

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
COVER SHEET
CITY SECRETARY

FORM C/OH
PAGE 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission File #)

2 Total pages filed:

FT. WORTH, TX

8

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
Mr		Charles V		Date Received			
Charlie		Lauersdorf					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
[REDACTED]							
CSO REC'D APR 6 '23 PM4:35							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
(817)		381-5236					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
	NICKNAME	LAST	SUFFIX	Amount \$			
Mrs.		Amanda M		Date Processed			
Charlie		Lauersdorf		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
[REDACTED]							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(817)		456-3863					
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	THROUGH	Month	Day	Year
02 / 03		/ 2023		03 / 27		/ 2023	
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
05 / 06 / 2023			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE BOUGHT (if known)			
				Fort Worth City Council - District 4			
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						
<input type="checkbox"/> Additional Pages							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME LAUERSDORF, CHARLES V		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)	\$ 13,670.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,138.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000⁰⁰

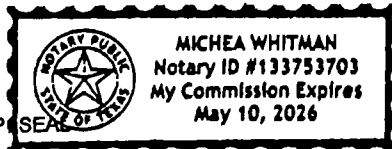
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP (SEAL)

Sworn to and subscribed before me by Charles Lauersdorf this the 6 day of April

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

[Signature]

Signature of officer administering oath

Michea Whitman

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

Lauersdorf, Charles V.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$13670.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$5,000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$19,138.26
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: 11
2 FILER NAME Lauersdorf, Charles		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/23	5 Full name of contributor John Odan out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3648 Stone Creek Ln Ft Worth TX 76137	7 Amount of contribution (\$) \$100⁰⁰
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)

Date 3/26/23	Full name of contributor Brandon Mireles out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 637 Granite Ridge Ft Worth TX 76179	Amount of contribution (\$) 25⁰⁰
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Tarrant Co. TX

Date 3/26/23	Full name of contributor Todd Currys out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1207 Maxine St Ft Worth TX 76117	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) Self-Employed - GT POOLS		Employer (See Instructions)

Date 3/26/23	Full name of contributor Jennifer Franco out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3724 Greenstone Dr Ft Worth TX 76137	Amount of contribution (\$) 50⁰⁰
Principal occupation / Job title (See Instructions) Self Employed - #		Employer (See Instructions) Magnolia Salon

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: 11
2 FILER NAME Lauersdorf, Charles V		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/23	5 Full name of contributor Pen Weitzma out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1700 Meridian Ct Keller TX 76248	7 Amount of contribution (\$) \$100 ⁰⁰
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) BOA
Date 3/26/23	Full name of contributor Joe Pena out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 221 Cattlemans Dr Seguin TX 76131	Amount of contribution (\$) \$25 ⁰⁰
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Retired
Date 3/26/23	Full name of contributor Willis James out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6217 Dollar Lane Ft Worth TX 76126	Amount of contribution (\$) \$100 ⁰⁰
Principal occupation / Job title (See Instructions) Proofer		Employer (See Instructions) GAF materials Corp
Date 3/26/23	Full name of contributor Willis Jennifer out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6217 Dollar Ln Ft Worth TX 76126	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 11
2 FILER NAME Lauersdorf, Charles V		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/23	5 Full name of contributor Kim Spain out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3500 Stone Creek way Ft Worth TX 76137	7 Amount of contribution (\$) 250 ⁻
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions)
Date 3/25/23	Full name of contributor Latrishe Lynn out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3007 Harbor Dr Rowland TX 75067	Amount of contribution (\$) 100 ⁻
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Goosehead
Date 3/19/23	Full name of contributor William Burgan out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 9341 Sundial Dr Ft Worth TX 76244	Amount of contribution (\$) 60 ⁻
Principal occupation / Job title (See Instructions) Auctioneer		Employer (See Instructions) Self
Date 3/13/23	Full name of contributor Lew Mollenkamp out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6825 Milan Ln 4105 Ft Worth TX 76244	Amount of contribution (\$) 25 ⁻
Principal occupation / Job title (See Instructions) 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

