# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	MI L	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Lantris	2	4/4/19
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; O	ander, TX 78641	Derablie
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 663-6365	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI L	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
- ,	Lantri		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		ZIP CODE ( 7864)
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 663-63	EXTENSION	
9 REPORT TYPE	January 15  30th day before elements and support of the support of		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH H	Day Year
11 ELECTION	Month Day Year Primary  5 / 4 / 19 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
		Leander C	ity council
		Pla	ity council ce l
	GO ТО	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	aura L	-antri P	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH IRES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	,
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2325.04
EXPENDITURE TOTALS	3. TOTAL F	\$	
	4. TOTAL	\$ 9632.65	
CONTRIBUTION BALANCE	10000	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 952.91
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* 2000.00
18 AFFIDAVIT		I swear, or affirm, under penalty of p	perjury, that the accompanying report is
STATE OF TELLS	DARA CRABTREE Notary ID # 1027382 My Commission Expir August 24, 2019	true and correct and includes all info under Title 15, Election Code.	ormation required to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsci	10		, this the
Signature of officer a	rabtre	o certify which, witness my hand and seal of office.  Printed name of officer administering oath	Secretary Moto Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19					
	Laura Lantrip				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$2325.04		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$ 2000.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$3372.13		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$6210.52		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 50.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	IONS	\$		

## **LOANS**

## SCHEDULE E

	The	1 Total pages Schedule E:					
2 FILER NAME Laura Lantrip				3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UN	NITEMIZED LOANS		\$			
_	Date of loan 2/4/19	7 Name of lender out-of-state F	iP	9 Loan Amount (\$)  2000 0 0			
6	Is lender a financial Institution?	8 Lender address; City; S	eander TX 78641	11 Maturity date			
12	Principal occupation	nn / Job title (See Instructions)  Retired	13 Employer (See Instructions)				
14	Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	not applicable	18 Guarantor address; City; S	State; Zip Code				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate			
	Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Collateral		ateral	Check if personal funds were of account (See Instructions)	deposited into political			
	GUARANTOR INFORMATION	Name of guarantor	_	Amount Guaranteed (\$)			
Guarantor address; City; State; Zip Code			State; Zip Code				
	not applicable Principal Occupation	on (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 PERSONAL FUNDS

### SCHEDULE G

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Wagnes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	ical Committee	Legal Services	tion Guide explain	Salaries/Wages/Co		Other (enter a category not li	sted above)
		The instruc	tion Guide explains	s now to complete	tills form.		
1 Total pages Schedule G:	2 FILER NA	ame Wra	, han	4rip		3 Filer ID (Ethics Comm	mission Filers)
4 Date 2 11 119	5 Payee na	me ty of	, hand Lean	der			
6 Amount (\$)  5 0 0 0  Reimbursement from political contributions intended	7 Payee ad		City; State; Zip		der, T	TX 78646	
8 PURPOSE OF EXPENDITURE	/	(See Categories lis	sted at the top of this sch		Check if travel outsic	hing fee for C de of Texas. Complete Schedule T. X, officeholder living expense	city counc
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeho	lder name	Office s	sought	Office	e held
Date	Payee na	me					
Amount (\$)	Payee ad	dress;	City; State; Zip	Code			
political contributions intended	Catanan	(00.1		(h) D			
PURPOSE OF EXPENDITURE	Category	(See Categories lis	sted at the top of this sch		Check if travel outsic	de of Texas. Complete Schedule T. X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeho	lder name	Office	sought	Office	e held
Date	Payee na	me					
Amount (\$)  Reimbursement from political contributions	Payee ad	dress;	City; State; Zip	Code			
PURPOSE OF EXPENDITURE	Category	(See Categories lis	sted at the top of this sch		Check if travel outsid	de of Texas. Complete Schedule T. X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeho	lder name	Office	sought	Office	e held
	ATTA	ACH ADDITIO	NAL COPIES OF	THIS SCHEDU	LE AS NEED	DED	

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 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)

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wage	es/Contract Labor Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILERNAME Laura Lantrip	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREE	DIT CARD \$				
5 Date 2/1/19	6 Payee name Square Space					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
229.50	8 Clarkson St, NY, N)	(				
9 TYPE OF EXPENDITURE	Political Non-Politic	cal				
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description Website template				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF	Advertising Expense					
EXPENDITURE	J ,	Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	1					
Date 2/5/19	Payee name Vistaprint					
Date 2/5/19 Amount (\$)	Payee name Vistaprint Payee address; City; State; Zip Code					
Amount (\$)	Vistaprint Payee address; City; State; Zip Code	100				
	Vistaprint	nam, MA 02451				
Amount (\$)	Vistaprint Payee address; City; State; Zip Code					
Amount (\$) 102.29  TYPE OF	Vistaprint  Payee address; City; State; Zip Code  275 Wyman St., Walth	cal				
Amount (\$)  102.29  TYPE OF EXPENDITURE	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)					
Amount (\$) 102.29  TYPE OF	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)	Description business cands  Check if travel outside of Texas. Complete Schedule T.				
Amount (\$)  102.29  TYPE OF EXPENDITURE  PURPOSE	Vistaprint  Payee address; City; State; Zip Code  275 Wyman St., Walth	Description business cands				
Amount (\$)  102.29  TYPE OF EXPENDITURE  PURPOSE OF	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)	Description business cands  Check if travel outside of Texas. Complete Schedule T.				
Amount (\$)  102.29  TYPE OF EXPENDITURE  PURPOSE OF	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)  Printing expense  Candidate / Officeholder name Office	Description business cands  Check if travel outside of Texas. Complete Schedule T.				
Amount (\$)  \( \bar{O} \arrow \lambda \), \( \arrow \arrow \)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)  Printing expense  Candidate / Officeholder name Office	Description DUSINESS CERTS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Amount (\$)  102.29  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)  Printing expense  Candidate / Officeholder name Office	Description DUSINESS CERTS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Amount (\$)  102.29  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)  Printing expense  Candidate / Officeholder name Office	Description DUSINESS CERTS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Amount (\$)  102.29  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)  Printing expense  Candidate / Officeholder name Office	Description DUSINESS CERTS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Amount (\$)  102.29  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  275 Wyman St., Walth  Political Non-Politic  Category (See Categories listed at the top of this schedule)  Printing expense  Candidate / Officeholder name Office	Description DUSINESS CERTS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense 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

Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Lantri P 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 2/12/19 Vistaprint 8 Payee address; City; State; Zip Code 275 Wyman St., Waltham, MA 02451 7 Amount (\$) 92.10 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description Wisiness Cards 10 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. printing expense OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Super Cheap Signs

Payee address; City; State; Zip Code

9200 Waterford Centre Blvd, Avstin, TX 78758 Amount (\$) 1037.44 TYPE OF Political Non-Political **EXPENDITURE** Description Road Signs Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense	е	Transportation Equipment & Helated 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 F4:						
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	IT CARD	\$			
5 Date 2/12/19	6 Payee name Super Cheap S	igns				
7 Amount (\$) 54.13	8 Payee address; City; State; Zip Code 9200 Waterford Cent	re Blu	d, Austin, TX 78758			
9 TYPE OF EXPENDITURE	Political Non-Politica	ul				
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on custom color signs			
PURPOSE OF EXPENDITURE	Advertising Expense	Check if	travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OI		sought	Office held			
Date 2/12/19	Date 2/12/19 Payee name Super Cheap Signs					
Amount (\$)	Payee address; City; State; Zip Code	721	1 N. L. TV 78758			
1079,79	Amount (\$)  1079.79  Payee address; City; State; Zip Code  9200 Waterford Centre Blvd, Austin, TX 78758					
TYPE OF EXPENDITURE	Political Non-Politica	al				
	Category (See Categories listed at the top of this schedule)		on yard signs			
PURPOSE	Notice that are by Orens	Check if	travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising expense	Check	if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)  Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense	
Advertising Expense Event Expense Loan Renayment/Reimbursement Solicitation/Eurodroising Expense	
Accounting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Food/Beverage Expense Polling Expense Printing Expense Food/Beverage Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F4: 2 FILER NAME  Autrip  3 Filer ID (Ethics Commission Filer	rs)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date 2/14/19 6 Payee name Blockbuster Print	
7 Amount (\$) 8 Payee address; City; State; Zip Code 344,43	
9 TYPE OF EXPENDITURE Political Non-Political	
10 (a) Category (See Categories listed at the top of this schedule) (b) Description Postcard Nandou	its
PURPOSE OF EXPENDITURE  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
Payee name  2   14   19  LOWES	
Amount (\$) Payee address; City; State; Zip Code	
204.06 1495 Hwy 183, Learnder, TX 78641	
TYPE OF EXPENDITURE Political Non-Political	
Category (See Categories listed at the top of this schedule)  Description Sign materialS	
PURPOSE OF EXPENDITURE  Advertising Expense  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	Í
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out of District Other (enter a category not listed above)	
	The Instruction Guide explain	ns how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME Laura Lanto	iD	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	•	\$	
5 Date 2/14/19	6 Payee name			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
48.90	1495 Hwy 183	, heander, TX	7864	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Description	on sign materials	
PURPOSE	al adicion GYA	i —	f travel outside of Texas. Complete Schedule T.	
OF Expenditure	Advertising Expr	Check	If Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date 2/14/19	Payee name Lowes			
Amount (\$)	Payee address; City; State;	Zip Code		
9.72	1495 Hwy 183	, hearder, TX	78641	
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of th	is schedule) Description	on sign materials	
PURPOSE	n lugalian	Checki	travel outside of Texas. Complete Schedule T.	
OF Expenditure	Advertising Exp	ense Check	if Austin, TX, officeholder living expense	
EXPENDITORE	) ,			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL CODIES O	NE THIS SCHEDULE AS NE	EDED	
	ATTACH ADDITIONAL COPIES C	/こ 1 1119 30UEDULE W9 NE	EUEU	

