CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			<u> </u>		
The C/OH Instruction 6	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	^{3:} 11
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Dr	FIRST Lauralee	MI	OFFICE U	JSE ONLY
NAME	NICKNAME	LAST Harris	SUFFIX	Date Received	23-SL
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		city; state; zip code Kyle Tx 78640	1777	Q 2 -
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered o	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Angela	м: . Н	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Oliver		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	city; Kyle	STATE; TX	ZIP CODE 78640
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after treasurer app (Officeholder	ointment
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVERED	9 /	/ 28 / 23	THROUGH 10	/ 28 / 23	
11 ELECTION	ELECTION DA	JE	ELECTION TYPE		
	Month Day	Year Primary	Runolf Other Description		
	11 /7 /	✓ 23 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDS	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER:NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

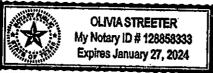
FORM C/OH **COVER SHEET PG 2**

15 C/OH NAME Dr Lauralee Harris	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)	\$ 1,140.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,245.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 786.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00
18 SIGNATURE	I swear, or affirm, under penalty of perjury, that the accompanying report is true and co required to be reported by me under Title 15, Election Code.	rrect and includes all information

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL						
Sworn to and subscribed before r	ne by <u>Laurelee</u> t	tarris	thi	is the 30°	day of D	Hober,
20 23 to certify which, w	itness my hand and seal of offic	Streete	<i>C</i>			
Signature of officer administering oath	Printed name of	of officer administerin	ng oath		Title of office	r administering oath
		OR				
(2) Unsworn Declaration						
My name is	.	, an	d my date of b	oirth is		.
My address is	<u> </u>					
	(street)		(city)	(state)	(zip code)	(country)
Executed in	_ County, State of	, on the	day of _		, 20	<u>.</u>
				(month)	(year)	
			Signature of	Candidate/Off	iceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Dr Lauralee Harris						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,140.00				
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 CO	\$	1,426.16				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,245.23			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1: 2
2 FILER NAME Dr Laurale	e Harris			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor RW Badger	7 Amount of contribution (\$)		
10/05/2023	6 Contributor address;	city; Kyle	State; Zip Code	40.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Robert Rizo	out-of-state PA	C (ID#:)	Amount of contribution (\$)
10/12/2023	Contributor address:	Citv:	State; Zip Code Kyle, Tx	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
10/25/2023	Elaine Cardenas Contributor address; Win	city; nberley, T	State; Zip Code -X 78676	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	cul-of-state PA(C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	_	Employer (See Instruct	tions)
		-		• • • • • • • • • • • • • • • • • • • •
	ATTACH ADDITIO		OF THIS SCHEDULE AS Nuction guide for additional r	

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 Gift/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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ny not usied above)
1 Total pages Schedule F1:	2 FILER NAME Dr Lauralee Harris		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
10/28/2023	Stripe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
-		- ·,·	•	
26.16	stripe.com			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Fees	Transfer Fee		
OF EXPENDITURE		<u> </u>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/13/2023	Wells Fargo Visa			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	wellsfargo.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Credit Card Payment	Payment on b	alance	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/28/2023	Wells Fargo Visa			
Amount (\$)	Payee address;	City;	State;	Zip Code
900.00	wellsfargo.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Credit Card Payment	Payment on ba	alance	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F4

		EXPENDITURE C	ATEGOR	IES FO	OR BOX 10(a)		-
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Off Po nse Pri	ice Overt lling Expe nting Exp		Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
		The Instruction Guide	explains ho	w to co	mplete this form.		
1 Total pages Schedule F4: 5	2 FILER Dr Laural	NAME ee Harris				3 Filer ID (Ethics (Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHAR	GED TO	ACRI	EDIT CARD	\$	
5 Date	6 Payee	name					
09/29/2023	Wix						
7 Amount (\$)	8 Payee	address;		•	City;	State;	Zip Code
36.80	wix.com						
9 TYPE OF EXPENDITURE		Political		Non-Poi	itical		· · · ·
10 PURPOSE OF EXPENDITURE	(a) Categor Fees	y (See Categories listed at the to	p of this sched	lule)	(b) Description Website Fee		
	(c)	Check if travel outside of Texas. C	omplete Sched	ule T.	Check if Au	stin, TX, officeholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder nan	ne	Of	fice sought	Office h	eld
Date	Payee	name					
10/03/2023	City of h						
Amount (\$)	Payee	address;			City;	State;	Zip Code
45.00	401 W (Center Street			Kyle	TX	
TYPE OF EXPENDITURE		Political		Non-Po	litical		
PURPOSE OF EXPENDITURE		y (See Categories listed at the to Expense	op of this sche	dule)	Description Booth Fee Fo	ounders Day	_
		Check if travel outside of Texas. C	omplete Sched	luie T.	Check if Au	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate / Officeholder nar	ne	Of	fice sought	Office h	eld
							-
	ATTA	CH ADDITIONAL COP	IES OF T	HIS SO	CHEDULE AS NE	EDED	
Forms provided by Texas Ethics	Commission		thics.state	.tx.us			Revised 8/17/2020

