CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 12 MS / MRS / MR FIRST мі 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mrs Laura NAME Date Received LAST SUFFIX NICKNAME POSTED Forkner Pritchett CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** APR 28 2023 8101 Boat Club Road Ste 203, Ft Worth, TX 76179 MAILING **ADDRESS** TARRANT COUNTY COLLEGE DISTRICT Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (682) 288-8591 PHONE Receipt # Amount \$ MS / MRS / MR FIRST мі 6 CAMPAIGN TREASURER Kimberly Mrs Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Wall STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN TREASURER 8923 Little Raven Trail, Niwot, CO 80503 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (612 710-9100 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runeff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year Day Month Day COVERED 26 / 23 28 / 23 3 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other DeUcription Month Day Year General Special 23 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Tarrant CTY College Board of Trustees D4 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 16 C/OH NAME | [1 | 16 Filer ID (| Ethics Commission Filers) | | | |
|---|--|---------------|---------------------------------|--|--|--|
| Laura Forkner Pritche | ett | | | | | |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0 | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 2,070.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | 22.60 | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 15,903.22 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | DAY \$ | 149.56 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ | 0 | | | |
| 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. Shapature of Candidate or Officeholder | | | | | | |
| Please complete either option below: | | | | | | |
| NOTARY STAMP/SEA | L | | | | | |
| Sworn to and subscribed | before me by this the _ | d | ay of, | | | |
| 20, to certify | which, witness my hand and seal of office. | | | | | |
| Signature of officer administ | ering oath Printed name of officer administering oath | Titl | e of officer administering oath | | | |
| | OR | | | | | |
| (2) Unsworn Declarat | ion | | | | | |
| My name is <u>Laura F</u> | ritchett, and my date of birth is | 7/28/1 | 970 | | | |
| My address is | () | | code) (country) | | | |
| Executed inTarrar | t County, State of <u>Azle</u> , on the <u>28th</u> day of <u>Apri</u> | | 20 <u>23</u> . (year) | | | |
| | Signajure of Candid | ate/Officeho | der (Declarant) | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME Laura Forkner Pritchett 20 Filer ID (Ethics C | mmission Filers) | |
|--|--------------------|--|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,070.00 | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. SCHEDULE E: LOANS | \$ | |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 6,445.00 | |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 1,774.00 | |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 7,684.22 | |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| The | instruction Guide explains how to complete this | 1 Total pages Schedule A1: 2 | | |
|--|--|--|---------------------------------------|--|
| 2 FILER NAME Laura Forki | ner Pritchett | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor out-of-state PAC Blake Vaughn | (ID#:) | 7 Amount of contribution (\$) | |
| 04/09/20 | 6 Contributor address; City; 8109 Belmont Ct, North R | State; Zip Code ichland Hills. | 1,000.00 | |
| 8 Principal occup Patriot DSP LI | pation / Job title (See Instructions) | 9 Employer (See Instruction Blake Vaughn | tions) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 04/09/20 | Contributor address; City; | State; Zip Code | 500.00 | |
| | 6200 Lake Way, North F | Richland Hill: | | |
| Principal occup Retired | ation / Job title (See Instructions) | Employer (See Instruct Retired | ions) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 04/11/20 | Krystal Ramirez Contributor address; City; | State; Zip Code | 170.00 | |
| | 1437 Zanna Grace Way, | Haslet, TX 7 | | |
| Principal occup Acounting | ation / Job title (See Instructions) | Employer (See Instruc KCM | tions) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 04/14/20 | Jill Tate Contributor address; City; | State; Zip Code | 250.00 | |
| | 5605 Winnie Drive, Colle | yville, TX 76 | | |
| Principal occup Mom | eation / Job title (See Instructions) | Employer (See Instruc Mom | tions) | |
| | | | | |
| | | | | |
| | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| The | Instruction Guide explains how to comple | 1 Total pages Schedule A1: 2 | | | |
|---|---|---|--------------------------------------|--|--|
| 2 FILER NAME Laura Forki | ner Pritchett | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 04/22/20 | 5 Full name of contributor out-of-state PAC (ID#:) Brittany Brookens 6 Contributor address; City; State; Zip Code 132 Blue Wood Drive, Saginaw, TX 76 | | 7 Amount of contribution (\$) 75.00 | | |
| 8 Principal occup Project Manag | pation / Job title (See Instructions) | tions) | | | |
| Date 04/22/20 | Full name of contributor out-of- Susan Valliant Contributor address; City: 1910 Leighton Dr., A | | Amount of contribution (\$) 50.00 | | |
| Principal occup | ation / Job title (See Instructions) | JPS Health Network | - | | |
| Date 04/23/20 | Full name of contributor out-of- Laura Coates Contributor address; City; 929 Paddington Dr. E | | Amount of contribution (\$) 25.00 | | |
| Principal occup Activities Assis | ation / Job title (See Instructions) Stant | Employer (See Instruc Laura G Coates | tions) | | |
| Date | Full name of contributor out-of- | state PAC (ID#:) State; Zip Code | Amount of contribution (\$) | | |
| Principal occup | nation / Job title (See Instructions) | Employer (See Instruc | tions) | | |
| | ATTACH ADDITIONAL CO | OPIES OF THIS SCHEDULE AS N | IEEDED | | |
| if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

| | Candidate/Officeholder/Politica redit Card Payment | Committee Legal Services The Instruction Guide explain | Salaries/Wages/Contract Lebor is how to complete this form. | Other (enter a category not listed above) | | |
|---|--|---|--|---|--|--|
| 1 | Total pages Schedule F1: 1 | 2 FILER NAME Laura Forkner Pritchett | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 | Date 04/24/2023 | 5 Payee name Axiom Strategies via Versapa | v | | | |
| 6 | Amount (\$) | 7 Payee address; | City; | State; Zip Code | | |
| | 6,445.00 | 800 W. 47th St. STE 200, Kansas | • • | · • | | |
| 8 | | (a) Category (See Categories listed at the top of this | schedule) (b) Description | | | |
| | PURPOSE OF EXPENDITURE | Advertising Expense | Direct Mailers | | | |
| | | (c) Check if travel outside of Texas. Complete S | chedule T. Check if Aust | in, TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| | Date | Payee name | | | | |
| | Amount (\$) | Payee address; | City; | State; Zip Code | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this s | chedule) Description | | | |
| | | Check if travel outside of Texas. Complete S | ete 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 | | |
| | Date | Payee name | | | | |
| | Amount (\$) | Payee address; | City; | State; Zip Code | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this a | chedule) Description | | | |
| | | Check if travel outside of Texas. Complete S | chedule T. Check if Aust | in, TX, officeholder living expense | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | | |
| | | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS NE | EDED | | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consutting Expense
Contributions/Donations Made By
Candidats/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| Candidate/Officeriology/Political | The instruction Guide explains how to c | omplete this form. | Oner (ente | ar a category n | ottisted above) |
|---|--|-------------------------------|-------------------|------------------|------------------|
| 1 Total pages Schedule F2: | 2 FILER NAME Laura Forkner Pritchett | | 3 Filer ID | (Ethics Con | nmission Filers) |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ | | | | | |
| 5 Date 04/25/2023 | 6 Payee name Edgerton Strategies | | | | |
| 7 Amount (\$) 1,774.00 | 8 Payee address; 1540 Keller Prkwy #108-40P, Keller, TX 7 | City; 6P48 | | State; | Zip Code |
| 9 TYPE OF EXPENDITURE | Political Non-Pol | itical | | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Digital Media | | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Aus | tin, TX, officeho | older living exp | ense |
| 11 Complete ONLY if direct expenditure to benefit C/O | | ffice sought | | Office held | |
| Date | Рауее пате | | | | |
| Amount (\$) | Payee address; | City; | • | State; | Zip Code |
| TYPE OF EXPENDITURE | Political Non-Po | litical | | | |
| 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 Au | stin, TX, officeh | older living ex | pense |
| Complete ONLY if direct expenditure to benefit C/Oi | | ffice sought | | Office held | |
| | | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing 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 how to | complete this form. | | |
|--|---|-------------------------------|------------------------------|------------------------|
| 1 Total pages Schedule G: 5 | 2 FILER NAME Laura Forkner Pritchett | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 03/28/2023 | 5 Payee name Keepers Press | | | |
| 6 Amount (\$) 1,637.28 Reimbursement from political contributions intended | 7 Payee address; 520 Loma Vista, Heath, TX 75032 | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Signs | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin Office sought | , TX, officeholder living e | office held |
| Date 03/31/2023 | Payee name Harbor Freight Tools | | | |
| Amount (\$) 5.82 Reimbursement from political contributions intended | Payee address; 3569 NW Centre Dr., Lake Wo | orth, TX 76135 | State; | ZIp Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Zip Ties fo | r signs | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | | Check if Austin | n, TX, officeholder living e | oxpense Office held |
| Date 04/03/2023 | Payee name Square | | | |
| Amount (\$) 19.19 Reimbursement from political contributions intended | Payee address; Online | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories (isted at the top of this schedule) Fees | Description Monthly Fees | | |
| Complete ONLY if direct expenditure to benefit C/OH | Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name | Check if Austin Office sought | , TX, officeholder living e | xpense Office held |
| | ATTACH ADDITIONAL COPIES OF THIS S | SCHEDULE AS NEED | ED | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage

Loen Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

| Contributions/Donations Made Candidate/Officeholder/Politic | | Glft/Awards/Memorials Expense Legal Services | Printing E Salaries/V | | Travel in District Travel Out Of District Other (enter a category | rnot listed above) |
|--|---|---|--------------------------|---------------------------------|---|--------------------|
| Credit Card Payment | | The instruction Guide explain | s how to | complete this form. | | |
| 1 Total pages Schedule G: | 2 FILER NA | AME | | | 3 Filer ID (Ethics | Commission Filers) |
| 5 | Laura | Forkner Pritchett | | | | |
| 4 Date | 5 Payee na | me | | | | |
| 04/03/2023 | Vistap | rint | | | . <u> </u> | |
| 6 Amount (\$) | 7 Payee ad | ldress; | | City; | State; | Zip Code |
| 30.91 Reimbursement from | Online | | | | | |
| ✓ political contributions intended | | | | | | |
| 8 PURPOSE | | (See Categories listed at the top of this sci | heđule) | (b) Description | | |
| OF EXPENDITURE | Other | | | Website | | |
| | (c) | Check if travel outside of Texas. Complete Sch | edule T. | Check if Austin, | TX, officeholder living ex | pense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candid | date / Officeholder name | | Office sought | | Office held |
| Date | Payee na | me | | | _ | |
| 04/04/2023 | Azle A | rea Chamber | | | | l |
| Amount (\$) | Payee ad | ldress; | | City; | State; | Zip Code |
| 34.00 Reimbursement from political contributions intended | 404 V | V. Main St., Ste 102 | , Azle | , TX 76020 | | |
| | Category | y (See Categories listed at the top of this so | hedule) | Description | | |
| PURPOSE OF EXPENDITURE | Event | Expense | | Table Spon | sor | |
| | Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense | | | | pense | |
| Complete ONLY if direct expenditure to benefit C/C | | date / Officeholder name | | Office sought | | Office held |
| Date | Payee na | me | | | | |
| 04/10/2023 | Staple | S | | | | |
| Amount (\$) | Payee ad | ldress; | | City; | State; | Zip Code |
| 28.63 Reimbursement from | 6313 | Lake Worth Blvd, La | ke Wo | orth, TX 76135 | | |
| political contributions Intended | | · | - | | | • |
| PURPOSE | Category Other | (See Categories listed at the top of this so | hedule) | Description Misc office expense |) | |
| OF EXPENDITURE | | | | | | |
| | | Check if travel outside of Texas, Complete Sch | edule T. | Check if Austin, | TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/OH | Candid | date / Officeholder name | | Office sought | | Office held |
| | ATTA | ACH ADDITIONAL COPIES OF | THIS S | CHEDULE AS NEEDE | :D | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expens Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Office Overhead/Rental Expense Polling Expense