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Lantrip 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 3/5/19 Community Impact ee address; City; State; Zip Code **7** Amount (\$) 3600 E. Palm Valley Blud. Box#3, Round Rock 960.00 TYPE OF Political Non-Political **EXPENDITURE** (b) Description Ad March edition 10 (a) Category (See Categories listed at the top of this schedule) PURPOSE Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Donorbox Amount (\$) City; State; Zip Code 5 3rd St., St900, San Francisco, CA 94103 23.16 TYPE OF Political Non-Political EXPENDITURE Description Fees for march processing Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 F4:	2 FILER NAME Laura Lar	strip	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	O TO A CREDIT CARD	\$			
5 Date 4/2/19	6 Payee name Community I	Empact				
7 Amount (\$)	8 Payee address; City; State;	Zip Code	2. #2 Bound Back			
2125.00	3600 E. Palm	Valley Blud	Box#3, Round Rock 78665			
9 TYPE OF EXPENDITURE	Political	Non-Political	Ī			
10	(a) Category (See Categories listed at the top of	this schedule) (b) Descri	iption April print Ad			
PURPOSE OF EXPENDITURE	Advertising Exper	[	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense			
11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Ch	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense			
Complete ONLY if direct						
ATTAQUI ADDITIONAL CODIEC OF THE COLUMN F ACAMERS						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Laura Lanti	3 Filer ID (Ethics Commission Filers)			
4 Date 2 20 19	5 Payee name  Master Screen				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
225.00	701 CR 290, Leand	ler, TX 78641			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Deposit +-shirts, hats			
PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3  5   19	Master Screen 6	oraphics			
Amount (\$)	Payee address; City; State; Zip Code				
130.96	701 CR 290, Leander, TX 78641				
	Category (See Categories listed at the top of this schedule)	Description Balance tshirts, hats			
PURPOSE OF	Advertising Expense	Check if Avetic TV efficiencies in ingresses			
EXPENDITURE	110000 1131115 217	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
2/22/19	Jeff Seiler Carr	paign			
Amount (\$)	Payee address; City; State; Zip Code				
62.50	507 Las Colinas,	Leander, TX			
	Category (See Categories listed at the top of this schedule)	Description 12 Booth cost-Chamber Charlet if travel cutside of Tayas Complete Schedule T EXPO			
PURPOSE OF	Event Expense	Contest in layer outside or roxas. Complete outloade i.			
EXPENDITURE	LVAIT CAPAISC	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **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** 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 co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Lawra Lantrif	)	3 Filer ID (Ethics Commission Filers)		
4 Date 3 8 19	5 Payee name Minute man Press				
6 Amount (\$)	7 Payee address; City; State; Zip Code	ı			
50.24	715 Discovery Blud =	#401, Ceda	ar Park, TX 78613		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description M	eet + 6 reet flyers		
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.		
OF	printing expense	Check if Austin	, TX, officeholder living expense		
EXPENDITURE					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date ,	Payee name				
2/20/19	American Exp	MPSS			
1001.1	MINICI CAP	1035			
Amount (\$)	Payee address; City; State; Zip Code				
755,63		O-llas T	V == 5 ( = 5 ( ) ( )		
1,122,02	P.O. Box 650448,	Darias, 1	1 75265-0448		
		T			
	Category (See Categories listed at the top of this schedule)	Description #	duentising		
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.		
OF EXPENDITURE	credit card payment	Check if Austin,	TX, officeholder living expense		
EXPENDITURE	4 1				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
3/20/19	American Expres	S			
1 ,	, , , , ,				
Amount (\$)	Payee address; City; State; Zip Code				
1079,79	P.O. BOX 650448, E	)allactv	75715-1448		
1011,11	1.0. DOX 630470) E	Janas 11x	13463 0710		
	Category (See Categories listed at the top of this schedule)	Description	Advertising		
PURPOSE			side of Texas. Complete Schedule T.		
OF	transfer board tibers		5.002-6.000.5. 10000000000000		
EXPENDITURE	credit card payment	Check if Austin,	TX, officeholder living expense		
	·		- T		
Complete ONLY if dies -	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OF		Onice Sought	Office field		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **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 Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME LOW FOL L	antrip	3 Filer ID (Ethics Commission Filers)		
4 Date 3/30/19	5 Payee name American E)	(press			
6 Amount (\$)	7 Payee address; City; State; Z	ip Code			
1037.44	P.O. Box 65	0448, Dallas, TX	(75265-0448		
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	duentis ing		
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.		
OF EXPENDITURE	credit card payr	NETT L Check if Austin,	TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	•			
2/14/19	Bank of f	tmerica			
Amount (\$)	Payee address; City; State; Z		1000		
30.57	P.D. Box 1528	4, Wilmington, I			
<	Category (See Categories listed at the top of this s	chedule) Description C	hecks		
PURPOSE	Λ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ide of Texas. Complete Schedule T.		
OF EXPENDITURE	Accounting/Banki	Check if Austin,	TX, officeholder living expense		
	Accounting/Banking	se			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zi	p Code			
	Category (See Categories listed at the top of this s	chedule) Description			
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:		
2 FILER NAME Lawra Lantrip			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor		7 Amount of contribution (\$)		
2/20/19	Joy Hopkins				
0   0 0	6 Contributor address; City; State; Zip Code		504.15		
	3912 Barnes Bridge Rd, 8				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc			tions)		
REtired		N	<i>la</i>		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
3/11/19	Joy Hopkins		Amount of contribution (\$)		
بالباد					
			463.83		
	3912 Barnes Bridge Rd, Dallas, TX 75228				
Principal occupation / Job title (See Instructions) Employer (See Instru		Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
3/11/19	Joe Jaynes  Contributor address; City; State; Zip Code  8505 Blackwater Creek Trail, McKinney, TX 75070				
2/11/11					
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)		
teacher					
D-1-					
Date	Full name of contributor out-of-state PAC (ID#:)  Kathryn J. Kotrla, MD		Amount of contribution (\$)		
3/19/19		504,15			
	City, State, 219 Code				
	22974 Nameless Rd., Leander, TX 78641				
Principal occupation / Job title (See Instructions)		Employer (See Instruct	tions)		
psychiatrist					