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Lauersdorf, Charles V		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor Barbara Farrell out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Unk	7 Amount of contribution (\$) 25 ⁰⁰
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/4/23	Full name of contributor Joshua Hanky out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4905 Reserve Ct Parker TX 75002	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Father
Date 3/1/23	Full name of contributor Brian Goff out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4200 Bridgeway Ft Worth TX 76109	Amount of contribution (\$) 250 ⁰⁰
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions)
Date 3/1/23	Full name of contributor Jake Montgomery out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3860 Washburn Ave Ft Worth TX 76107	Amount of contribution (\$) 200 ⁰⁰
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Silverado Construction

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: 11
2 FILER NAME Lauersdorf, Charles V		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/23	5 Full name of contributor Timothy Pregler out-of-state PAC (ID#: _____) 6 Contributor address; 9307 Mountain Lk Ft Worth TX 76179 City; State; Zip Code	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Tech Sales		9 Employer (See Instructions) ECEMTA
Date 2/24/23	Full name of contributor Beverly Feintz out-of-state PAC (ID#: _____) Contributor address; 4812 Seneca Dr Ft Worth TX 76137 City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 2/19/23	Full name of contributor Lowe David out-of-state PAC (ID#: _____) Contributor address; 7424 Park Place Dr. NRH TX 76182 City; State; Zip Code	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/18/23	Full name of contributor Mike Plerson out-of-state PAC (ID#: _____) Contributor address; 217 Pettford Ave Cranford NJ 27016 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Charles Lauerdorf		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/23	5 Full name of contributor Des Whittall 6 Contributor address; City; State; Zip Code 9635 Boat Club Dr Ft Worth TX 76179	7 Amount of contribution (\$) 500 ⁰⁰
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) MacIntyre Vet Group
Date 2/16/23	Full name of contributor Jonathan Gomez Contributor address; City; State; Zip Code 128 Floyd Ave Utica NY 13502	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions) Marine		Employer (See Instructions) USMC
Date 2/17/23	Full name of contributor Michael Avidon Contributor address; City; State; Zip Code 1053 Chapel Ridge Rd Grand TX 76449	Amount of contribution (\$) 500 ⁰⁰
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Mike Bowman Century 21
Date 2/16/23	Full name of contributor Ron Brem Contributor address; City; State; Zip Code 3526 Imperial Ave Midland TX 79707	Amount of contribution (\$) 25 ⁰⁰
Principal occupation / Job title (See Instructions) Environmental Tech		Employer (See Instructions) Diamondback Energy
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 11
2 FILER NAME Lauersdorf, Charles		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/23	5 Full name of contributor Erica Sanchez out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3709 Riversdale Rd Frisco TX 75034	7 Amount of contribution (\$) 5 ⁰⁰
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Student
Date 2/15/23	Full name of contributor Nicholas McGinn out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 9161 W Hut Odessa TX 79673	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions) Shop Tech		Employer (See Instructions) B.I.D
Date 2/15/23	Full name of contributor Jake Ascher out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 547 Christy Key Ln 76078	Amount of contribution (\$) 1000 ⁰⁰
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 2/14/23	Full name of contributor Timothy Pregler out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 9317 Mountain Lake Ft Worth TX 76176	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions) Tech Sales		Employer (See Instructions) ECENTA

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: 11
2 FILER NAME Lauerzdorf, Charles		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Full name of contributor [REDACTED] out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/26/23	Full name of contributor Susan Semmelmann out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 4374 W. Vickery Dr Ft Worth TX 76107		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) SSI

Date 3/6/23	Full name of contributor James Dunaway out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200 ⁰⁰
Contributor address; City; State; Zip Code 500 Altz Dr Ft Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/24/23	Full name of contributor Brent Johnson out-of-state PAC (ID#: _____)	Amount of contribution (\$) 3000 ⁰⁰
Contributor address; City; State; Zip Code 7714 Sweet gum Dr Irving TX 75063		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Mambo Rest. Group

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: 11
2 FILER NAME Lauersdorf, Charles		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/23	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Barron	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 632 Burning Tree Coppell TX 75019		
8 Principal occupation / Job title (See Instructions) Recycling		9 Employer (See Instructions) Hank Tree
Date 2/14/23	Full name of contributor out-of-state PAC (ID#: _____) Eason Maykus	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 106 Murphy Dr Southlake TX 76092		
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Maykus Custom Homes
Date 2/14/23	Full name of contributor out-of-state PAC (ID#: _____) Brendan Procter	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 4126 Carrington Dr Garland TX 75043		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) T-Mobile
Date 3/20/23	Full name of contributor out-of-state PAC (ID#: _____) Don Woodard Jr	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code 3100 W 7th St Ft Worth TX 76107		
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: 11
2 FILER NAME Lauersdorf, Charles V		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/23	5 Full name of contributor Donald Klick out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code PO Box 7592 Ft Worth TX 76111	7 Amount of contribution (\$) 200 ⁰⁰
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 2/24/23	Full name of contributor John Montgomery out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code PO Box 597 Lillian TX 76061	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Self
Date 3/2/23	Full name of contributor Victor Lauersdorf out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1018 S. Lancelot Cir Lewisville TX 75056	Amount of contribution (\$) 500 ⁰⁰
Principal occupation / Job title (See Instructions) Major		Employer (See Instructions) US Army N.G.
Date 2/18/23	Full name of contributor Ralph Robb out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5309 Mt McKinley Ft Worth TX 76133	Amount of contribution (\$) 350
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: 11
2 FILER NAME Lauersdorf, Charles		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/23	5 Full name of contributor John Belanger out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 10729 Emerald Park Haskin TX 76052	7 Amount of contribution (\$) 50 ⁰⁰
8 Principal occupation / Job title (See Instructions) GySgt		9 Employer (See Instructions) USMC
Date 3/26/23	Full name of contributor Fred Barrett out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4309 Old Kent Ft Worth TX 76244	Amount of contribution (\$) 1,000 ⁰⁰
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Thirsty Armadillo Group
Date 3/26/23	Full name of contributor Nick Craig out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1404 Woodborough Ln Ft Worth TX 76248	Amount of contribution (\$) 500 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/23	Full name of contributor Rachel Mann out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1505 Redstone Dr Ft Worth TX 76112	Amount of contribution (\$) 1,000 ⁰⁰
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 Lauersdorf, Charles		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,000
5 Date of loan 2/28/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Lauersdorf	9 Loan Amount (\$) 5000
6 Is lender a financial institution? Y <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 7916 Rampston Pl Ft Worth TX 76137	10 Interest rate 0
		11 Maturity date 6 May 2023
12 Principal occupation / Job title (See Instructions) Self-Employed		13 Employer (See Instructions) Imagery Intelligence LLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" 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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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? Y N	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	Amount Guaranteed (\$)
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.

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

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 Expenses
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 LAUERSDORF, CHARLES	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 3/22/23	5 Payee name Murphy Nasion
--------------------------	--------------------------------------

6 Amount (\$) 5830⁹⁶	7 Payee address: Po Box 1648	City: Austin TX	State: TX	Zip Code 78767
---	--	---------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense / Advertising	(b) Description EUBM mailers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/7/23	Payee name Murphy Nasion
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Amount (\$) 401.90	Payee address: Po Box 1648	City: Austin TX	State: TX	Zip Code 78767
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense / Advertising	Description Thank You cards / business cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/3/23	Payee name Murphy Nasion
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Amount (\$) 1000-	Payee address: Po Box 1648	City: Austin TX	State: TX	Zip Code 78767
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Lauerston, Charles	3 Filer ID (Ethics Commission Filers)
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4 Date 2/15/23	5 Payee name Murphy Nasica
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6 Amount (\$) 2424.80	7 Payee address; Po Box 1648 Austin TX 78767	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense / Advertisers	(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/23	Payee name Murphy Nasica
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Amount (\$) 3500-	Payee address; Po Box 1648 Austin TX 78767	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Fees	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/23	Payee name Murphy Nasica
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Amount (\$) 4915.59	Payee address; Po Box 1648 Austin TX 78767	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing / Advertising Exp	Description Road Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM 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: <p style="text-align:center">3</p>	2 FILER NAME <p style="text-align:center">Lauersdorf, Charles</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">2/10/23</p>	5 Payee name <p style="text-align:center">Murphy Nasica</p>	
6 Amount (\$) <p style="text-align:center">315.01</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">PO Box 1648 Austin TX 78767</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Printing/ Advertising Expense</p>	(b) Description <p style="text-align:center">Push Cards</p>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center">2/9/23</p>	Payee name <p style="text-align:center">Murphy Nasica</p>	
Amount (\$) <p style="text-align:center">750</p>	Payee address; City; State; Zip Code <p style="text-align:center">PO Box 1648 Austin TX 78767</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising</p>	Description <p style="text-align:center">Website</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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