

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: <div style="font-size: 1.5em; text-align: center;">18</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	<div style="text-align: center; font-size: 1.2em;">Laura</div>		
	NICKNAME	LAST	SUFFIX
		Durant	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
	1920 Country Moss Way Southlake, Tx 76092		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 994-4955		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	<div style="text-align: center; font-size: 1.2em;">Jennifer</div>		
	NICKNAME	LAST	SUFFIX
		Hough	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
	1200 Whispering Ln Southlake Tx 76092		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(469) 623-0734		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 2 / 14 / 2022 THROUGH 03 / 29 / 2022		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE		13 OFFICE SOUGHT (if known)	
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 type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

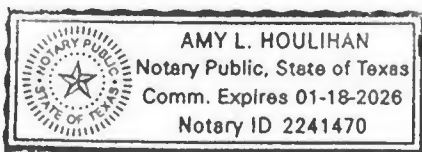
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Laura Durant</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7197.91</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4317.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2548.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2000.00</u>

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]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Laura Durant this the 7 day of April, 2022, to certify which, witness my hand and seal of office.

Amy Houlihan
Signature of officer administering oath

Amy Houlihan
Printed name of officer administering oath

Notary Public
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 <i>Laura Durant</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6865
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 332.91
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4317.
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 10
2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/22	5 Full name of contributor Andrea Curreri out-of-state PAC (ID#):	7 Amount of contribution (\$) 125.00
6 Contributor address: 307 Timberlake Dr. Southlake, Tx 76092 City: State: Zip Code		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 2/26/22	Full name of contributor August Schilling out-of-state PAC (ID#):	Amount of contribution (\$) 200.00
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/22	Full name of contributor Paula Edens out-of-state PAC (ID#):	Amount of contribution (\$) 150.00
Contributor address: 913 Summertree Southlake, Tx 76012 City: State: Zip Code		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 3/3/22	Full name of contributor Michael Crane out-of-state PAC (ID#):	Amount of contribution (\$) 50.00
Contributor address: 4109 E. 10th Ave #446 Denver CO 80220 City: State: Zip Code		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Accenture
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 10
2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/22	5 Full name of contributor Bonnie & Kevin Henry out-of-state PAC (ID#): 6 Contributor address; City: State: Zip Code 5205 Windstone Dr. Keller TX 76244	7 Amount of contribution (\$) 275.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Classic
Date 3/4/22	Full name of contributor Aimee Martin Contributor address; City: State: Zip Code 715 Windsor Creek Southlake TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Independent Financial
Date 3/5/22	Full name of contributor Jennifer Golomb Contributor address; City: State: Zip Code 2837 Placid Circle Grapevine TX 76051	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Sodexo
Date 3/6/22	Full name of contributor Charla Thompson Contributor address; City: State: Zip Code 108 Wilmington Ct. Southlake TX 76092	Amount of contribution (\$) 80.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) none
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/22	5 Full name of contributor Lisa Williams out-of-state PAC (ID#):	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1915 Shooting Star Ln. Southlake Tx 76092		
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) CISD
Date 3/7/22	Full name of contributor Bjorn Bennett out-of-state PAC (ID#):	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 724 Longford Dr. Southlake Tx 76092		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Epig Global
Date 3/7/22	Full name of contributor Kristin Lambeth out-of-state PAC (ID#):	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 210 Silverwood Cir. Southlake Tx 76092		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) none
Date 3/8/22	Full name of contributor Angela Jones out-of-state PAC (ID#):	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 903 Parkview Ln Southlake Tx 76092		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) none
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 10
2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/22	5 Full name of contributor Kimberly Manskey out-of-state PAC (ID#):	7 Amount of contribution (\$) 100.00
6 Contributor address; City: State: Zip Code 350 Central Ave # 308 Southlake Tx 76092		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 3/22/22	Full name of contributor Pamela Francis out-of-state PAC (ID#):	Amount of contribution (\$) 100.00
Contributor address; City: State: Zip Code 1203 Champions Way Southlake Tx 76092		
Principal occupation / Job title (See Instructions) Strategy, Risk & Compliance Specialist		Employer (See Instructions) PWC
Date 3/24/22	Full name of contributor Holly Walsh out-of-state PAC (ID#):	Amount of contribution (\$) 200.00
Contributor address; City: State: Zip Code 1002 Hanover Dr. Southlake Tx 76092		
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) Delta
Date 3/29/22	Full name of contributor Emily Setford out-of-state PAC (ID#):	Amount of contribution (\$) 50.00
Contributor address; City: State: Zip Code 1911 Water Lily Dr. Southlake Tx 76092		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) CISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/22	5 Full name of contributor Terri Bartlett out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code 808 Longford Dr. Southlake Tx 76092	7 Amount of contribution (\$) 40.00
8 Principal occupation / Job title (See Instructions) fitness instructor		9 Employer (See Instructions) Self
Date 4/4/22	Full name of contributor Teresa Kulupka out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 722 Portofino Pl Southlake Tx 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Digital Marketing		Employer (See Instructions) MRC
Date 4/4/22	Full name of contributor Kathy Hines out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 1000 Pheasant Ln Southlake Tx 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) none
Date 4/5/22	Full name of contributor Hilary Prokop out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 1205 Champions Way Southlake Tx 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) none
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/22	5 Full name of contributor Katie Zaback out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code 9709 Keywest Ave. Southlake Tx 76092	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) AI Researcher		9 Employer (See Instructions) Johns Hopkins
Date 4/5/22	Full name of contributor Gordon Aalund out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 200 E. Chapel Downs Dr. Southlake, Tx 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) IES
Date 2/26/22	Full name of contributor Paulette Turner out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code P.O. Box 843 Colleyville, Tx	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/22	Full name of contributor Zoe Courtney out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 912 Raven Court Southlake Tx 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/22	5 Full name of contributor Jennifer Schutter out-of-state PAC (ID#):	7 Amount of contribution (\$) 500.00
6 Contributor address; City: State: Zip Code 2001 Vail Rd Southlake Tx 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/22	Full name of contributor Philip Petescia out-of-state PAC (ID#):	Amount of contribution (\$) 100.00
Contributor address; City: State: Zip Code 141 Eagle Pass Georgetown Tx 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/22	Full name of contributor Kerin Beauchamp out-of-state PAC (ID#):	Amount of contribution (\$) 250.00
Contributor address; City: State: Zip Code 655 N. Park Blvd. Grapevine Tx 76651		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/22	Full name of contributor Donna James-Harvey out-of-state PAC (ID#):	Amount of contribution (\$) 100
Contributor address; City: State: Zip Code 12884 Noel Rd #1081 Dallas Tx 75230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/22	5 Full name of contributor Richard Durant out-of-state PAC (ID#):	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1507 Meeting Street Southlake Tx 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/18/22	Full name of contributor Tom Durant out-of-state PAC (ID#):	Amount of contribution (\$) \$ 2000
Contributor address; City; State; Zip Code 1500 Meeting St. Southlake, Tx 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/22	Full name of contributor Nancy Novak out-of-state PAC (ID#):	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 5109 Merced Dr. Ft Worth, Tx 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/22	Full name of contributor Beverly Bright out-of-state PAC (ID#):	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 1211 Williamson Rd. Granbury Tx 76048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/22	5 Full name of contributor out-of-state PAC (ID#: Laura Durant	7 Amount of contribution (\$) 5.00
6 Contributor address; City; State; Zip Code 1920 Country Moss Way Southlake, Tx 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/22	Full name of contributor out-of-state PAC (ID#: Laura Durant	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code 1920 Country Moss Way Southlake, Tx 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/22	Full name of contributor out-of-state PAC (ID#: Nithya Vasan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 809 Orleans Dr. Southlake Tx 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/22	Full name of contributor out-of-state PAC (ID#: Tara Johnson	Amount of contribution (\$) 150
Contributor address; City; State; Zip Code 404 Orleans Dr. Southlake Tx 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/22	5 Full name of contributor Erin Ingram out-of-state PAC (ID#: 6 Contributor address: 809 Kelberg Ct. Southlake Tx 76092 City: State: Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/15/22	Full name of contributor Jennifer Godeette out-of-state PAC (ID#: Contributor address: 116 Sweet St. Southlake Tx 76092 City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/22	Full name of contributor Beatriz Terrazas out-of-state PAC (ID#: Contributor address: 4322 Homestead Dr. Southlake Tx 76092 City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/22	Full name of contributor Elisha Kurka out-of-state PAC (ID#: Contributor address: 803 Dominion Dr. Southlake Tx 76092 City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Laura Durant</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <div style="font-size: 1.2em;">2/22/22</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">Elisha Burka</div>	8 Amount of Contribution \$ <div style="font-size: 1.2em;">84.25</div>	9 In-kind contribution description <div style="font-size: 1.2em;">buttons</div>
7 Contributor address: City: State: Zip Code <div style="font-size: 1.2em;">803 Dominion Dr. Southlake Tx 76092</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Homemaker</div>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">none</div>	
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 <div style="font-size: 1.2em;">3/22/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">Paula Edens</div>	Amount of Contribution \$ <div style="font-size: 1.2em;">248.63</div>	In-kind contribution description <div style="font-size: 1.2em;">Flyers</div>
Contributor address: City: State: Zip Code <div style="font-size: 1.2em;">913 Summertree Ln. Southlake Tx 76092</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Retired</div>		Employer (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">none</div>	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 1	
2 FILER NAME <i>Laura Durant</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <i>2/15/22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Laura Durant</i>	9 Loan Amount (\$) <i>2000.00</i>	
6 Is lender a financial institution? <i>Y</i> <input checked="" type="checkbox"/> <i>N</i> <input type="checkbox"/>	8 Lender address; City; State; Zip Code <i>1920 Country Moss Way Southlake, Tx 76092</i>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <i>Y</i> <input type="checkbox"/> <i>N</i> <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/22		5 Payee name Summit Printing			
6 Amount (\$) 956.80		7 Payee address; 800 E. 101 Ter, Ste 350		City; Kansas City, MO	State; Zip Code 64131
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Signs and fliers		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/24/22		Payee name Just Yard signs			
Amount (\$) 1385.00		Payee address; 2235 Mercator Dr.		City; Orlando	State; Zip Code FL 32807
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Yard signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 2/24/22		Payee name Uprinting			
Amount (\$) 430.77		Payee address; 8000 Haskell Ave		City; Van Nuys	State; Zip Code CA 91406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Car magnets		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)	
4 Date 2/25/22		5 Payee name Staples			
6 Amount (\$) 129.89		7 Payee address; 200 Kimball Ave. St. 221		City; Southlake	State; Tx
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description flyers		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/25/22		Payee name Vista Print			
Amount (\$) 71.22		Payee address; 100 Hagden Ave.		City; Lexington	State; MA
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 2/25/22		Payee name Tshirt Creations			
Amount (\$) 974.25		Payee address; 1225 E. Crosby Rd. Ste A1		City; Carrollton	State; Tx
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense		Description Tshirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Laura Durant		3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/22		5 Payee name Signarama			
6 Amount (\$) 166.61		7 Payee address: 151 S Dooley St. #101		City: Grapevine Tx	State: Zip Code 76051
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Sign		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/16/22		Payee name Staples			
Amount (\$) 112.57		Payee address: 200 Kimball Ave # 201		City: Southlake	State: Zip Code Tx 76092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Flyers		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> 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 3/18/22		Payee name Graduate Coffee			
Amount (\$) 89.90		Payee address: 1901 W. Southlake Blvd #100		City: Southlake	State: Zip Code Tx 76092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ Beverage Expense		Description Meet & Greet food		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> 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

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