		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Fil	ers) 2 Total pages filed:
3 CANDIDATE/	MS MRS MR	FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME		Laura	SUFFIX	Date Received
	NICKNAME	Nunn	SUFFIX	Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1101 Gene	APT / SUITE #: 0		FEB 22 2022
Change of Address			larcos TX 78466	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	451-6288	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS/ MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME		Erika	L	Date Processed
	NICKNAME	OISEN	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	NO PO BOX PLEASE); APT IS Pines Rd.	uite #; city; San Marcos	STATE; ZIP CODE TX 78666
8 CAMPAIGN TREASURER PHONE	AREA CODE (5/2)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exceeded Modifie	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year /01/2022		nth Day Year 2/21/2022
11 ELECTION	ELECTION DA Month Day	TE Year	ELECTION * Runoff Other Descript Special	TYPE
12 OFFICE	OFFICE HELD (if any)	JIA	13 OFFICE SOUGHT (IT Chair, Ha	ys County GOP
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE		ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Laura Nunn		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)	\$ 1700
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 247570
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,388.94
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,388.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 4,428.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$ - 0
(1) Affidavit	Please complete either option below	ndidate or Officeholder
NOTARY STAMP/SEA		
Sworn to and subscribed	which, witness my hand and seal of office.	day of,
, to continy		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4.0				1
19 FILE		20 Filer ID (Ethics Con	mmission Filers)	
4	aura Num			
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,757,02	30
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTI	IONS	\$ -0-	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-	
4.	SCHEDULE E: LOANS		\$ -0-	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	AL CONTRIBUTIONS	\$ 2,388.94	16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0-	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLI	TICAL CONTRIBUTIONS	\$ -0-	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2,388.94	20
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	AL FUNDS	\$ -0-	Í
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	S TO A BUSINESS OF C/OH	\$ -0-	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CALCONTRIBUTIONS	\$ -0-	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT TO FILER	TRIBUTIONS RETURNED	\$ 1,800.00	109
			1	10

Revised 8/17/2020

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Laura Nunn	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Enrique Ospina 6 Contributor address; City; State; Zip Code 287 Tulley CH, Wadcreek TX 78676 pation / Job title (See Instructions) 9 Employer (See Instru-	7 Amount of contribution (\$) $\pm 4,000.00$
Principal occup	pation / Job title (See Instructions) 9 Employer (See Instru red	Jotions)
Date 7/1/2022	Full name of contributor out-of-state PAC (ID#) Liliana de Lima Contributor address; City; State; Zip Code 287 Tulley Ct. Woodcreek TX 78676	Amount of contribution (\$) \$ \$ 50,99
Principal occup	ation / Job title (See Instructions) Employer (See Instru IVE director	ictions)
Date	Full name of contributor out-of-state PAC (ID#) LAUTA NUNN Contributor address; City; State; Zip Code HOI General Grove Cf. San Marcos TX 78666	Amount of contribution $($)$
	ation / Job title (See Instructions) Employer (See Instru etired	uctions)
Date /// 2022	Full name of contributor out-of-state PAC (ID#:) Chery I Serven Contributor address; Contributor address; City; State; Zip Code	Amount of contribution (\$) $\ddagger 150, \%$
Principal occup	ation / Job title (See Instructions) Employer (See Instru AKEC	ctions)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Laura Nunn	3 Filer ID (Ethics Commission Filers)
Date 2/2/2023	 5 Full name of contributor out-of-state PAC (ID#:) Venus Wilder 6 Contributor address; City; State; Zip Code 300 Sycamore Valley Rd. Dripping Springs TX 78620 	7 Amount of contribution (\$) 350.25
Principal occu	apation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3/3/ 2022	Full name of contributor <u>Larry Billings</u> Contributor address; UII Geneva Grove Ct. San Marcos TX 78666	Amount of contribution (\$) \$5,02
Principal occur	2 d Employer (See Instructions) Employer (See Instruct	ions)
Date 14/2022	Full name of contributor out-of-state PAC (ID#) Eva MCKinzey Euler Contributor address; City; State; Zip Code 105 SKyview Dr. Kernville TX 78028	Amount of contribution (\$) 525,92
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Robert Bonds Contributor address; Contributor address; City; State; Zip Code 5419 N, 5 th St. MCAllen TX 78504	Amount of contribution (\$) $\cancel{5}$
0	milifary officer	ions)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3 3/3
FILER NAME	Laura Nunn	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:	Zip Code \$2,00
refi	Full name of contributor out-of-state PAC (ID#:	
Date 10/ 2022	Terry Harper Contributor address; City; State;	\$ 106 P
Principal occu Gener		oyer (See Instructions)
Date 20/ 2022	Full name of contributor out-of-state PAC (ID# Juana P. Melendez Contributor address; City; State; 3400 Torteon St. Hidalgo TX	Zip Code \$20.00
Principal occu	pation / Job title (See Instructions)	oyer (See Instructions) ley View ISD
Date 8/ 12022	Full name of contributor out-of-state PAC (ID#:	Zip Code
Principal occu	2265 Bridlewood Ranches Dr. San Ma pation / Job title (See Instructions) Empl	over (See Instructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

			mondate	inte page in inte i	port.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ov Polling E Printing E Salaries/	xpense Nages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
6	Lai	ira Nunn				
4 Date 2/14/2022	5 Payee na SQ (GOTV Consultin	na.In	C.		
6 Amount (\$)	7 Payee ac		5	City;	State;	Zip Code
1,250,13	506e	S. Lipscomb		Amarillo	TX	79101
8	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE	A	111		tout ma		(
EXPENDITURE	Consu	ulting expense		text me:	ssage set	vice
	(c)	Check if travel outside of Texas. Complete	Schedule T.	NA Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	ł	Laura Nunn		Chair Hays	CO. GOP	NA
Date	Payee na	me				
2/18/2022	SQ	SOTV Consulti	ng Ir	C.		
Amount (\$)	Payee ad		3	City;	State;	Zip Code
1,116.95	504 5	S. Lipscomb		Amarillo	TX	79101
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Consul	ting expense		text mes	ssage ser	ruice,
		Check if travel outside of Texas. Complete	Schedule T.	VIA Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candida	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	La	ura Nunn	C	hair Hoyslo.	SOP	NA
Date	Pavee na			in jugster		
2/1/2022 -						
2/20/2022	Squ	are Services				
Amount (\$)	Payes ad			City;	State;	Zip Code
\$21.86	onli	ine service				
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Credi	t card processing	fees	fees		
		Check if travel outside of Texas. Complete	Schedule T. 🔥	Check if Austin	n, TX, officeholder living) expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	4	aura Nunn		Chair, Hay	sCo.Gol	N/A
	ATI	ACHADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

	RES MADE BY CREDIT CARD SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME Laura Nunn 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,388.94
5 Date 2/14/2022 7 Amount (\$) 1,250,13	6 Payee name <u>SQ GOTV</u> <u>Consulting</u> <u>Inc</u> . 8 Payee address; <u>City</u> ; <u>State</u> ; <u>Zip Code</u> 506 S. Lipscomb St. <u>Amarillo</u> TX 79101
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. NIA Check if Austin, TX, officeholder living expense NIA
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Laura Dunn Chair, Hays Co. GOP NIA
Date 2/18/2022 Amount (\$) \$1,116,95	Payee name SQ GOTV Consulting Inc. Payee address; City; State; Zip Code 506 S. Lipscomb St., Amarillo TX 79101
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description CONSULTING expense text message service Check if travel outside of Texas. Complete Schedule T. N IA
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Laura Nunp Hays Co. Gop Chair NIA
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	EXPENDITURE	CATEGORIES FOR BO	OX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Loan Repayment/Re Office Overhead/Re Polling Expense pense Printing Expense Salaries/Wages/Co	ntal Expense Transportation Equi Travel In District Travel Out Of Distri	ipment & Related Expe
		le explains how to complete		
Total pages Schedule F4:	2 FILER NAME Lawa Nu	90	3 Filer ID (Ethics	Commission Filers)
TOTAL OF UNITEN	IZED EXPENDITURES CHA	RGEDTOACREDIT	CARD \$ 2,382	3.94
5 Date 2/1/2022		e Credit Card	d Services	
Amount (\$)	8 Payde address; Online Servi	ce	City; State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political		
0 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Fees (c) Check if travel outside of Texas		edit card process Check if Austin, TX, officeholder livi	0
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n Laura Nunn	ame Office so Chair, H	ught Office	held NIA
Date	Payee name	-		
Amount (\$)	Payee address;		City; State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at th	e top of this schedule)	Description	
	Check if travel outside of Texa:	s. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame Office so	ught Office	held

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	1	Total pages Sch	edule K.
Th	e Instruction Guide explains how to complete this form.	i iour puges con	
FILER NAME	-	Filer ID (Ethi	cs Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
Date	Laura Nunn (laura4haysco acct name)		
2/21	6 Address of person from whom amount is received; City; State;	Zip Code	\$1,800.00
43/2026	1101 Geneva Grove Court, San Marcos		7
	7 Purpose for which amount is received Check if po	litical contribution	n returned to filer
	Refund for setting up campaign account	t	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code	•
	Purpose for which amount is received Check if po	litical contribution	n returned to filer
Date	Purpose for which amount is received Check if po Name of person from whom amount is received	litical contributior	Amount (\$)
Date		litical contribution	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Zip Code	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Zip Code	Amount (\$)
	Name of person from whom amount is received Address of person from whom amount is received; City; State; Purpose for which amount is received Check if po Name of person from whom amount is received Name of person from whom amount is received	Zip Code	Amount (\$)