

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: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mrs. FIRST Laura MI
NICKNAME LAST Vola SUFFIX

OFFICE USE ONLY

Date Received
RECEIVED
APR 04 2024
CITY SECRETARY
CARROLLTON, TX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1705 Mayflower Dr Carrollton TX 75007

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 360-8237

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Mrs. FIRST Laura MI
NICKNAME LAST Vola SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1705 Mayflower Dr Carrollton TX 75007

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 360-8237

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
02 / 16 / 2024 THROUGH 04 / 04 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 04 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Carrollton City Council Place 1

14 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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
 GENERAL COMMITTEE ADDRESS
 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

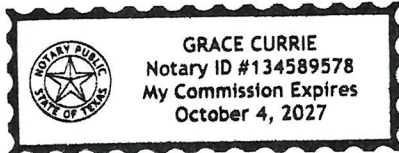
| | | |
|--|---|---|
| 15 C/OH NAME Mrs. Laura Vola | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,042.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,617.10 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 784.30 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 374.75 |

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.

Laura S. Vola

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Laura Vola this the 4th day of April, 2024, to certify which, witness my hand and seal of office.
Grace Currie Asst. to the City Manager
Signature of officer administering oath Printed name of officer administering oath 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 Mrs. Laura Vola | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2,642.00 |
| 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 | | \$ 374.75 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 2,149.75 |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 467.35 |
| 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: 2 |
| 2 FILER NAME Mrs. Laura Vola | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/4/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) (please see attached) | 7 Amount of contribution (\$) |
| 6 Contributor address; City; State; Zip Code | | |

| | |
|--|--------------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|--|--------------------------------------|

| | | |
|--|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | |
|--|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | |
|--|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |

| | |
|---|-----------------------------|
| 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.

Schedule A1

| Donation Date | Donor First Name | Donor Last Name | Donor Address | Donor City | Donor State | Donor Zip | Zip Amount |
|---------------|------------------|-----------------|-------------------------------|----------------|-------------|---------------|-------------------|
| 2/16/2024 | Dave | Stephenson | 8429 Fair Oaks | Frisco | TX | 75034 | \$100.00 |
| 2/21/2024 | Elizabeth | Pearlman | 1421 w Hutchinson street | Chicago | IL | 60613 | \$100.00 |
| 2/21/2024 | Alexis | Atwill | 4920 N WASHTEENAW AVE UNIT 2 | Chicago | IL | 60625 | \$25.00 |
| 2/21/2024 | Jimmi Fischer | Rushing | 2831 Sandberry | Kingwood | TX | 77345 | \$50.00 |
| 2/21/2024 | Sarah | Wybaczynsky | 4151 Alberstone dr | San Jose | CA | 95130 | \$50.00 |
| 2/21/2024 | Gretchen | Schmoker | 4635 Bryan St. Apt #2111 | Dallas | TX | 75204 | \$5.00 |
| 2/21/2024 | Anne | Keehnen | 609 East Hospital St. | Nacogdoches | TX | 75961 | \$50.00 |
| 2/21/2024 | Sergio | Soltero | 1409 W Diversey Pkwy | Chicago | IL | 60614 | \$50.00 |
| 2/21/2024 | Jason | Foss | 4403 Hunters Hill Rd | Norman | OK | 73072 | \$100.00 |
| 2/21/2024 | Ted | Brengle | 2803 W. Lawrence Ave Apt C-1W | Chicago | IL | 60625 | \$25.00 |
| 2/21/2024 | Kirsten | Berlan | 3622 Waynoka Drive | Carrollton | TX | 75007 | \$250.00 |
| 2/21/2024 | Dan | Caffrey | 403 Caton Ave, #2 | Brooklyn | NY | 11218 | \$10.00 |
| 2/22/2024 | Carol | clendinning | 2025 Lakepoint Dr # 1H | Lewisville | TX | 75057 | \$50.00 |
| 2/25/2024 | Zorica | Simic | 1710 indigo Ct. | Carrollton | TX | 75007 | \$25.00 |
| 2/25/2024 | Catherine | Clendinning | 5064 Gladiola Way | Golden | CO | 80403 | \$500.00 |
| 3/1/2024 | Nick | Freed | 6634 Elmer Ave | St. Louis | MO | 63109 | \$25.00 |
| 3/2/2024 | Elizabeth | Robinson | 4809 Bradford, Unit A | Dallas | TX | 75219 | \$50.00 |
| 3/4/2024 | Monica | Moore | 1610 Delaford Dr | Carrollton | TX | 75007 | \$25.00 |
| 3/11/2024 | Michelle | Beckley | 3206 Sugarbush Sr | Carrollton | TX | 75007 | \$100.00 |
| 3/19/2024 | Hayley | Barkdoll | 6315 Garrett Lane, Apt 1 | Rockford | IL | 61107 | \$20.00 |
| 3/19/2024 | Jon Daniel | Schmoker | 11346 Flamingo Lane | Dallas | TX | 75218 | \$36.00 |
| 3/19/2024 | Jennifer | Statum | 2866 Lotus St | Carrollton | TX | 75007 | \$100.00 |
| 3/20/2024 | Tony | Cho | 1221 Mackie Dr | Carrollton | TX | 75007 | \$18.00 |
| 3/20/2024 | Jennifer | Christensen | 810 Hunters Glen | Rockwall | TX | 75032 | \$25.00 |
| 3/20/2024 | Mary | Stephenson | 8429 Fair Oaks Dr. | Frisco | TX | 75033 | \$18.00 |
| 3/23/2024 | Amanda | Braga | 4607 N Kedzie Ave | Chicago | IL | 60625 | \$50.00 |
| 3/24/2024 | Del and Art | MacLaren | 325 Loren Boyd Rd | Combine | TX | 75159 | \$50.00 |
| 3/25/2024 | Zorica | Simic | 1710 indigo Ct | Carrollton | TX | 75007 | \$20.00 |
| 3/26/2024 | Linda | Bambina | 3120 Golfing Green | Farmers Branch | TX | 75234 | \$75.00 |
| 3/26/2024 | M.C. | Meador | 3111 Glenmere Ct | Carrollton | TX | 75007 | \$500 |
| 3/27/2024 | Alan | Bambina | 3120 Golfing Green Drive | Farmers Branch | TX | 75234 | \$100 |
| 4/1/2024 | Aria | Dean | 3713 Standridge Dr | Carrollton | TX | 75007 | \$40.00 |
| | | | | | | TOTAL: | \$2,642.00 |

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 Mrs. Laura Vola | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 3/29/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Vola | 9 Loan Amount (\$) \$ 374.75 |
| 6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 1705 Mayflower Dr Carrollton TX 75007 | 10 Interest rate 0.00% |
| | | 11 Maturity date 12/31/2024 |
| 12 Principal occupation / Job title (See Instructions) Director of Operations | | 13 Employer (See Instructions) Wald Management Co., Inc. |
| 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 | 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? 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 | Amount Guaranteed (\$) |
| | 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 | 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: 2 | 2 FILER NAME Mrs. Laura Vola | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/4/2024 | 5 Payee name (please see attached) | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (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 | 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| | | | | | Schedule F1 | |
|-----------|----------------------|------------|---|----------------------|------------------------|--|
| Date | Payee Name | Amount | Address | Category | Description | |
| 3/15/2024 | The Care Club | \$ 150.00 | 11903 Coit Rd Dallas, TX 75251 | Printing Expense | shirt deposit | |
| 3/18/2024 | Texas Trade Graphics | \$1,125.00 | 2935 Irving Suite 201 Dallas, TX 75247 | Advertising Expense | political sign deposit | |
| 3/22/2024 | The Care Club | \$ 180.00 | 11903 Coit Rd Dallas, TX 75251 | Printing Expense | shirts | |
| 3/27/2024 | Sara Rivas | \$ 320.00 | 2808 Millwood Dr Farmers Branch, TX 75234 | Solicitation Expense | database | |
| 4/1/2024 | Texas Trade Graphics | \$ 374.75 | 2935 Irving Suite 201 Dallas, TX 75247 | Advertising Expense | political signs | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1 | 2 FILER NAME Mrs. Laura Vola | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|--|--|

| | |
|----------------------------|---|
| 4 Date 2/16/2024 | 5 Payee name City of Carrollton |
|----------------------------|---|

| | | | | |
|--|--|---------------------|--------------|-------------------|
| 6 Amount (\$) 250.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 1945 Jackson Rd | City; Carrollton | State; TX | Zip Code 75006 |
|--|--|---------------------|--------------|-------------------|

| | | |
|------------------------------------|--|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description Filing Fee |
| | (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 2/22/2024 | Payee name WIX.com LTD |
|-------------------|---------------------------|

| | | | | |
|---|---|------------------------|--------------|-------------------|
| Amount (\$) 188.35 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; 500 Terry A Francois Blvd | City; San Francisco | State; CA | Zip Code 94158 |
|---|---|------------------------|--------------|-------------------|

| | | |
|-------------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Website Hosting |
| | <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 3/14/2024 | Payee name Canva |
|-------------------|---------------------|

| | | | | |
|--|------------------------------------|-----------------|--------------|-------------------|
| Amount (\$) 29.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; 200 E 6th Street | City; Austin | State; TX | Zip Code 78701 |
|--|------------------------------------|-----------------|--------------|-------------------|

| | | |
|-------------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | Description 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED