

# 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:

|  |  |              |           |   |                                  |  |      |
|--|--|--------------|-----------|---|----------------------------------|--|------|
| 3 CANDIDATE / OFFICEHOLDER NAME            | MS / MRS / MR  | FIRST        | MI        | <b>OFFICE USE ONLY</b>                      |                                  |  |      |
|  | Mr   | Wesley       | A         |   |                                  |  |      |
| NICKNAME                                   |  |              | LAST      | SUFFIX                                      | Date Received                    |  |      |
| Lawrence                                   |  |              |           |   | <b>10/5/2020 7:59:20 PM</b>      |  |      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |              |           |   |                                  |  |      |
|  | 10900 Stonebridge Dr. El Paso, Texas 79934   |              |           |   |                                  |  |      |
| <input type="checkbox"/> Change of Address |  |              |           |   |                                  |  |      |
| 5 CANDIDATE / OFFICEHOLDER PHONE           | AREA CODE  | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked      |                                  |  |      |
|  | ( 915 )  | 494-3226     |           |   |                                  |  |      |
| 6 CAMPAIGN TREASURER NAME                  | MS / MRS / MR  | FIRST        | MI        | Receipt #                                   | Amount \$                        |  |      |
|  | Mr   | Wesley       | A         |   |                                  |  |      |
| NICKNAME                                   |  |              | LAST      | SUFFIX                                      | Date Processed                   |  |      |
| Lawrence                                   |  |              |           |   | Date Imaged                      |  |      |
| 7 CAMPAIGN TREASURER ADDRESS               | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  |              |           |   |                                  |  |      |
| (Residence or Business)                    | 10900 Stonebridge Dr. El Paso, Texas 79934   |              |           |   |                                  |  |      |
| 8 CAMPAIGN TREASURER PHONE                 | AREA CODE  | PHONE NUMBER | EXTENSION |   |                                  |  |      |
|  | (915 )   | 494-3226     |           |   |                                  |  |      |
| 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)<br><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      | Month                                       | Day                              | Year                                       |      |
|  | 07   | 01           | 2020      | THROUGH                                     | 09                               | 24   | 2020 |
| 11 ELECTION                                | ELECTION DATE  |              |           | ELECTION TYPE                               |                                  |  |      |
|  | Month  | Day          | Year      | <input type="checkbox"/> Primary            | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other Description |      |
|  | 11   | 03           | 2020      | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special |  |      |
| 12 OFFICE                                  | OFFICE HELD (if any)   |              |           | 13 OFFICE SOUGHT (if known)                 |                                  |  |      |
|  |  |              |           | City Representative District 4              |                                  |  |      |

City Clerk Dept.  
10/6/2020 9:16:43 AM

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**  
Mr Wesley A Lawrence

**15 Filer ID** (Ethics Commission Filers)

**16 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.

|  |                                      |                |
|--|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                       | COMMITTEE NAME |
|  | COMMITTEE ADDRESS                    |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

|                                |   |             |
|--------------------------------|---|-------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0        |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 2,924.66 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0        |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 1,676.43 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 3,014.06 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0        |

**18 AFFIDAVIT**

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.

Wesley A Lawrence  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wesley A Lawrence, this the 6 day of October, 2020, to certify which, witness my hand and seal of office.

**John Glendon**

---

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

City Clerk Dept.  
10/6/2020 9:16:43 AM

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |   |
|--|---|
| <b>19</b> FILER NAME<br>Mr Wesley A Lawrence | <b>20</b> Filer ID (Ethics Commission Filers) |
|--|---|

| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ 2,924.66        |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ 22.08           |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0               |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$ 0               |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ 1,676.43        |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0               |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0               |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ 0               |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ 0               |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0               |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0               |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0               |

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10/6/2020 9:16:43 AM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**11**

**2** FILER NAME

Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

07/08/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Octavio Dominguez

**6** Contributor address; City; State; Zip Code

3948 Las Vegas Dr. El Paso, TX 79902

**7** Amount of contribution (\$)

150

**8** Principal occupation / Job title (See Instructions)

Attorney

**9** Employer (See Instructions)

El Paso County

Date

07/08/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Martin Wilson

Contributor address; City; State; Zip Code

1584 Diego Rivera Dr. El Paso, Texas 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

07/08/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Brandy Voss

Contributor address; City; State; Zip Code

3017 Scenic Way Ave. Mc Allen, TX 78503

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Law Offices of Brandy Wingate Voss PLLC

Date

07/08/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Larry Olsen

Contributor address; City; State; Zip Code

2811 Jackson Ave. El Paso, Texas 79930

Amount of contribution (\$)

350

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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**2** FILER NAME

Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

07/08/2020

**5** Full name of contributor

Patrick Bramblett

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

**6** Contributor address; City; State; Zip Code

351 Thunderbird Dr. Apt 7 El Paso, TX 79912

**7** Amount of contribution (\$)

500

**8** Principal occupation / Job title (See Instructions)

Lawyer

**9** Employer (See Instructions)

Patrick Bramblett, P.C.

Date

07/09/2020

Full name of contributor

Kenneth Bell

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

Contributor address; City; State; Zip Code

1115 Catalina Way, Apt. G El Paso, TX 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Student/Security

Employer (See Instructions)

Destination El Paso

Date

07/09/2020

Full name of contributor

Kathleen Staudt

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

Contributor address; City; State; Zip Code

7289 Cactus Spine Ln. El Paso, TX 79912

Amount of contribution (\$)

40

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

07/10/2020

Full name of contributor

Raul Lerma

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

Contributor address; City; State; Zip Code

2105 Whitcomb St. El Paso, TX 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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**2** FILER NAME

Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

07/13/2020

**5** Full name of contributor

Cesar Parra

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

**6** Contributor address; City; State; Zip Code

4605 Rutherford Dr. El Paso, TX 79924

**7** Amount of contribution (\$)

100

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

Retired

Date

07/14/2020

Full name of contributor

Luz Herrera

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

Contributor address; City; State; Zip Code

6021 Palo Alto Ave. El Paso, Texas 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Real Estate Agent

Employer (See Instructions)

Coldwell Banker Legacy

Date

07/15/2020

Full name of contributor

Evangelina Balderrama

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

Contributor address; City; State; Zip Code

725 Hempstead Dr. El Paso, Texas 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Claims

Employer (See Instructions)

National Lloyds

Date

07/27/2020

Full name of contributor

Vona Van Cleef

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

Contributor address; City; State; Zip Code

4800 N. Stanton, #200 El Paso, Texas 79902

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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City Clerk Dept.  
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**2** FILER NAME

Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

07/28/2020

**5** Full name of contributor

Nathaniel Jones

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

**6** Contributor address; City; State; Zip Code

11625 Cree Court El Paso, TX 79936

**7** Amount of contribution (\$)

20

**8** Principal occupation / Job title (See Instructions)

Safety Manager

**9** Employer (See Instructions)

YWCA

Date

07/29/2020

Full name of contributor

Eddie Holguin Jr.

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

Contributor address; City; State; Zip Code

241 Elvin Way El Paso, Texas 79907

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self Employed

Date

08/06/2020

Full name of contributor

Larry Gainor

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

Contributor address; City; State; Zip Code

11967 Keystone Spring Way Houston, TX 77089

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Librarian

Employer (See Instructions)

San Jacinto College

Date

08/08/2020

Full name of contributor

Martin Wilson

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

Contributor address; City; State; Zip Code

1584 Diego Rivera Dr. El Paso, TX 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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City Clerk Dept.  
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Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/09/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Beatriz Vera

**6** Contributor address; City; State; Zip Code

1605 George Dieter #660 El Paso, TX 79936

**7** Amount of contribution (\$)

25

**8** Principal occupation / Job title (See Instructions)

Student Adviser

**9** Employer (See Instructions)

UTEP

Date

09/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Arturo Dominguez

Contributor address; City; State; Zip Code

6239 Victor st. Dallas, TX 75214

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

University of Texas

Date

08/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Octavio Dominguez

Contributor address; City; State; Zip Code

3948 Las Vegas Ave. El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

El Paso County

Date

08/15/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Javier Paz

Contributor address; City; State; Zip Code

5905 Westside Dr. El Paso, Texas 79932

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

EPISD

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/16/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Paul Garcia

**6** Contributor address; City; State; Zip Code

14965 Boer Trail Ave. El Paso, Texas 79938

**7** Amount of contribution (\$)

50

**8** Principal occupation / Job title (See Instructions)

Law Enforcement

**9** Employer (See Instructions)

DHS

Date

08/18/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Haide Ortiz

Contributor address; City; State; Zip Code

3509 Hueco Ave, Apt 1 El Paso, TX 79903

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Academic Advisor

Employer (See Instructions)

UTEP

Date

08/18/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rene Vargas

Contributor address; City; State; Zip Code

2424 Savannah Ave. El Paso, Texas 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

El Paso County

Date

08/27/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Vona Van Cleef

Contributor address; City; State; Zip Code

4800 N. Stanton, #200 El Paso, Texas 79902

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/01/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Evangelina Balderrama

**6** Contributor address; City; State; Zip Code

725 Hempstead Dr. El Paso, Texas 79912

**7** Amount of contribution (\$)

25

**8** Principal occupation / Job title (See Instructions)

Claims

**9** Employer (See Instructions)

National Lloyds

Date

09/05/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Larry Olsen

Contributor address; City; State; Zip Code

2811 Jackson Ave. El Paso, Texas 79940

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

09/06/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Marilyn Guida

Contributor address; City; State; Zip Code

7465 Stoney Hill Dr, Apt 9 A El Paso, TX 79904

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

09/08/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Martin Wilson

Contributor address; City; State; Zip Code

1584 Diego Rivera Dr. El Paso, Texas 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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**4** Date

09/09/2020

**5** Full name of contributor

Ceci Carpio

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

**6** Contributor address; City; State; Zip Code

11231 Peacepipe Ln El Paso, Texas 79936

**7** Amount of contribution (\$)

50

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

Retired

Date

09/13/2020

Full name of contributor

Octavio Dominguez

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

Contributor address; City; State; Zip Code

3948 Las Vegas Ave. El Paso, Texas 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

El Paso County

Date

09/16/2020

Full name of contributor

Javier Paz

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

Contributor address; City; State; Zip Code

5905 Westside Dr. El Paso, Texas 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

EPISD

Date

09/18/2020

Full name of contributor

Joseph Savage

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

Contributor address; City; State; Zip Code

4516 Rhea Lane El Paso, Texas 79924

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

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Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/18/2020

**5** Full name of contributor

Carlos Carrillo

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

**6** Contributor address; City; State; Zip Code

6028 Valle Espanola Ln. El Paso, Texas 79932

**7** Amount of contribution (\$)

150

**8** Principal occupation / Job title (See Instructions)

Chief of Police

**9** Employer (See Instructions)

Canutillo ISD

Date

09/18/2020

Full name of contributor

Rebecca Tarango

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

Contributor address; City; State; Zip Code

2808 Copper Ave. El Paso, Texas 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Prosecutor

Employer (See Instructions)

El Paso DA's Off

Date

09/23/2020

Full name of contributor

Maurilio Garcia

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

Contributor address; City; State; Zip Code

4649 N Magnolia Ave, Unit 1N Chicago, IL 60640

Amount of contribution (\$)

1

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

The Connell Group

Date

09/23/2020

Full name of contributor

Rebecca Parks

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

Contributor address; City; State; Zip Code

2035 2nd St. NW, Apt GL05 Washington, DC 20001

Amount of contribution (\$)

1.56

Principal occupation / Job title (See Instructions)

Research Director

Employer (See Instructions)

Protect Our Care

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/23/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Manuel Espitia

**6** Contributor address; City; State; Zip Code

137 Chestnut St., Floor 2 Nashua, NH 03060

**7** Amount of contribution (\$)  
  
**1**

**8** Principal occupation / Job title (See Instructions)

Northern Regional Director

**9** Employer (See Instructions)

Run For Something PAC

Date

09/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Declan Quinn

Contributor address; City; State; Zip Code

961 Willoughby Ave, Apt 4D Brooklyn, NY 11221

Amount of contribution (\$)

1.56

Principal occupation / Job title (See Instructions)

Video Producer

Employer (See Instructions)

SiriusXM

Date

09/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Evangelina Balderrama

Contributor address; City; State; Zip Code

725 Hempstead Dr. El Paso, Texas 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Claims

Employer (See Instructions)

National Lloyds

Date

09/24/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Greg Linden

Contributor address; City; State; Zip Code

117 Maiden Lane Oakland, CA 94602

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Researcher

Employer (See Instructions)

UC Berkeley

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

City Clerk Dept.  
10/6/2020 9:16:43 AM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**11**

**2** FILER NAME

Mr Wesley A Lawrence

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/24/2020

**5** Full name of contributor

Colin Hart

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

**6** Contributor address; City; State; Zip Code

59 Ossipee Rd Somerville, MA 02144

**7** Amount of contribution (\$)

3.03

**8** Principal occupation / Job title (See Instructions)

Senior Software Engineer

**9** Employer (See Instructions)

Simply Business

Date

09/24/2020

Full name of contributor

Cassandra Gaddo

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

Contributor address; City; State; Zip Code

1800 W Roscoe St, #524 Chicago, IL 60657

Amount of contribution (\$)

1.51

Principal occupation / Job title (See Instructions)

Senior Director, People & Operations

Employer (See Instructions)

Run For Something

Date

Full name of contributor

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
1

2 FILER NAME

Mr Wesley A Lawrence

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 22.08

5 Date

08/10/2020

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Andrew Lawrence

7 Contributor address; City; State; Zip Code

10900 Stonebridge Dr El Paso, Texas 79934

8 Amount of Contribution \$

22.08

9 In-kind contribution description

30 Wire Step Stake Frames

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Distance Education Specialist

11 Employer (FOR NON-JUDICIAL) (See Instructions)

EPCC

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

City Clerk Dept.  
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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Mr Wesley A Lawrence

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
0

2 FILER NAME

Mr Wesley A Lawrence

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial Institution?  
  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  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

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Date<br><b>07/03/2020</b>                                  | <b>5</b> Payee name<br><b>Act Blue</b>   |   |
| <b>6</b> Amount (\$)<br><b>4.13</b>                                 | <b>7</b> Payee address; City; State; Zip Code<br><b>366 Summer St, Somerville, MA 02144</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | <b>(b)</b> Description<br><b>Processing Fee</b>   |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| Date<br><b>07/09/2020</b>   | Payee name<br><b>Act Blue</b>  |   |
| Amount (\$)<br><b>3.3</b>   | Payee address; City; State; Zip Code<br><b>366 Summer St, Somerville, MA 02144</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Fee</b>   | Description<br><b>Processing Fee</b>              |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| Date<br><b>07/10/2020</b>   | Payee name<br><b>Idea Spreaders and Marketing Co.</b>  |   |
| Amount (\$)<br><b>378.88</b>  | Payee address; City; State; Zip Code<br><b>14337 Desert Wind Dr. Horizon City, TX 79928</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Printing Expenses</b>   | Description<br><b>Campaign Signs</b>              |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Date<br><b>07/20/2020</b>                                  | <b>5</b> Payee name<br><b>Texas Democratic Party</b>   |   |
| <b>6</b> Amount (\$)<br><b>297.5</b>                                | <b>7</b> Payee address; City; State; Zip Code<br><b>314 E Highland Mall Blvd #508, Austin, TX 78752</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | <b>(b)</b> Description<br><b>Voter Database</b>   |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| <b>Date</b><br><b>07/22/2020</b>                                    | <b>Payee name</b><br><b>City of El Paso</b>  |   |
| <b>Amount (\$)</b><br><b>254.95</b>                                 | <b>Payee address; City; State; Zip Code</b><br><b>300 N Cambell St, El Paso, TX 79901</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Other</b>   | Description<br><b>Filling Fee</b>                 |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| <b>Date</b><br><b>07/22/2020</b>                                    | <b>Payee name</b><br><b>Poliengine</b>   |   |
| <b>Amount (\$)</b><br><b>35</b>                                     | <b>Payee address; City; State; Zip Code</b><br><b>621 NW 12th Ave. Gainesville, FL 32601</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | Description<br><b>Website Engine</b>              |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Date<br><b>07/28/2020</b>                                  | <b>5</b> Payee name<br><b>MT Needles Embroidery</b>  |   |
| <b>6</b> Amount (\$)<br><b>107.28</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>9900 Dyer St, El Paso, Texas 79924</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | <b>(b)</b> Description<br><b>T-Shirts</b>         |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| Date<br><b>08/05/2020</b>   | Payee name<br><b>Act Blue</b>  |   |
| Amount (\$)<br><b>6.02</b>  | Payee address; City; State; Zip Code<br><b>366 Summer St, Somerville, MA 02144</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>  | Description<br><b>Processing Fees</b>             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| Date<br><b>08/11/2020</b>   | Payee name<br><b>Facebook</b>  |   |
| Amount (\$)<br><b>25</b>  | Payee address; City; State; Zip Code<br><b>1 Hacker Way in Menlo Park, CA 94025</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Fees</b>  | Description<br><b>Social Media Adds</b>           |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Date<br><b>08/11/2020</b>                                  | <b>5</b> Payee name<br><b>Act Blue</b>   |   |
| <b>6</b> Amount (\$)<br><b>14.21</b>                                | <b>7</b> Payee address; City; State; Zip Code<br><b>366 Summer St, Somerville, MA 02144</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | <b>(b)</b> Description<br><b>Processing Fees</b>  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| <b>Date</b><br><b>08/24/2020</b>                                    | <b>Payee name</b><br><b>Poliengine</b>   |   |
| <b>Amount (\$)</b><br><b>35</b>                                     | <b>Payee address; City; State; Zip Code</b><br><b>621 NW 12th Ave. Gainesville, FL 32601</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | Description<br><b>Website Engine</b>              |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| <b>Date</b><br><b>09/03/2020</b>                                    | <b>Payee name</b><br><b>Act Blue</b>   |   |
| <b>Amount (\$)</b><br><b>6.39</b>                                   | <b>Payee address; City; State; Zip Code</b><br><b>366 Summer St, Somerville, MA 02144</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>  | Description<br><b>Processing Fees</b>             |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Date<br><b>09/09/2020</b>                                  | <b>5</b> Payee name<br><b>Act Blue</b>   |   |
| <b>6</b> Amount (\$)<br><b>14.17</b>                                | <b>7</b> Payee address; City; State; Zip Code<br><b>366 Summer St, Somerville, MA 02144</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | <b>(b)</b> Description<br><b>Processing Fees</b>  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| Date<br><b>09/15/2020</b>   | Payee name<br><b>Facebook</b>  |   |
| Amount (\$)<br><b>25</b>  | Payee address; City; State; Zip Code<br><b>1 Hacker Way in Menlo Park, CA 94025</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Fees</b>  | Description<br><b>Social Media Adds</b>           |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |
| Date<br><b>09/16/2020</b>   | Payee name<br><b>Facebook</b>  |   |
| Amount (\$)<br><b>2.58</b>  | Payee address; City; State; Zip Code<br><b>1 Hacker Way in Menlo Park, CA 94025</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Fees</b>  | Description<br><b>Social Media Adds</b>           |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b> |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)        |
| <b>4</b> Date<br><b>09/18/2020</b>                                  | <b>5</b> Payee name<br><b>Zapa Graphics</b>  |   |
| <b>6</b> Amount (\$)<br><b>233.82</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>3410 Wickham Ave Suite 100 El Paso, Texas 79904</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | <b>(b)</b> Description<br><b>Campaign Postcards</b> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b>   |
| <b>Date</b><br><b>09/22/2020</b>                                    | <b>Payee name</b><br><b>Poliengine</b>   |   |
| <b>Amount (\$)</b><br><b>35</b>                                     | <b>Payee address; City; State; Zip Code</b><br><b>621 NW 12th Ave. Gainesville, FL 32601</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | Description<br><b>Website Engine</b>                |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b>   |
| <b>Date</b><br><b>09/22/2020</b>                                    | <b>Payee name</b><br><b>Facebook</b>   |   |
| <b>Amount (\$)</b><br><b>25</b>                                     | <b>Payee address; City; State; Zip Code</b><br><b>1 Hacker Way in Menlo Park, CA 94025</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Fees</b>  | Description<br><b>Social Media Adds</b>             |
|   | <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<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b>   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)        |
| <b>4</b> Date<br><b>09/24/2020</b>                                  | <b>5</b> Payee name<br><b>Idea Spreaders and Marketing Co.</b>   |   |
| <b>6</b> Amount (\$)<br><b>173.2</b>                                | <b>7</b> Payee address; City; State; Zip Code<br><b>14337 Desert Wind Dr Horizon City, TX 79928</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | <b>(b)</b> Description<br><b>4X4 Campaign Signs</b> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Wesley Lawrence</b>  | Office sought<br><b>City Representative Distr</b>   |
| <b>Date</b>   | <b>Payee name</b>  |   |
| <b>Amount (\$)</b>  | <b>Payee address; City; State; Zip Code</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)  | <b>Description</b>                                  |
|   | <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                                       |
| <b>Date</b>   | <b>Payee name</b>  |   |
| <b>Amount (\$)</b>  | <b>Payee address; City; State; Zip Code</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)  | <b>Description</b>                                  |
|   | <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                                       |

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:<br>0 | <b>2</b> FILER NAME<br>Mr Wesley A Lawrence | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|  |         |
|--|---------|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
|--|---------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |   |
|------------------------------|---|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|---|

|                                  |  |                        |
|----------------------------------|--|------------------------|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description |
|                                  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> 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 |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |   |             |
|------------------------|---|-------------|
| 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 |
|--|-------------------------------|---------------|-------------|

|  |
|--|
|  |
|--|

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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr Wesley A Lawrence

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:<br>0 | <b>2</b> FILER NAME<br>Mr Wesley A Lawrence | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|  |         |
|--|---------|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 0.00 |
|--|---------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |                         |       |        |          |
|----------------------|-------------------------|-------|--------|----------|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

|                              |                                    |  |
|------------------------------|------------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

|                                  |  |                        |
|----------------------------------|--|------------------------|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description |
|                                  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>11</b><br>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 |
|-------------|----------------|-------|--------|----------|

|                            |                                    |  |
|----------------------------|------------------------------------|--|
| <b>TYPE OF EXPENDITURE</b> | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|----------------------------|------------------------------------|--|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | 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 |
|--|-------------------------------|---------------|-------------|

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# 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  
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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br><b>0</b>                                 | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date  | <b>5</b> Payee name  |   |
| <b>6</b> Amount (\$)   | <b>7</b> Payee address; City; State; Zip Code  |   |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)                    | <b>(b)</b> Description  |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b><br>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   |   |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | 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   |   |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | 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   |

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule H:<br><b>0</b>                        | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b>   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date   | <b>5</b> Business name   |   |
| <b>6</b> Amount (\$)  | <b>7</b> Business address; City; State; Zip Code   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)                    | <b>(b)</b> Description  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held   |
| Date  | Business name  |   |
| Amount (\$)   | Business address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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  | Business name  |   |
| Amount (\$)   | Business address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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   |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule I:<br><b>0</b> | <b>2</b> FILER NAME<br><b>Mr Wesley A Lawrence</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--|--|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |                         |      |       |          |
|----------------------|-------------------------|------|-------|----------|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; | City | State | Zip Code |
|----------------------|-------------------------|------|-------|----------|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
|---|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

Mr Wesley A Lawrence

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received  Check if political contribution returned to filer

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 political contribution returned to filer

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 political contribution returned to filer

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 political contribution returned to filer

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
**0**

2 FILER NAME

Mr Wesley A Lawrence

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

City Clerk Dept.  
10/6/2020 9:16:43 AM



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Mr Wesley A Lawrence

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

City Clerk Dept.  
10/6/2020 9:16:43 AM