		E / OFFICEHOL I FINANCE REF				FORM C/OH COVER SHEET PG 1	
F	ne C/OH Instruction (Guide explains how to con	plete this form.	1 Filer ID		2 Total pages filed:	
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Laura		MI	Data Received JUL 1 5 202	
		NICKNAME	LAST Pritchett		SUFFIX	TARRANT COUNTY COLLEGE	E CUSTRIC
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; A 8101 Boat Club Road Ste 203 Ft. Worth, TX 76179	PT / SUITE #; CI	ry;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
5	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST		MI		1
		NICKNAME	LAST		SUFFIX		
6	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO	PO BOX PLEASE);	АРТ	/ SUITE #; CITY	r; STATE; ZIP CODE	
7	CAMPAIGN TREASURER PHONE	AREA CODE PH	ONE NUMBER	EXTENSION			
8	REPORT TYPE	January 15	30th day before	election 🗍	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)	
9	PERIOD COVERED	Month Day Yes 01/01/2025	-	HROUGH	Month Day 06/30/20		
10	ELECTION	ELECTION DATE Month Day Yes	" <u> </u>	Primary General	ELECTION TYPE Runoff Special	Other	
11	OFFICE	OFFICE HELD (if any) College Board of Truste	ees Place TCC D	istrict 4 Tarrent	12 OFFICE SOUGH	fT (if known)	
			GO	TO PAGE 2	<u> </u>		
Fo	rms provided by Te	xas Ethics Commission	www.e	thics.state.br.u		Version V4.1.0.f10d0	Hd8

POLITICAL EX	SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Constitutional Densitions Made 8 Candidate/Office/odder/Politic Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Feed Feed Feed Feed Feed Feed Fe	ee Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (srier a category not listed above)			
1 Total pages Schedule G: Sch: 3/5 Rpt: 7/9	2 FILER NAME Pritchett, Laura	3 Filer ID			
4 Date 06/26/2025	5 Payee name Marriott Hotels				
\$623.83 Reimbursement from policial contributions intended	7 Payee address; City; State; Zip Code 7750 Wisconsin Ave Bethesda Ave, MD 20814				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lated at the top of this schedule) Travel Out of District Hotel for Travel	Check if Austin, TX, officeholder Bring expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt Office held			
Date 01/23/2025	Payee name Patrict Mobile				
Amount (\$) \$35.57	Payee address; City; State; Zip Code 7 1527 West State Hwy 114				
X political contributions intended	Grapevine, TX 76051	-			
PURPOSE OF EXPENDITURE	Category (See Categories Based at the top of this schedule) Office Overhead/Rental Expense Mobile Phone	Check if Austin, TX, officeholder Bidng expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt Office held			
Date 02/23/2025	Payee name Patriot Mobile				
Amount (\$) \$35.57	Payee address; City; State; Zip Code 1527 West State Hwy 114				
Reimbursement from political contributions intended	cal construtions .				
PURPOSE OF EXPENDITURE	Category (See Categories Exact at the top of this schedule) Office Overhead/Rental Expense Mobile Phone	Check if Aussin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH					

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Laura	OFFICE USE ONLY Date Received
	NICKNAME LAST SUFFIX Pritchett	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 8101 Boat Club Road Ste 203	Deze Hand-delivered or Date Postmarked Receipt # Amount
Change of Address	Ft. Worth, TX 76179	Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI KIMBER L NICKNAME LAST SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: 8923 Cittle Raven Tul Niwo	STATE: ZIP CODE + CO 80503
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (e12 710 9100	
8 REPORT TYPE	January 15	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year Month Day 01/01/2025 THROUGH 06/30/202	Year 25
10 ELECTION	ELECTION DATE Month Day Year Primary General Special	Other
11 OFFICE	OFFICE HELD (if any) College Board of Trustees Place TCC District 4 Tarrant	(if known)
	GO TO PAGE 2	
Forms provided by T	exas Ethics Commission www.ethics.state.bt.us	Version V4.1.0.f10d0fd8

**1818-4-

SUPPORT		PLDER REPORT:		FORM C/OH SHEET PG 2 2 of 8
L3 C / OH NAME	Pritchett, Laura	14	Filer ID	
LS NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the of d officeholders are required to report this information on	candidate's or officehold	er's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
6 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS (OTHER THAN PI IES OF LOANS, OR CONTRIBUTIONS MADE ELECTR		0.0
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.0
EXPENDITURE TOTALS		MIZED POLITICAL EXPENDITURES		0.0
		CAL EXPENDITURES	\$	1,140.6
CONTRIBUTION BALANCE	REPORTING P		\$	0.0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	THE LAST DAY \$	0.0
7 AFFIDAVIT		I swear, or affirm, under penalty of true and correct and includes all inf under Tide 15, Election Code.	perjury, that the accomp ormation required to be	anying report is reported by me
		Signature of Car	ndidate or Officeholder	
AFFIX NO	DTARY STAMP / SEAL AB	OVE		
	scribed before me, by the	···	, this the	day
of	<i>w</i>	ertify which, witness my hand and seal of office.		
Signature of offi	icer administering	Printed name of officer administering	Title of officer adm	inistering oath
orms provided by Te	exas Ethics Commission	n www.ethics.state.bx.us	Vei	sion V4.1.0.f10d0

SUBTOTALS - CIOH	FORM C/OH COVER SHEET PG 3
	3 of 8
18 FILER NAME Pritchett, Laura	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,140.61
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	\$
Forms provided by Texas Ethics Commission www.ethics.state.bc.us	Version V4.1.0./10d0fd8

			SCHEDULE G
Advertising Expense Accounting/Benking Consulting Expense Contributional Donatons Heide By Candidate/Officeholder/Politics Credit Card Payment	Fees Office Food/Beverage Expense Pollin/ - Gilf/Awards/Memorials Expense Prinsi:	lepsyment/Reimbursement Overhead/Rental Expense Expense g Expense afWages/Contract Labor	Solicitation/Fundrabing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not issued above)
Total pages Schedule G: Sch: 1/5 Rpt: 4/8	2 FILER NAME Pritchett, Laura		3 Filer ID
Date 01/01/2025	5 Payee name GoDaddy		
Amount (3) \$50.56	7 Payee address; City; State; Zip 2155 E. GoDaddy Way	Code	
Reimbursement from political contributions intended	Tempe, AZ 85284		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FGGS	(b) Description Monthly Domain	Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder IMing expense Name
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
02/01/2025	GoDaddy		
Amount (\$) \$50.56 X Retinbursement from political contributions intended	Payee address; City; State; Zip 2155 E. GoDaddy Way Tempe, AZ 85284	Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Domain	Check if travel outside of Taxas. Complete Schedule Check if Austin, TX, officeholder 6Ving expense Name
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/01/2025	Payee name GoDaddy		
Amount (\$) \$50.56	Payee address; City; State; Zip (2155 E. GoDaddy Way	Code	
Reimbursement from political contributions intended	Tempe, AZ 85284		
PURPOSE OF EXPENDITURE	Catagory (See Catagories listed at the top of this schedule) Fees	Description Monthly Domain	Check if travel outside of Taxas. Complete Schedule Check if Austin, TX, officeholder Bving expense Name
Complete ONLY if direct complete ONLY if direct complete COH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
Advertising Expense Accounting Banking Consulting Expense Contribution (Expense) Contribution (Expense) Card Card Payment	Fees Office Foot/Severage Expense Polity Gibbourds/Memorials Expense Printe	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense saWagas/Contract Labor	Solicitation/Fundralising Expense Transportation Engineers & Related Expense Transi in District Transi Out of District OTHER (enter a calegory not listed above)		
Total pages Schedule G: Sch: 2/5 Rpt: 5/8	2 FILER NAME Pritchett, Laura		3 Filer ID		
Date 04/01/2025	5 Payee name GoDaddy				
Amount (3) \$50.56	7 Payee address; City; State; Zip 2155 E. GoDaddy Way	Code			
Reinbursement from political constitutions intended	Tempe, AZ 85284				
PURPOSE OF EXPENDITURE	(a) Category (See Categories Island at the top of this schedule) Fees	(b) Description	Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder 84ng expense Narme		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date	Payee name				
05/01/2025	GoDaddy				
Amount (\$) \$50.56 X Retriburaement from political constitutions intended	Payee address; City; State; Zip 2155 E. GoDaddy Way Tempe, AZ 85284	Code			
PURPOSE OF EXPENDITURE	Category (See Categories Estad at the top of this schedule) FeeS	Description [Check if travel outside of Texas. Complete Schedule 1 Check if Austin, TX, officeholder BVing expense Name		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date	Payee name				
06/01/2025	GoDaddy				
Amount (\$) \$50.56	Payee address; City; State; Zip 2155 E. GoDaddy Way	Code			
Reimbursement from political contributions intended	Tempe, AZ 85284				
PURPOSE	Calingory (See Categories listed at the top of this schedule)	Description	Check If travel outside of Texas. Complete Schedule		
OF EXPENDITURE	Fees	Monthly Domain	Check If Austin, TX, officeholder Bring expense Name		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
rms provided by Texas E	thics Commission www.ethics.state.t	- 110	Version V4.1.0.f10d0		

