CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	A	OFFICE USE ONLY	
	NICKNAME LAST	SUFFIX	Date Received	
	Lawrence		10/25/2020 12:50:04 PM	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 10900 Stonebridge Dr. El Paso			
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 494-3226	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	Mr Wesley	Α	Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	street address (no po box please); apt / sl 10900 Stonebridge Dr. El Paso		STATE; ZIP CODE	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 494-3226	EXTENSION		
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before electronic states and the second states and	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
COVERED	09/25/2020	тнгоидн 10/24	/2020	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	11/03/2020	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Representativ	ve District 4	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			· · · · · · · · · · · · · · · · · · ·	15 Filer ID (Ethics Commission Filers)
Mr Wesley A Law	rence			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	DIDATE / OFFICEHOLDER. THESE DNSENT. CANDIDATES AND OFFIC	EXPENDITURES MAY HAVE BEEN MADE W	TURES MADE BY POLITICAL COMMITTEES TO ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S IS INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TRE	EASURER NAME	
Additional Pages				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL SES, LOANS, OR GUARANT RIBUTIONS MADE ELECTR		\$ 0.00
		POLITICAL CONTRIBU	TIONS OR GUARANTEES OF LOANS)	\$ 1,048.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITU	IRES	\$ 862.23
CONTRIBUTION BALANCE	5. TOTAL OF REF	^{T DAY} \$ 3,024.49		
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		^{THE} \$ 0.00
18 AFFIDAVIT	1			
		t		perjury, that the accompanying report is ormation required to be reported by me
			Wesley A Lawrence	
			Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE			
	with a state of the state of th	Wesley A	Alawrence	u
day of October		by the said Wesley A to certify which, witnes	s my hand and seal of office.	, this the _ 26
		Mary Katz		
Signature of officer a	administering oath	Printed name of o	fficer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		20 Filer ID (Ethics Co	mmission Filers)
Mr	Wesley A Lawrence		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 980.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 68.65
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE E: LOANS		\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 862.23
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ 0.00

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to c	omplete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr Wesley A	Lawrence			, , , , , , , , , , , , , , , , , , ,
4 Date		out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Marilyn Guida			
09/26/2020	6 Contributor address;	City;	State; Zip Code	100
	7465 Stoney Hill Dr, Apt 9 A	A El Paso	, Texas 79904	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Retired			Retired	
		1		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Vona Van Cleef			
09/27/2020	Contributor address;	City;	State; Zip Code	10
09/21/2020				10
	4800 N. Stanton #200 El Pa	asu, rexa	579902	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Retired			Retired	
		I		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Kenneth Bell			
10/06/2020	Contributor address; City; State; Zip Code		100	
10/00/2020	1115 Catalina Way Ant C		TV 70025	100
	1115 Catalina Way, Apt. G	EI Paso,	1 × 7 9925	
	pation / Job title (See Instructions)		Employer (See Instruc	
Student/Sec	urity		Destination El Pase	0
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Ruby Montana			
10/06/2020	Contributor address;	City;	State; Zip Code	20
10/00/2020	3402 Craigo Ave. El Paso, Texas 79904		20	
	5402 Oraigo 7.00. Er 1 430,		504	
	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Lecturer UTEP				
<u> </u>				
	ATTACH ADDITION	AL COPIES (OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, plea	ase see Instru	uction guide for additional	reporting requirements.

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Wesley A	Lawrence		
4 Date	5 Full name of contributor	.C (ID#:)	7 Amount of contribution (\$)
	Javier Paz	、,	
10/07/2020	6 Contributor address; City;	State; Zip Code	100
10/07/2020	5905 Westside Dr. El Paso, Texas 7		100
	5905 Westside DI. LI Faso, Texas I	9932	
	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Teacher		EPISD	
Date	Full name of contributor Out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Judy Ackerman		
10/08/2020	Contributor address; City;	State; Zip Code	500
10/00/2020	3344 Eileen Dr. El Paso, Texas 799	04	500
		1	
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Retired		Retired	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Martin Wilson		
10/08/2020	Contributor address; City; State; Zip Code 25		
10/00/2020	1584 Diego Rivera Dr. El Paso, Tex	as 79936	
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	ctions)
Retired		Retired	
Date	Full name of contributor 🗌 out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Stephen Linam		
40/00/0000	Contributor address; City;	State; Zip Code	25
10/08/2020			25
	7 Softwynd Dr. Santa Fe, NM 87508	D	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	ctions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional	reporting requirements.

MONETARY	POLITICAL	CONTRIBUTIONS
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5 Full name of contributor		3 3 Filer ID (Ethics Commission Filers)
5 Full name of contributor		
Octavio Dominguez	(ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; 3948 Las Vegas Dr. El Paso, Texas 7	State; Zip Code 79902	50
	9 Employer (See Instruc El Paso County	tions)
Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
Claude Glover Contributor address; City; 7727 Romney Rd. Houston, TX 7703	State; Zip Code	25
tion / Job title (See Instructions)	Employer (See Instruct Retired	tions)
Full name of contributor	(ID#:)	Amount of contribution (\$)
Evangelina Balderrama Contributor address; City; 725 Hempstead Dr. El Paso, Texas 7	State; Zip Code	25
ation / Job title (See Instructions)	Employer (See Instruc National Lloyds	tions)
Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	
tion / Job title (See Instructions)	Employer (See Instruc	tions)
	tion / Job title (See Instructions) Full name of contributor Claude Glover Contributor address; City; 7277 Romney Rd. Houston, TX 7703 tion / Job title (See Instructions) Full name of contributor Contributor address; City; 725 Hempstead Dr. El Paso, Texas 7 tion / Job title (See Instructions) Full name of contributor Contributor address; City; tion / Job title (See Instructions)	ation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Claude Glover City; State; Zip Code Contributor address; City; State; Zip Code 7727 Romney Rd. Houston, TX 77036 Employer (See Instructions) Employer (See Instructions) full name of contributor out-of-state PAC (ID#:) Evangelina Balderrama Contributor address; City; State; Zip Code 725 Hempstead Dr. El Paso, Texas 79912 Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) National Lloyds Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
		3 Filer ID (Ethics Commission Filers)		
	A Lawrence			
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$68.65	
5 _{Date}	Date 6 Full name of contributor I out-of-state PAC (ID#:) Andrew Lawrence 9/27/2020 7 Contributor address; City; State; Zip Code		8 Amount of Contribution \$ 9 In-kind contribution description 12 3/8 - 4 Rebar 39.23	
	10900 Stonebridge Dr. El Paso, TX 79934	ł	Check if travel outside of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/06/2020	Andrew LawrenceContribution \$ 930/06/2020Contributor address;City;State;Zip Code		Contribution \$ description 9 3/8 - 4 Rebar	
	10900 Stonebridge Dr. El Paso, TX 79934	•	Check if travel outside of Texas. Complete Schedule T.	
Distance Ed	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe EPCC	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	m 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 1 If contributor is out-of-state PAC, please see Instructi			

PLEDGED CONTRIBUTIONS

SCHEDULE B

TI	he Instruction Guide explains how to complete this	s form.	1 Total pages Sched 0	lule B:
2 FILER NAM	IE		3 Filer ID (Ethics C	commission Filers)
Mr Wesley	A Lawrence			
4 TOTAL C	F 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; St	ate; Zip Code		· · ·
		1	Check if travel outs	ide of Texas. Complete Schedule T
10 Principal oc	ccupation / 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; St	ate; Zip Code		
		1		ide of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		• • •
			Check if travel outsi	ide of Texas. Complete Schedule T
Principal oc	cupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
Principal occ	cupation / Job title (See Instructions)	Employer (See		ide of Texas. Complete Schedule
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		-	ı requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 0
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Wesley A La	awrence		
4 TOTAL OF UN	NITEMIZED 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?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal fun- account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
 not applicable 20 Principal Occupa 	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if percend fun	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If Id	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

SCHEDULE F1

	EXPENDITUR	RE CATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Over Polling Exp Expense Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Credit Card Payment	The Instruction Gu	ide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	s Commission Filers)
4	Mr Wesley A Lawrence	9			
4 Date	5 Payee name				
09/28/2020	Facebook				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
25	1 Hacker Way in Menlo	o Park, CA 940	25		
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense		Social Media	Ads	
OF EXPENDITURE					
	(C) Check if travel outside of Texa	as. Complete Schedule T.	Check if Austi	n, TX, officeholder living) expense
9 Complete ONLY if direct	Candidate / Officeholder nar	ne	Office sought		Office held
expenditure to benefit C/OF	Wesley Lawrence	City	Representative	e Distr	
Date	Payee name				
10/02/2020	Facebook				
Amount (\$)	Payee address;		City;	State;	Zip Code
35	1 Hacker Way in Menlo	o Park, CA 940	25		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Advertising Expense	ne top of this schedule)	Description Social Media A	٩d	
	Check if travel outside of Texa	as Complete Schedule T		n TV officeholder living	
				n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nar		Office sought	D : /	Office held
	Wesley Lawrence	City	Representative	e Distr	
Date	Payee name				
10/05/2020	Zapa Graphics				
Amount (\$)	Payee address;		City;	State;	Zip Code
40	3410 Wickham Ave. Su	uite 100 El Pas	o, Texas 79904	4	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Advertising Expense	ne top of this schedule)	Description Vehicle Magne	ets	
	Check if travel outside of Texa	as. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder na	ime	Office sought		Office held
expenditure to benefit C/OF			Representative	e Distr	
	ATTACH ADDITIONAL	COPIES OF THIS			

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P iy Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
oroun ouron aymonic	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Mr Wesley A Lawrence		
4 Date	5 Payee name		
10/05/2020	Act Blue		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
10.41	366 Summer St, Somerville, MA	02144	
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE	Fees	Processing Fe	es
OF EXPENDITURE			
EXPENDITORE			
	(C) Check if travel outside of Texas. Complete Sched	lule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Wesley Lawrence	City Representativ	e Distr
Date	Payee name		
10/09/2020	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
50	1 Hacker Way in Menlo Park, C	A 94025	
	Category (See Categories listed at the top of this sched		
PURPOSE	Advertising Expense	Social Media	Ads
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sched	lule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit 0/01	Wesley Lawrence	City Representativ	e Distr
Date	Payee name		
10/16/2020	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
58	1 Hacker Way in Menlo Park, CA	A 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising Expense	Bule) Description Social Media /	Ads
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF		City Representative	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEL	

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Ol Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.			
1 Total pages Schedule F1: 4	2 FILER NAME Mr Wesley A Lawrence		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
10/19/2020	Zapa Graphics				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
233.82	3410 Wickham Ave. Suite 100 E	I Paso, Texas 7990	4		
8	(a) Category (See Categories listed at the top of this sche				
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign Lite	<pre>srature</pre>		
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought City Representative	Office held e Distr		
Date	Payee name				
10/19/2020	Facebook				
Amount (\$)	Payee address;	City;	State; Zip Code		
75	1 Hacker Way in Menlo Park, CA 94025				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising Expense	Bule) Description Social Media	Ads		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	[⊣] Wesley Lawrence	City Representativ	e Distr		
Date	Payee name				
10/22/2020	Poliengine				
Amount (\$)	Payee address;	City;	State; Zip Code		
35	621 NW 12th Ave. Gainesville, F	E 32601			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising Expense	ule) Description Website Engir)e		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	[↑] Wesley Lawrence	City Representative	e Distr		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Distric	oment & Related Expense
Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID (Ethic	s Commission Filers)
4	Mr Wesle	ey A Lawrence				
4 Date	5 Payee nar	me				
10/23/2020	El Diario					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
300	1801 Te	xas Ave. El Paso, TX	79901			
8	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisi	ng Expense		Newspaper A	dvertisement	
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name Lawrence	City	Office sought Representativ	e Distr	Office held
Date	Payee nar	ne				
240						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ite / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NE	EDED	

UNPAID INC	URRE	DOBLIGA	TIONS		SCHEI	DULE F2
		EXPENDITURE	CATEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office O Polling E pense Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F2:	2 FILER				3 Filer ID (Ethics Co	ommission Filers)
0		ey A Lawrence				
4 TOTAL OF UNITEM	/IZED UN	PAID INCURRED	OBLIGATIO	NS	\$0.00	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-P	olitical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the	e top of this schedule)	(b) Description		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Check if travel outside of Texas. didate / Officeholder na		Check if Au Office sought	ustin, TX, officeholder living e Office he	
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-F	Political		
PURPOSE OF EXPENDITURE	Catego	y (See Categories listed at the	e top of this schedule)	Description		
		Check if travel outside of Texas	. Complete Schedule T.	Check if A	Austin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate / Officeholder na	ame	Office sought	Office he	ld
	ΑΤΤΑΟ	H ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NI	EEDED	

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City Clerk Dept. 10/26/2020 12:39:10 PM

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he 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; C	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; Ci	ity; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

Forms provided by Texas Ethics Commission

Mr Wesley A Lawrence A total of a vertice of the second					
Accounting Banking Conducting Exponse Conditional Mode By Conditional Content Labor Press Press Press Data Press Press Press Data Ditional Content Labor Time Press Data Time		EXPENDITURE	CATEGORIES FOR BOX 10(a)		
1 Total pages Schedule F4: 2 FLER NAME Mr Wesley A Lawrence 3 Filer ID. (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00 5 Date 6 Payee name 7 Amount (\$) 8 Payee address: City: State; Zip Code 9 TYPE OF EXPENDITURE Political Non-Political (b) Description 10 PURPOSE EXPENDITURE (c) Category (See Categories listed at the top of this schedule) (b) Description 9 TYPE OF EXPENDITURE (c) Category (See Categories listed at the top of this schedule) (b) Description 9 URPOSE EXPENDITURE (c) Category (See Categories listed at the top of this schedule) (b) Description 10 Complete QNLY if direct Candidate / Officeholder name Office sought Office held 11 Date Payee name Candidate / Officeholder name Office sought Office held 12 Date Payee address; City; State; Zip Code	Accounting/Banking Consulting Expense Contributions/Donations Made	Fees Food/Beverage Expense By Gift/Awards/Memorials Ex cal Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equip Travel In District Travel Out Of District	ment & Related Expense
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0,00 5 Date 6 Payee name 7 Amount (5) 8 Payee address; City; State; Zip Code 9 TYPE OF EXPENDITURE Political Non-Political (b) Description 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Candidate / Officeholder name Office sought Office held 11 Candidate / Officeholder name Office sought Office held 12 Candidate / Officeholder name Office sought Office held 13 Candidate / Officeholder name Office sought Office held 14 Candidate / Officeholder name Office sought Office held 15 Payee address; City; State; Zip Code 16 Payee address; City; State; Zip Code 17 Category (See Categories listed at the top of this schedule) Description Pa	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
7 Amount (\$) 8 Payee address; City: State; Zip Code 9 TYPE OF EXPENDITURE Political Non-Political 0 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 9 URPOSE EXPENDITURE (b) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel cuside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Systematic to benefit C/OH Candidate / Officeholder name Office sought Office held 12 Date Payee name City: State; Zip Code 12 Date Payee address; City: State; Zip Code 12 Date Payee address; City: State; Zip Code 12 Date Payee address; City: State; Zip Code 13 Date Payee address; City: State; Zip Code 14 Date Political Non-Political Description Description 14 Date Political Non-Political Description Description 12 Check if travel outside of T	TOTAL OF UNITER	•	RGED TO A CREDIT CARD	\$ 0.00	
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PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Office held Office held		Political	Non-Political		
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Complete ONLY if direct	OF				
Complete ONLY if direct		Check if travel outside of Texa	s. Complete Schedule T. Check if	Austin, TX, officeholder livin	g expense
			name Office sought	Office h	eld

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE ${f G}$

EXPENDITUR	$\mathbf{r} = \mathbf{r} + \mathbf{r} = \mathbf{r} + $	POV 0(-)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment			al Expense act Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ient & Related Expense		
1 Total pages Schedule G: 0	2 FILER NA	AME By A Lawrence				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na				I		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;			City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	V (See Categories listed at the top of this s	chedule)	(b) Desc	ription		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austin,	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name		Office sou	ught		Office held
Date	Payee na	me					
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	Desc	ription		
		Check if travel outside of Texas. Complete Sc	chedule T.		Check if Austin	, TX, officeholder living ex	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		date / Officeholder name		Office sou	ught		Office held
Date	Payee na	me					
Amount (\$)	Payee ad	dress;		(City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	chedule)	Desc	ription		
		Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austin,	, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name		Office sou	ught		Office held
	ATTA	ACH ADDITIONAL COPIES O	F THIS SC	CHEDULE	EASNEED	ED	

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print ical Committee Legal Services Salar	Repayment/Reimbursement e Overhead/Rental Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule H:	The Instruction Guide explains how 2 FILER NAME Mr Woolov A Lowropco	to complete this form.	3 Filer ID (Ethics Commission Filers)
Date	Mr Wesley A Lawrence 5 Business name		
Amount (\$)	7 Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

SCHEDULE |

	The Instruction Guide explains how to cor	nplete this form.		
1 Total pages Schedule I: 0	² FILER NAME Mr Wesley A Lawrence		3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City	State	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Sea required.)	e instructions regarding type	of information
Date	Payee name	-		
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	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
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser required.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser required.)	e instructions regarding type	of information

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

SCHEDULE K

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: 0 0					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Mr Wesley A	Lawrence					
4 Date	5 Name of person from whom amount is received	8 Amount (\$)				
	6 Address of person from whom amount is received; City; Sta					
	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; Sta	ate; 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; Sta					
	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; Sta	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE T

The Instru	uction Guide	explains	how to complete	this form.		1 Total pages Schedule T: 0	
2 FILER NAME	ranco					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor		or Labor C	Drganization / Pledge	or / Payee			City Clerk Dept.
5 Contribution / Expend	lituro roportos	lon:					Dep
Schedule A2		edule B	Schedule B(J) Schedule	C2	Schedule D Schedule	lerk
Schedule F2		edule F4	Schedule G	Schedule		Schedule COH-UC Schedule	
6 Dates of travel	7 Name of	f person(s)) traveling				
	8 Departu	re city or n	ame of departure loo	cation			
	9 Destinat	ion city or	name of destination	location			
10 Means of transportat	ion	11 Purpo	ose of travel (includir	ng name of confere	nce, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgo	or / Payee			
Contribution / Expend	diture reported	l on:					
Schedule A2	Sche	edule B	Schedule B(J) Schedule	C2	Schedule D Schedule	• F1
Schedule F2	Sche	edule F4	Schedule G	Schedule	Н	Schedule COH-UC Schedule	B-SS
Dates of travel	Name o	f person(s)) traveling				
	Departu	re city or n	ame of departure lo	cation			
	Destinat	ion city or	name of destination	location			
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	/ Corporation	or Labor C	Drganization / Pledge	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Schedu	ile B [Schedule B(J)	Schedule C2	2 [Schedule D Schedule F	1
Schedule F2	Schedu	ule F4	Schedule G	Schedule H		Schedule COH-UC Schedule B	-SS
Dates of travel	Name o	f person(s)) traveling				
	Departu	re city or n	ame of departure loo	cation			
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	ose of travel (includir	ng name of confere	nce, se	eminar, or other event)	
	A	ГТАСН АІ	DDITIONAL COPIE	ES OF THIS SCHE	DULE	ASNEEDED	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

C/OH	INAME		2 Filer ID (Ethics Commission Filers)
Mr We	esley A Lawrence		
SIGN	IATURE		I
ing a i	ot expect any further political contributions or politica report as a final report terminates my campaign trea butions or make any campaign expenditures withou	surer appointment. I also ur	nderstand that I may not accept any campaign
		S	Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an offic	eholder. ••	
А.	CAMPAIGN FUNDS		
Che	eck only one:		
	I do not have unexpended contributions or unexpended contr	pended interest or income ea	arned from political contributions.
	I have unexpended contributions or unexpended may not convert unexpended political contributi personal use. I also understand that I must fill unexpended contributions or unexpended interest this final report. Further, I understand that I must income earned on political contributions in according	ons or unexpended interest e an annual report of unexp t or income earned on politic t dispose of unexpended pol	or income earned on political contributions to ended contributions and that I may not retain al contributions longer than six years after filing litical contributions and unexpended interest of
В.	ASSETS		
Che	eck only one:		
	I do not retain assets purchased with political co	ntributions or interest or othe	er income from political contributions.
	I do retain assets purchased with political contribution that I may not convert assets purchased with popersonal use. I also understand that I must disprequirements of Election Code, § 254.204.	itical contributions or interes	t or other income from political contributions to
			Signature of Candidate
_	CEHOLDER omplete this section <i>only</i> if you are an officeho	Ider ••	Signature of Candidate
	I am aware that I remain subject to filing requireme file. I am also aware that I will be required to file re officeholder, I retain political contributions, interest cal contributions or interest or other income from	oorts of unexpended contribut or other income from political	tions if, after filing the last required report as an