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

*****************				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Lawra Lantrip		3 Filer ID (Ethics Commission Filers)		
4 Date 3 4 19	5 Full name of contributor out-of-state PAC (ID#:) Michael Dickerman 6 Contributor address; City; State; Zip Code 3000 Vista Heights, Leancher, TX 7864	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions)  Uハドルのいつ				
Date	Full name of contributor	Amount of contribution (\$)		
2/25/19	Judy Summers  contributor address; City; State; Zip Code 16830 SW Matador Lane, King City, OR 97224	25.21		
Principal occupation / Job title (See Instructions)  non-profit management Juvenile Diabetes Foundation				
Date	Full name of contributor	Amount of contribution (\$)		
3/22/19	Don Melson  Contributor address; City; State; Zip Code  4917 Oak Bluff, Mesquite, TX 75150	100.83		
Principal occupation / Job title (See Instructions)  Reticed  Employer (See Instructions)				
Date 3/28/19	Full name of contributor out-of-state PAC (ID#:) Kathryn J. Kotrla, MD and Robert L. Morris Contributor address; City; State; Zip Code 22974 Nameless Rd., Leunder, TX	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Psychiatrist and Retired  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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) Laura Lantri P 5 Full name of contributor | out-of-state PAC (ID#: Pix Howell 6 Contributor address; City; State; Zip Code P.D. Box Leb3, Wimberley, TX 78676 4 Date 7 Amount of contribution (\$) 3/29/19 100.83 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) unknown Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$)

City; State; Zip Code

City;

State;

out-of-state PAC (ID#:\_\_\_

Zip Code

Employer (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.

Contributor address;

Full name of contributor

Contributor address:

Principal occupation / Job title (See Instructions)

Principal occupation / Job title (See Instructions)

Date

Amount of contribution (\$)