	EXPENDITURE CATEGORIES	FOR BOX 8(e)	
Advertising Expense Accounting/Renting Consulting Spense Contributional Donations Made (i Candidate/Odlicaholds:/Politic Credit Card Payment	Pees Offic Food*Beverage Expense Polit ly - Gill/Awards/Memorials Expense Priv	n Repayment/Reimbursement is Overhead/Reimal Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundrabing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME		Files ID
Sch: 3/5 Rpt: 6/8	Pritchett, Laura	ľ	Filer (D
Date	5 Payee name		
06/26/2025	Marriott Hotels		
Amount (\$) \$623.83	7 Payee address; City; State; Zip 7750 Wisconsin Ave	Code	
Reimbursement from	7750 VVISCOISIII AVG		
X political constitutions intended	Bethesda Ave, MD 20814		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedu
EXPENDITURE	Travel Out of District	Hotel for Travel to	Check if Austin, TX, officeholder Bving expense DIC
		The second second	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
01/23/2025	Patrict Mobile		
Amount (\$) \$35.57			
Reimbursement from political contributions intended	Grapevine, TX 76051		
PURPOSE	Category (See Casegories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Sched
OF EXPENDITURE	Office Overhead/Rental Expense	Mobile Phone	Check If Austin, TX, officeholder Bving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
02/23/2025	Patriot Mobile		
Amount (\$) \$35.57	Payee address; City; State; Zip 1527 West State Hwy 114	Code	
Reimbursement from political contributions intended	Grapevine, TX 76051		
PURPOSE OF	Category (See Categories listed at the top of this achedule)	Description	Check if travel outside of Texas. Complete Sched.
EXPENDITURE	Office Overhead/Rental Expense	Mobile Phone	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held

a compare a compare management of a compare of a compare of a section of a compare of a compare

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Constitutional Densitions Made B Candidate/Olitosholder/Politio		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitator/Pundralising Expense Travel in District Travel in District Travel Cut of District GTHER (enter a category not listed above)			
Credit Card Payment	The Instruction Guide expl	ains how to complete this form.				
Total pages Schedule G:	2 FILER NAME		3 Filer ID			
Sch: 4/5 Rpt: 7/8	Pritchett, Laura					
Date 03/23/2025	5 Payee name Patriot Mobile					
Amount (\$)		tate; Zip Code				
\$35.57	1527 West State Hwy 114	iate; Zip Coos				
X political contributions intended	Grapevine, TX 76051					
PURPOSE	(a) Category (See Categories listed at the top of th	a schedule) (b) Description	Check If travel outside of Texas. Complete Schedu			
OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense			
		Mobile Phone				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date	Payee name		· · · · · · · · · · · · · · · · · · ·			
04/23/2025	Patriot Mobile					
Amount (\$)	Payee address; City; State; Zip Code 7 1527 West State Hwy 114					
\$35.57						
Reimbursement from political constitutions intended	Grapevine, TX 76051					
PURPOSE OF	Category (See Categories listed at the top of the	s achedule) Description	Check if travel outside of Texas. Complete Schedu			
EXPENDITURE	Office Overhead/Rental Expense	Mobile Phone	Check if Austin, TX, officeholder Bving expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date	Payee name					
05/23/2025	Patriot Mobile					
Amount (\$)	Payee address; City; S	tate; Zip Code				
\$35.57	1527 West State Hwy 114					
Reimbursement from political contributions intended	Grapevine, TX 76051					
PURPOSE	Category (See Categories listed at the top of th	is schedule) Description	Check if travel outside of Texas. Complete Schedu			
OF EXPENDITURE	Office Overhead/Rental Expense	Mobile Phone	Check if Austin, TX, officeholder Bring expense			

					SCHEDULE G
Advertising Expense Accounting/Blanking Consulting Expense Constitutional Consistons Made By Candidate/Officeholder/Politics Credit Card Payment	Event El Fess Food/Be GIV/Ave I Committee Legal Se	verage Expense rds/Memorials Expense	Loan Rep Office Ov Polling Ex Printing E Selectes	reyment/Reimbursoment rethead/Rental Expense opense opense Wages/Contract Labor	Solicitation/Fundrateing Expense Transportation Explanant & Related Expense Travel in District Travel Cut of District OTHER (enter a category not listed above)
Total pages Schedule G: Sch: 5/5 Rpt: 8/8	2 FILER NAME Pritchett, Laura			<u>-</u> `	3 Filer ID
Date 06/23/2025	5 Payee name Patriot Mobile				
Amount (\$) \$35.57	7 Payee address; 1527 West State I	**	ite; Zip Co	ode	
polical constitutors resorded	Grapevine, TX 76			(h) Poredelles	Check if travel outside of Texas. Complete Schedule
OF EXPENDITURE	(a) Category (See Category Office Overhead/i		screcue)	(b) Description Mobile Phone	Check if Austin, TX, officeholder Ming superse
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name		Office sought	Office held