of District            OTHER (enter a category not listed above)         </td> </tr> </table> <p style="text-align: center; font-size: x-small;">The instruction Guide explains how to complete this form.</p>			Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)
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<b>1 Total pages Schedule G:</b> Sch: 3/5 Rpt: 7/9	<b>2 FILER NAME</b> Pritchett, Laura	<b>3 Filer ID</b>				
<b>4 Date</b> 06/26/2025	<b>5 Payee name</b> Marriott Hotels					
<b>6 Amount (\$)</b> <div style="text-align: right;">\$623.83</div> <div style="font-size: x-small;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended         </div>	<b>7 Payee address; City; State; Zip Code</b> 7750 Wisconsin Ave  Bethesda Ave, MD 20814					
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel Out of District	<b>(b) Description</b> <div style="font-size: x-small;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> Hotel for Travel to DC				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>						
<table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 33%;">Candidate/Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate/Officeholder name	Office sought	Office held	
Candidate/Officeholder name	Office sought	Office held				
<b>Date</b> 01/23/2025	<b>Payee name</b> Patriot Mobile					
<b>Amount (\$)</b> <div style="text-align: right;">\$35.57</div> <div style="font-size: x-small;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended         </div>	<b>Payee address; City; State; Zip Code</b> 1527 West State Hwy 114  Grapevine, TX 76051					
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>Description</b> <div style="font-size: x-small;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> Mobile Phone				
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Candidate/Officeholder name	Office sought	Office held				
<b>Date</b> 02/23/2025	<b>Payee name</b> Patriot Mobile					
<b>Amount (\$)</b> <div style="text-align: right;">\$35.57</div> <div style="font-size: x-small;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended         </div>	<b>Payee address; City; State; Zip Code</b> 1527 West State Hwy 114  Grapevine, TX 76051					
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# 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		2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Laura	MI	OFFICE USE ONLY Date Received	
	NICKNAME	LAST Pritchett	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 8101 Boat Club Road Ste 203 FL Worth, TX 76179			ZIP CODE	
	Date Hand-delivered or Date Postmarked			Receipt # Amount	
	Date Processed			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Kimberly	MI A		
	NICKNAME	LAST Wall	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8923 Little Raven Trl Niwot CO 80503				
7 CAMPAIGN TREASURER PHONE	AREA CODE 612	PHONE NUMBER 710	EXTENSION 9100		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
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10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) College Board of Trustees Place TCC District 4 Tarrant			12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2**

2 of 8

<b>13 C / OH NAME</b> Pritchett, Laura		<b>14 Filer ID</b>	
<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	
	<input type="checkbox"/> SPECIFIC		
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>			
<b>16 CONTRIBUTION TOTALS</b>	1. 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)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,140.61
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>17 AFFIDAVIT</b>  <div style="text-align: center; margin-top: 20px;">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.</div> <div style="text-align: center; margin-top: 20px;">_____ Signature of Candidate or Officeholder</div> <div style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</div> <div style="margin-top: 20px;">Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</div> <div style="margin-top: 20px;">_____ Signature of officer administering      Printed name of officer administering      Title of officer administering oath</div>			

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**  
3 of 8

<b>18 FILER NAME</b> Pritchett, Laura		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,140.61
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)
The instruction Guide explains how to complete this form.			
<b>1</b> Total pages Schedule G: Sch: 1/5 Rpt: 4/8	<b>2</b> FILER NAME Pritchett, Laura		<b>3</b> Filer ID
<b>4</b> Date 01/01/2025	<b>5</b> Payee name GoDaddy		
<b>6</b> Amount (\$) <div style="text-align: right;">\$50.56</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended                     </div>	<b>7</b> Payee address; City; State; Zip Code 2155 E. GoDaddy Way  Tempe, AZ 85284		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                     </div> Monthly Domain Name	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
<div style="display: flex; justify-content: space-between;"> <span>Candidate/Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			
<b>Date</b> 02/01/2025	<b>Payee name</b> GoDaddy		
<b>Amount (\$)</b> <div style="text-align: right;">\$50.56</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended                     </div>	<b>Payee address; City; State; Zip Code</b> 2155 E. GoDaddy Way  Tempe, AZ 85284		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                     </div> Monthly Domain Name	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>			
<div style="display: flex; justify-content: space-between;"> <span>Candidate/Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			
<b>Date</b> 03/01/2025	<b>Payee name</b> GoDaddy		
<b>Amount (\$)</b> <div style="text-align: right;">\$50.56</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended                     </div>	<b>Payee address; City; State; Zip Code</b> 2155 E. GoDaddy Way  Tempe, AZ 85284		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                     </div> Monthly Domain Name	
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Bookkeeping  
Consulting Expense  
Contributions Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorabilia Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/5 Rpt: 5/8		2 FILER NAME Pritchett, Laura		3 Filer ID	
4 Date 04/01/2025		5 Payee name GoDaddy			
6 Amount (\$) \$50.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Domain Name	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/01/2025		Payee name GoDaddy			
Amount (\$) \$50.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Domain Name	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/01/2025		Payee name GoDaddy			
Amount (\$) \$50.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284			
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1 Total pages Schedule G: Sch: 3/5 Rpt: 6/8		2 FILER NAME Pritchett, Laura		3 Filer ID
4 Date 06/26/2025		5 Payee name Marriott Hotels		
6 Amount (\$) \$623.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 7750 Wisconsin Ave Bethesda Ave, MD 20814		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Travel to DC
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 01/23/2025		Payee name Patriot Mobile		
Amount (\$) \$35.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1527 West State Hwy 114 Grapevine, TX 76051		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile Phone
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/23/2025		Payee name Patriot Mobile		
Amount (\$) \$35.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1527 West State Hwy 114 Grapevine, TX 76051		
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1 Total pages Schedule G: Sch: 4/5 Rpt: 7/8	2 FILER NAME Pritchett, Laura	3 Filer ID
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Date 04/23/2025	Payee name Patriot Mobile	
Amount (\$) \$35.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1527 West State Hwy 114 Grapevine, TX 76051	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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Accounting/Banking  
Consulting Expense  
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Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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1 Total pages Schedule G: Sch: 5/5 Rpt: 8/8	2 FILER NAME Pritchett, Laura	3 Filer ID
4 Date 06/23/2025	5 Payee name Patriot Mobile	
6 Amount (\$) \$35.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1527 West State Hwy 114 Grapevine, TX 76051	
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