

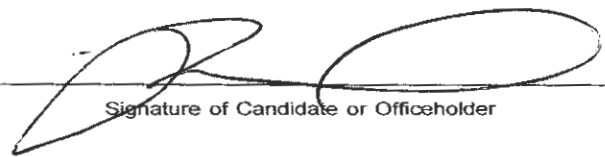


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

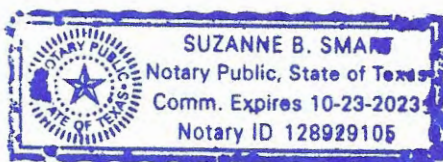
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Laura Rummel		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)	\$ 62.47
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,889.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 636.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,430.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,104.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000.00

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 Suzanne Smart this the 5<sup>th</sup> day of April

20 23, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath: Suzanne Smart Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is Suzanne B. Smart and my date of birth is 9/10/1965

My address is 666 Army (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME <b>Laura Rummel</b>	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,889.25
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 864.48
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,274.64
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 155.77
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 form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Laura Rummel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/01/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Melissa Causey</b>	7 Amount of contribution (\$)  <b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>2438 Thorntree Frisco, TX 75033</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/08/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Chinasatyam Veernapu</b>	Amount of contribution (\$)  <b>259.92</b>
	Contributor address; City; State; Zip Code <b>4424 Vista Terrace Dr. Frisco, TX 75036</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Phyllis Woods</b>	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code <b>912 S. Escondido Circle, Brownfield, TX 79316</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/19/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cyril Minnett</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>8548 Scott Circle Frisco, TX 75034</b>	
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.

# 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 form.		1 Total pages Schedule A1: <b>2 of 6</b>
2 FILER NAME <b>Laura Rummel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/19/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Shawn Jaffer</b>	7 Amount of contribution (\$)  <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>13211 Secretariat Blvd. Frisco, TX 75035</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Cox</b>	Amount of contribution (\$)  <b>156.07</b>
	Contributor address; City; State; Zip Code <b>2732 Links The Colony, TX 75056</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dave Wilcox</b>	Amount of contribution (\$)  <b>259.92</b>
	Contributor address; City; State; Zip Code <b>PO Box 5163 Frisco, TX 75035</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/15/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Prince</b>	Amount of contribution (\$)  <b>26.27</b>
	Contributor address; City; State; Zip Code <b>9579 Crown Meadow Frisco, TX 75035</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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 form.		1 Total pages Schedule A1: <b>3 of 6</b>
2 FILER NAME <b>Laura Rummel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/25/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Joni McConnell</b>	7 Amount of contribution (\$)  <b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>15741 Big Horn Trl Frisco, TX 75035</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/01/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Frisco Police Officers Association</b>	Amount of contribution (\$)  <b>2,500.00</b>
	Contributor address; City; State; Zip Code <b>PO Box 2263 Frisco, TX 75034</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/05/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve and Connie Schavrien</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>4323 Shamrock Dr. Frisco, TX 75034</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/11/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Terry Born</b>	Amount of contribution (\$)  <b>300.00</b>
	Contributor address; City; State; Zip Code <b>7257 Reflection Bay Dr. Frisco, TX 75036</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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 form.		1 Total pages Schedule A1: <b>4 of 6</b>
2 FILER NAME <b>Laura Rummel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/11/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Gilbert</b>	7 Amount of contribution (\$)  <b>104.15</b>
	6 Contributor address; City; State; Zip Code <b>11306 Casa Grande Trl Frisco, TX 75033</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Glyn King</b>	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code <b>4285 Glenhurst Ln. Frisco, TX 75033</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/19/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Arda and James Widman</b>	Amount of contribution (\$)  <b>104.15</b>
	Contributor address; City; State; Zip Code <b>3861 Frio Way Frisco, TX 75034</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/20/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Prince</b>	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code <b>9579 Crown Meadow Frisco, TX 75035</b>	
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.



# 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 form.		1 Total pages Schedule A1: <b>5 of 6</b>
2 FILER NAME <b>Laura Rummel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/20/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Saba Ilyas</b>	<b>104.15</b>
	6 Contributor address; City; State; Zip Code <b>10901 Breezewood Frisco, TX 75034</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/20/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Glenna Fallin</b>	<b>104.15</b>
	Contributor address; City; State; Zip Code <b>6229 Esplande Ave. Baton Rouge, LA 70806</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Marcus Williams</b>	<b>100.00</b>
	Contributor address; City; State; Zip Code <b>7373 Fiore Ln. Frisco, TX 75034</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Karen Cunningham</b>	<b>208.00</b>
	Contributor address; City; State; Zip Code <b>13309 Duesenberg Dr. Frisco, TX 75033</b>	
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.



# 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 form.		1 Total pages Schedule A1: <b>6 of 6</b>
2 FILER NAME <b>Laura Rummel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Siddhartha Subramanian</b>	7 Amount of contribution (\$)  <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>6168 Gilford Dr. Frisco, TX 75035</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>1</b>	
2 FILER NAME <b>Laura Rummel</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>864.48</b>	
5 Date <b>03/20/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frisco Fire Fighters Association</b>	8 Amount of Contribution \$ <b>864.48</b>	9 In-kind contribution description <b>Signs</b>
7 Contributor address; City; State; Zip Code <b>6735 Salt Cedar Way Suite 300-1043 Frisco TX 75034</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# 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>5</b>	<b>2</b> FILER NAME <b>Laura Rummel</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/07/2023</b>	<b>5</b> Payee name <b>Goody Goody</b>	
<b>6</b> Amount (\$) <b>267.86</b>	<b>7</b> Payee address; City; State; Zip Code <b>5285 TX-121 The Colony, TX 75056</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Drinks for kick off</b>
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>01/18/2023</b>	Payee name <b>K&amp;K Insurance Group, Inc.</b>	
Amount (\$) <b>284.00</b>	Payee address; City; State; Zip Code <b>1712 Magnavox Way Fort Wayne, IN 46804</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Kick off insurance</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      Office held
Date <b>01/19/2023</b>	Payee name <b>Vanessa Corral Photography</b>	
Amount (\$) <b>550.00</b>	Payee address; City; State; Zip Code <b>4216 Addax Trl Frisco, TX 75034</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Photographer</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      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: <i>2 of 5</i>	<b>2</b> FILER NAME <b>Laura Rummel</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/19/2023</b>	<b>5</b> Payee name <b>Earnest B BBQ and Catering</b>	
<b>6</b> Amount (\$) <b>975.00</b>	<b>7</b> Payee address; <b>6100 State Highway 121</b>	City; State; Zip Code <b>Frisco, TX 75034</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Kick off food</b>
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>01/19/2023</b>	Payee name <b>Meta Platforms, Inc</b>
Amount (\$) <b>193.35</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Description <b>Advertising Expense Digital Ads</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 Office held

Date <b>01/24/2023</b>	Payee name <b>Shiny Balloons</b>
Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>2448 Hammock Lake Dr. Little Elm, TX 75068</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Description <b>Event Expense Balloon decorations</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 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>3 of 5</b>	<b>2</b> FILER NAME <b>Laura Rummel</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/13/2023</b>	<b>5</b> Payee name <b>First Graphics Services</b>	
<b>6</b> Amount (\$) <b>466.56</b>	<b>7</b> Payee address; City; State; Zip Code <b>229 Garvon St. Garland, TX 75040</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Yard Signs</b>
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>02/24/2023</b>	Payee name <b>Community Impact</b>	
Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>3600 E. Palm Valley Blvd. Box #3 Round Rock, TX 78665</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Digital Ads</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      Office held
Date <b>02/27/2023</b>	Payee name <b>Lumos Creative</b>	
Amount (\$) <b>375.00</b>	Payee address; City; State; Zip Code <b>2216 Ellis Dr. Flower Mound, TX 75028</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Video production</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      Office held

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>4 of 5</b>	<b>2</b> FILER NAME <b>Laura Rummel</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/04/2023</b>	<b>5</b> Payee name <b>PrintPlace</b>	
<b>6</b> Amount (\$) <b>667.36</b>	<b>7</b> Payee address; City; State; Zip Code <b>1130 Ave H East Arlington, TX 76011</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Door Hangers and Business Cards</b>
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>03/09/2023</b>	Payee name <b>Frisco Style</b>	
Amount (\$) <b>965.00</b>	Payee address; City; State; Zip Code <b>PO Box 1676 Frisco, TX 75034</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Print Ad</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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>03/10/2023</b>	Payee name <b>E-Canvasser</b>	
Amount (\$) <b>379.00</b>	Payee address; City; State; Zip Code <b>Suite 10568, 26/27 Upper Pembroke St. Dublin, Republic of Ireland 2 D02 X361</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Solicitation Expense</b>	Description <b>Block walking app</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 <input type="checkbox"/> Office held <input type="checkbox"/>

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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: <i>5 of 5</i>	<b>2</b> FILER NAME Laura Rummel	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/12/2023	<b>5</b> Payee name iPROMOTEu
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<b>6</b> Amount (\$) 719.99	<b>7</b> Payee address; Dept 2419 PO Box 122419	City; Dallas, TX	State; 75312	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description T-shirts
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/15/2023	Payee name Signarama
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Amount (\$) 194.85	Payee address; 9410 Dallas Pkwy Ste 160	City; Frisco, TX	State; 75033	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Bumper Stickers
	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	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	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	Office held
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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	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.

1 Total pages Schedule G: 2		2 FILER NAME Laura Rummel		3 Filer ID (Ethics Commission Filers)	
4 Date 01/06/2023		5 Payee name Tom Thumb			
6 Amount (\$) 60.00 <small>Reimbursement from political contributions intended</small>		7 Payee address; 5550 FM 423		City; State; Zip Code Frisco, TX 75036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Stamps		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/19/2023		Payee name Shipt			
Amount (\$) 20.76 <small>Reimbursement from political contributions intended</small>		Payee address; 420 20th St. N, Suite 100		City; State; Zip Code Birmingham, AL 35203	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Drinks for kick off event		
	<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 01/19/2023		Payee name Trinity Event Staffing			
Amount (\$) 60.00 <small>Reimbursement from political contributions intended</small>		Payee address; 11520 N Central Expy, Unit 230		City; State; Zip Code Dallas, TX 75243	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Tip for bartender		
	<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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# 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	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 G: <i>2 of 2</i>	<b>2</b> FILER NAME <b>Laura Rummel</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/18/2023</b>	<b>5</b> Payee name <b>Lemma Coffee</b>	
<b>6</b> Amount (\$) <b>7.50</b> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code <b>9250 Dallas Pkwy Suite 150 Frisco, TX 75033</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Coffee</b>
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> <b>03/21/2023</b>	<b>Payee name</b> <b>The Lounge Coffee and Tea Bar</b>	
<b>Amount (\$)</b> <b>7.51</b> <small>Reimbursement from political contributions intended</small>	<b>Payee address; City; State; Zip Code</b> <b>2552 Stonebrook Pkwy #202 Frisco, TX 75034</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Coffee</b>
	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>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <small>Reimbursement from political contributions intended</small>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	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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