Printing Expense s/Wages/Contract Labor Solicitation/Fundralsing 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 how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Laura Forkner Pritchett 4 Date 5 Payee name 04/10/2023 Harbor Freight Tools 7 Payee address; 6 Amount (\$) City: State: Zip Code 38.88 3569 NW Centre Dr., Lake Worth, TX 76135 Raimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Zip Ties/ Misc items for hanging signs etc. Advertising Expense OF **EXPENDITURE** Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/10/2023 Campaign Sidekick Payee address; Amount (\$) City; State; Zip Code 275.00 Online Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Other Voter Contact OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 04/12/2023 Class Mail & Business Center Payee address; Amount (\$) City: State: Zip Code 48.00 8101 Boat Club Rd #240, Ft. Worth, TX 76179 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** General campaign expense General Campaign Expense **EXPENDITURE** Check If travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Jonations Made By

Event Expense Food/Beverage Expense
Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Credit Card Payment | The instruction Guide explains how to | complete this form. | Other (enter a category) | not listed 800ve) | |
|--|---|---|-----------------------------|-------------------|--|
| 1 Total pages Schedule G: 5 | 2 FILER NAME Laura Forkner Pritchett | | 3 Filer ID (Ethics C | ommission Filers) | |
| 4 Date | 5 Payee name | | | | |
| 04/13/2023 | Harbor Freight Tools | | | | |
| 6 Amount (\$) 18.38 Reimbursement from political contributions intended | 7 Payee address; 3569 NW Centre Dr., Lake Worth, TX 76 | City; 3135 | State; | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. | (b) Description Zip Ties/Misc items fo | or hanging signs et | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | ····· | ffice held | |
| Date 04/21/2023 | Payee name Edgerton Strategies | | | | |
| Amount (\$) 887.00 Reimbursement from political contributions intended | Payee address; 1540 Keller Parkway #108-402 | City: 2, Keller, TX 76 | State; 248 | Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Digital Med | ia | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | C | office held | |
| Date | Payee name | | | | |
| 04/21/2023 | Staples | | | | |
| Amount (\$) 53.69 Reimbursement from political contributions intended | Payee address; 6313 Lake Worth Blvd, Lake W | orth, TX 76135 | State; | Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Misc. office expense | 9 | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | C | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS S | CHEDULE AS NEEDE | ED | | |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Onetions Made By
Candidata/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense GitVAwards/Memortals Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Weges/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 how to complete this form. | | | | | | |
|---|---|---|----------------------------------|------------------|--|--|
| 1 Total pages Schedule G: 5 | 2 FILER NAME Laura Forkner Pritchett | | 3 Filer ID (Ethics Con | mmission Filers) | | |
| 4 Date | 5 Payee name | | | | | |
| 04/24/2023 | Tractor Supply | | | | | |
| 6 Amount (\$) 75.81 Reimbursement from political contributions intended | 7 Payee address; 3919 Telephone Rd, Lake Worth, TX 76 | City; | State; | Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other/General Campaign Expense | (b) Description Misc supp | olies | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check If Austin | , TX, officeholder living expen | 50 | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Off | ice held | | |
| Date | Payee name | | | | | |
| 04/24/2023 | Axiom Strategies via Versapay | | | | | |
| Amount (\$) 3,864.00 Reimbursement from potitical contributions intended | Payee address; 800 W. 47th St. Ste 200, Kans | as City, MO 6 | State; 4112 | Zip Code | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description | | | | |
| OF EXPENDITURE | Advertising Expense | Direct Mai | lers | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/ | | Office sought | Off | ice held | | |
| Date | Payee name | | | | | |
| 04/06/2023 | Keepers Press | | | | | |
| Amount (\$) | Payee address; | City; | State; 2 | Zip Code | | |
| 667.63 Reimbursement from political contributions intended | 520 Loma Vista, Heath, TX 750 |)32 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Yard/Road Signs | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check If Austin | n, TX, officeholder living expen | 50 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Off | ice held | | |
| | ATTACH ADDITIONAL COPIES OF THIS S | CHEDULE AS NEED | DED | | | |