

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 (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Laura	D
	NICKNAME	LAST	SUFFIX
		Rummel	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		OFFICE USE ONLY Date Received RECEIVED APR 28 2023 3:53 P.M. A.C. City Secretary's Office
	4610 Twisting Trl Frisco, TX 75036		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	746-0094	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Francis	C
	NICKNAME	LAST	SUFFIX
	Frank	Mesina	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or Business)	15174 Fountain Ln Frisco, TX 75035		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(847)	312-3157	
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	3	28	23
	THROUGH		Month
			Day
			Year
			4 / 26 / 23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5	6	23
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Frisco City Council, Place 5		Frisco City Council, Place 5
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	TREPAC - Texas Realtors Political Action Committee	
		COMMITTEE ADDRESS	
		PO Box 2246, Austin, TX 78768-2246	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Leslie Cantu		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	PO Box 2246, Austin, TX 78768-2246		
Additional Pages			

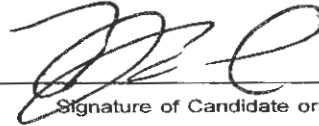
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

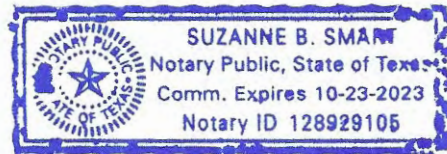
15 C/OH NAME Laura Rummel		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,795.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 202.86
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,434.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,465.47
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 28th day of 2023

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

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
 (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

19 FILER NAME Laura Rummel		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,795.50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9,434.19
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. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
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: <i>1 of 6</i>
2 FILER NAME Laura Rummel		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Laura Rummel	7 Amount of contribution (\$) 2,000.00
	6 Contributor address; City; State; Zip Code 4610 Twisting Trl. Frisco, TX 75036	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Sherif Tariq	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 12966 Balez Dr. Frisco, TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Katie Singleton	Amount of contribution (\$) 1,038.73
	Contributor address; City; State; Zip Code 10176 Claiborne Ln. Frisco, TX 75033	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Virginia Burgan	Amount of contribution (\$) 52.23
	Contributor address; City; State; Zip Code 10517 Amergate Ln. Frisco, TX 75035	
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: <i>2 of 6</i>
2 FILER NAME Laura Rummel		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2023	5 Full name of contributor out-of-state PAC (ID#: _____) John Stammreich ----- 6 Contributor address; City; State; Zip Code 11187 Silver Horn Dr. Frisco, TX 75033	7 Amount of contribution (\$) 26.27
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Tracie and Keith Shipman ----- Contributor address; City; State; Zip Code 10141 Calvary Court Frisco, TX 75035	Amount of contribution (\$) 52.23
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Karen Canterbury ----- Contributor address; City; State; Zip Code 5712 Kettering Ct Richardson, TX 75082	Amount of contribution (\$) 104.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Jerry Keating ----- Contributor address; City; State; Zip Code 5629 Blazing Star Frisco, TX 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 6
2 FILER NAME Laura Rummel		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Vamsidhar Kodali	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 10967 Grindstone Manor Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Srikanth and Mythili Krothapalli	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 5867 Aylworth Dr. Frisco, TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Sivaramaiah Kondru	Amount of contribution (\$) 2,000.00
	Contributor address; City; State; Zip Code 4617 Quiet Circle Plano, TX 75024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Theodore and Roberta Hart	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 6703 Canyon Lake Dr. Frisco, TX 75036	
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 6
2 FILER NAME Laura Rummel		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Brian Livingston	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 9520 Alberta Ct Frisco, TX 75033	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Muhammed Saeed	Amount of contribution (\$) 259.92
	Contributor address; City; State; Zip Code 13040 Allenwood Ave Frisco, TX 75033	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Adi Kattari	Amount of contribution (\$) 104.15
	Contributor address; City; State; Zip Code 15121 Fountain Ln Frisco, TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Rick Thomas	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 6676 Catalina Ln. Frisco, TX 75036	
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>5 of 6</i>
2 FILER NAME Laura Rummel		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jerry Taylor	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 7405 St Petersburg Dr. Frisco, TX 75036		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Bill for Frisco campaign	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3598 Spruce Hills St. Frisco, TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Daniel Elmer	Amount of contribution (\$) 104.15
Contributor address; City; State; Zip Code 10110 Planters Row Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Venkat Gottipati	Amount of contribution (\$) 519.52
Contributor address; City; State; Zip Code 1000 Ridge Hollow Trl Irving, TX 75063		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>6 of 6</i>
2 FILER NAME Laura Rummel		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Lynn Slaney Silguero	7 Amount of contribution (\$) 104.15
	6 Contributor address; City; State; Zip Code 4619 Pine Valley Frisco, TX 75034	
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)

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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.

1 Total pages Schedule F1: <i>1 of 4</i>	2 FILER NAME Laura Rummel	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2023	5 Payee name Community Impact	
6 Amount (\$) 2,825.00	7 Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd. Box#3 Round Rock, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description ads
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 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 03/31/2023	Payee name Star Local Media	
Amount (\$) 600.00	Payee address; City; State; Zip Code 3501 East Plano Pkwy, #200 Plano, TX 75074	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description ads
	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 04/04/2023	Payee name Lumon Creative	
Amount (\$) 375.00	Payee address; City; State; Zip Code 2216 Ellis Dr Flower Mound, TX 75028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description video production
	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.

1 Total pages Schedule F1: <i>2 of 4</i>	2 FILER NAME Laura Rummel	3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2023	5 Payee name YT Ad Services	
6 Amount (\$) 1,100.00	7 Payee address; City; State; Zip Code 2340 E. Trinity Mills Rd. Ste 300 Carrollton, TX 75006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description ads
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 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 04/09/2023	Payee name E-cannasser	
Amount (\$) 379.00	Payee address; City; State; Zip Code Suite 10568, 26/27 Upper Pembroke St. Dublin, Republic of Ireland, 2 D02 X361	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation expense	Description blockwalking app
	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 04/13/2023	Payee name Google	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description ads
	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.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Laura Rummel	3 Filer ID (Ethics Commission Filers)
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4 Date 04/13/2023	5 Payee name PrintPlace
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6 Amount (\$) 164.32	7 Payee address; 1130 Ave H East	City; Arlington, TX	State; 76011	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Handouts
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/14/2023	Payee name YT Ad Services
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Amount (\$) 1,000.00	Payee address; 2340 E. Trinity Mills Rd, Ste 300	City; Carrollton, TX	State; 75066	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/19/2023	Payee name Meta Platforms, Inc.
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Amount (\$) 338.01	Payee address; 1 Hacker Way	City; Menlo Park, CA	State; 94025	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY 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 | 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 F1: <i>4 of 4</i>	2 FILER NAME Laura Rummel	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Payee name Community Impact	
6 Amount (\$) 450.00	7 Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd, Box #3 Round Rock, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description ads
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/23/2023	Payee name Google	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description ads
	Check if travel outside of Texas. Complete 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 04/24/2023	Payee name YT Ad Services	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 2340 E. Trinity Mills Rd, Ste 300 Carrollton, TX 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description ads
	Check if travel outside of Texas. Complete 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED