

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00000029	<b>2 Total pages filed:</b> 17	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Wesley A.	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 07/12/2024
	NICKNAME	LAST Lawrence	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 10900 Stonebridge Dr.  El Paso, TX 79934		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Wesley	MI	
	NICKNAME	LAST Lawrence	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 10900 Stonebridge Dr.  El Paso, TX 79934			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (915)	PHONE NUMBER 494-3226	EXTENSION	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" 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)			
<b>9 PERIOD COVERED</b>	Month      Day      Year 01/01/2024	THROUGH		Month      Day      Year 06/30/2024
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 11/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any) None		<b>12 OFFICE SOUGHT (if known)</b> El Paso City Council District 4 Place El Paso District 4	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Lawrence, Wesley A. (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00000029
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,600.24
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1,152.38
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,445.70
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 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.

\_\_\_\_\_  
 Mr. Wesley A. Lawrence  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Lawrence, Wesley A. (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00000029
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,350.24
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,152.38
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/10 Rpt: 4/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Luis <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Constable		<b>9</b> Employer (See Instructions) El Paso County
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andujo, Jorge <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teachers Assistant		Employer (See Instructions) UTEP
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aslam, Muneeb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Deputy ED		Employer (See Instructions) Non-Profit
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baca, Andrea <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79930	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Peace officer		Employer (See Instructions) County Attorney's Office-County of El Paso
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Evangelina <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher Basset

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/10 Rpt: 5/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 02/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Evangelina <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) Gallagher Basset
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Evangelina <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher Basset
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Evangelina <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher Basset
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Evangelina <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher Basset
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Evangelina <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher Basset

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/10 Rpt: 6/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 03/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Soldier		<b>9</b> Employer (See Instructions) US Army Reserves
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Kenneth <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Soldier		Employer (See Instructions) US Army Reserves
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Kenneth <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Soldier		Employer (See Instructions) US Army Reserves
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Kenneth <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Soldier		Employer (See Instructions) US Army Reserves
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Nathan <hr/> Contributor address; City; State; Zip Code  Fate, TX 75087	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Surveyor		Employer (See Instructions) LTRA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/17
2 FILER NAME Lawrence, Wesley A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Nathan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Fate, TX 75087	
8 Principal occupation / Job title (See Instructions) Surveyor		9 Employer (See Instructions) LTRA
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Nathan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  El Paso, TX 79924	
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Volar Center for independent living
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Nathan	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  El Paso, TX 79924	
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Volar Center for independent living
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Nathan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  El Paso, TX 79924	
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Volar Center for independent living
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Nathan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  El Paso, TX 79924	
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Volar Center for independent living

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/10 Rpt: 8/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driscoll, Donald <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79930	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) union organizer		<b>9</b> Employer (See Instructions) NNOC
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duron, Diana <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Clinical social worker		Employer (See Instructions) Private Practice
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fierro, Enriqueta <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guillen, Dora <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79904	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Debt Specialist		Employer (See Instructions) National Debt Relief
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guillen, Dora <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79904	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Certified Debt Specialist		Employer (See Instructions) National Debt Relief



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/10 Rpt: 9/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 01/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hennes, Ronald <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79902	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CCRN		<b>9</b> Employer (See Instructions) UMC El Paso
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hennes, Ronald <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CCRN		Employer (See Instructions) UMC El Paso
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinkle, Peggy <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) IBCLC		Employer (See Instructions) Self
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Humphreys, Carlos <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79930	Amount of Contribution (\$)  \$20.24
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) El Paso Community College
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Limon, Jose <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/10 Rpt: 10/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lugo, Judy <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79930	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$25.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lugo, Judy <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79930	Amount of Contribution (\$) <span style="float:right">\$15.00</span>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maria, Del Socorro Limon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paz, Debra <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79930	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Principal occupation / Job title (See Instructions) Csr		Employer (See Instructions) Maximus
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Duane <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) VA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/10 Rpt: 11/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 04/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Duane <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions) VA
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salem, Emad <hr/> Contributor address; City; State; Zip Code  Euless, TX 76040	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Sellstate Metro Realty
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schulte, Kim <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) counselor		Employer (See Instructions) UHS
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudder, Kendall <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Staudt, Kathleen (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79934	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/10 Rpt: 12/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 04/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strater, Jeffery <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Assistant Director Innovation Special Programs		<b>9</b> Employer (See Instructions) Ernst & Young
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sundquist, Tammy <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Zoo Collection Supervisor		Employer (See Instructions) City of El Paso
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valdez, Jesus <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Victor <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) Self-Employed
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vera, Beatriz <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/10 Rpt: 13/17
<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 04/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams , Maria	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925		
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) El Paso Community College
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielsdorf, Calvin	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Appraiser		Employer (See Instructions) EPCAD

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/17	
2 FILER NAME Lawrence, Wesley A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/30/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Wesley (The Honorable)	8 Amount of contribution (\$) \$250.00	9 In-kind contribution description T-Shirts, stickers, and buttons
	7 Contributor address; City; State; Zip Code  El Paso, TX 79934	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Student		11 Employer (FOR NON-JUDICIAL) (See instructions) Student	
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)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 F1: Sch: 1/3 Rpt: 15/17	<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00000029
<b>4</b> Date 05/30/2024	<b>5</b> Payee name Aaron Alexanders NICU Club	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 5312 Capistrano Dr  El Paso, TX 79924	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertisement
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/30/2024	Payee name Act Blue	
Amount (\$) \$27.38	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/18/2024	Payee name Campaign Verify	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 1215 31st Street NW PO Box 3554  Washington, DC 20007	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting verification
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 F1: Sch: 2/3 Rpt: 16/17	<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00000029
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<b>4</b> Date 05/16/2024	<b>5</b> Payee name Canva
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 3212 E Cesar Chavez St  Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/21/2024	Payee name El Paso Democratic Party
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Amount (\$) \$175.00	Payee address; City; State; Zip Code 1401 Montana Ave suite e  El Paso, TX 79902
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament Sponsor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/12/2024	Payee name Texas Democratic Party
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Amount (\$) \$605.00	Payee address; City; State; Zip Code 314 E. Highland Mall Blvd, Suite 508  Austin, TX 78752
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Data
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 F1: Sch: 3/3 Rpt: 17/17	<b>2</b> FILER NAME Lawrence, Wesley A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00000029	
<b>4</b> Date 05/20/2024	<b>5</b> Payee name Texas Progressive Caucus		
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code PO Box 59  Lampasas, TX 76550		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Happy Hour Event Sponsor during TX Dem Convention	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held