SCHEDULE F4

		EXPENDITURE CA	TEGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraisin Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
		The Instruction Guide ex	oplains how to co	omplete this form.		
1 Total pages Schedule F4: 5	2 FILER				3 Filer ID (Ethics (Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARG	BEDTOACR	EDIT CARD	\$	
5 Date	6 Payee:	name				
10/08/2023		argo Visa				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
11.34	well	fargo.com				
9 TYPE OF EXPENDITURE		Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Categor Fees	y (See Categories listed at the top	of this schedule)	(b) Description Credit Card II	nterest	
	(c)	Check if travel outside of Texas. Con	nplete Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	e Of	ffice sought	Office h	eld
Date	Payee	name				
10/11/2023	Amazon					
Amount (\$)	·	address;		City;	State	Zin Codo
12.22	amazon	-		Gity,	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	olitical		
	Catego	y (See Categories listed at the top	of this schedule)	Description		
PURPOSE OF	Event E	Expense		Tablecloth		
EXPENDITURE						
		Check if travel outside of Texas. Con	mplete Schedule T.	Check if Au	ıstin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	e O	ffice sought	Office h	eld
•	ATTAC	CH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NE	EDED	

SCHEDULE F4

	•					 	
		EXPENDI	TURE CATEG	ORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Politing Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)			
		The Instruction	n Guide explair	is how to co	mplete this form.		
1 Total pages Schedule F4: 2 FILER NAME 5 Dr Lauralee Harris					3 Filer ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	TOACR	EDIT CARD	\$	-
5 Date	6 Payee	name			<u> </u>	<u> </u>	
10/13/2023	Dollar G						
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
12.34	850 Vet	erans Drive			Kyle	TX	
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Categor Other	y (See Categories list	ed at the top of this		(b) Description Misc Office S	Supplies	
	(c)	Check if travel outside	of Texas. Complete	Schedule T.	Check if Au	ıstin, TX, officeholder livi	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Саг	edidate / Officeho	older name	Of	fice sought	Office	held
Date	Payee	name				- 	
10/15/2023	Vista Pr						
Amount (\$) 279.47	Payee	address;			city; Austin	State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical		
PURPOSE OF EXPENDITURE	-	ry (See Categories lis 3 Expense	ted at the top of this	schedule)	Description Post Card M	ailers	
		Check if travel outside	e of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	adidate / Officeho	older name	Of	fice sought	Office	held
	ATTA	CH ADDITIONA	AL COPIES C	F THIS S	CHEDULE AS NE	EDED	
							

SCHEDULE F4

		EXPENDITURE CA	ATEGORI	ES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Con Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		ment & Related Expense		
		The Instruction Guide e	xplains hov	n to co	mplete this form.			
1 Total pages Schedule F4: 5	2 FILER Dr Laural					3 Filer ID	(Ethics (Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARG	3ED TO	ACR	EDITCARD	\$		
5 Date	6 Payee	name				!		<u> </u>
10/17/2023	Office D	epot						
7 Amount (\$)	8 Payee	address;			City;	s	tate:	Zip Code
91.27	201 Spri	ngtown Way			San Mar		-	×
9 TYPE OF EXPENDITURE		Political	N	lon-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Categor Other	y (See Categories listed at the top	of this schedu	ije)	(b) Description Labels			
	(c)	Check if travel outside of Texas. Co	mplete Schedu	leT.	Check if Au	stin, TX, officeh	older living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	ie	Of	fice sought		Office h	eld
Date	Payee	name						-
10/19/2023	USPS							
Amount (\$)	Pavee	address;		-	City;	<u> </u>	tate;	Zip Code
528.00	Veteran				Kyle	Тх	uic,	Zip Gode
TYPE OF EXPENDITURE		Political	1	lon-Po	litical			
PURPOSE OF EXPENDITURE	Categor Other	ry (See Categories listed at the top	of this sched	ule)	Postage for r	nailers		
		Check if travel outside of Texas. Co	amplete Schedi	ıle T.	Check if A	ustin, TX, officel	nolder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	ie	Of	ffice sought		Office h	eld
-	ATTA	CH ADDITIONAL COPI	ES OF TI	11S S	CHEDULE AS NE	EDED		

SCHEDULE F4

	EXPENDITURE CATEG	SORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
10/20/2023	USPS		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
21.42	Veterans Drive	Kyle	TX
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Other	(b) Description Postage for r	nailers
	(C) Check if travel outside of Texas. Complete S	ichedute T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/21/2023	Super Cheap Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
207.37	9200 Water Central Blvd	Austin	Tx
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Printing Expense	Description Outdoor Sign	ns
	Check if travel outside of Texas. Complete S	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED
		·	

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	o complete this	form.	1 Total pages Schedule A1: 2	
2 FILER NAME Dr Laurale	ee Harris			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor William Johnson	7 Amount of contribution (\$)			
10/02/2023	6 Contributor address;	city;	State; Zip Code TX 78640	500.00	
		rtyle,			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)	
10/02/2023	Paul Hill			05.00	
10/02/2020	Contributor address:	City;	State; Zip Code	25.00	
		Kyle,	TX 78640		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
10/03/2023	Melanie Miller		05.00		
10/03/2023	Contributor address;	City;	State; Zip Code	25.00	
		Kyle,	TX 78640		
Principal occup	oation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	; (ID#)	Amount of contribution (\$)	
10/05/0000	Jaylee Bachman				
10/05/2023	Contributor address;	City;	State; Zip Code	200.00	
	W	imberley,	Tx 78676	_00.00	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
1					
	.==.				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED