

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) 00000029	2 Total pages filed: 20				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Wesley	MI MI	OFFICE USE ONLY			
	NICKNAME	LAST Lawrence	SUFFIX		Date Received ELECTRONICALLY FILED 10/07/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <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			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Wesley	MI MI				
	NICKNAME	LAST Lawrence	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10900 Stonebridge Dr. El Paso, TX 79934						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(915)	494-3226					
8 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)						
	<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)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	2024		09	26	2024
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	11	05	2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) State Democratic Executive Committee District 23				12 OFFICE SOUGHT (if known) City Representative District District 4 El Paso		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Lawrence, Wesley (Mr.)	14 Filer ID (Ethics Commission Filers) 00000029
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15 NOTICE FROM POLITICAL COMMITTEE(S) <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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,678.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,991.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,659.38
OUTSTANDING LOAN TOTALS	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 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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18 FILER NAME Lawrence, Wesley (Mr.)		19 Filer ID (Ethics Commission Filers) 00000029
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,236.50
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,441.50
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,991.57
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/20
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Mariah <hr/> 6 Contributor address; City; State; Zip Code 14245 Hunter Creek El Paso , TX 79938	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Project assistant		9 Employer (See Instructions) AFHK
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderrama, Evangelina <hr/> Contributor address; City; State; Zip Code 725 Hempstead Dr El Paso, TX 79912	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher Basset
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderrama, Evangelina <hr/> Contributor address; City; State; Zip Code 725 Hempstead Dr El Paso, TX 79912	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher Basset
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderrama, Evangelina <hr/> Contributor address; City; State; Zip Code 725 Hempstead Dr El Paso, TX 79912	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher Basset
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Nathan <hr/> Contributor address; City; State; Zip Code 5836 MARLIN DRIVE El Paso, TX 79924	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Volar Center for independent living

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/20
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Nathan <hr/> 6 Contributor address; City; State; Zip Code 5836 MARLIN DRIVE El Paso, TX 79924	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Coordinator		9 Employer (See Instructions) Volar Center for independent living
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Nathan <hr/> Contributor address; City; State; Zip Code 5836 MARLIN DRIVE El Paso, TX 79924	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Volar Center for independent living
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Nathan <hr/> Contributor address; City; State; Zip Code 5836 MARLIN DRIVE El Paso, TX 79924	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Volar Center for independent living
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Jong Davis, Alicia <hr/> Contributor address; City; State; Zip Code 4101 North Stanton El Paso, TX 79902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Socorro Limon, Maria <hr/> Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723	Amount of Contribution (\$) \$200.02
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/20
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennes, Ronald	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1311 Arizona Avenue El Paso, TX 79902		
8 Principal occupation / Job title (See Instructions) CCRN		9 Employer (See Instructions) UMC El Paso
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara , Kristi	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code 6600 Preston Rd #2023 Dallas , TX 75024		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Carolyn	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 10357 Newport Dr El Paso, TX 79924		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Wesley (The Honorable)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 10900 Stonebridge El Paso, TX 79934		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Perfecto Public Relations
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leacock, Gordon	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code 622 West Liberty St. Ann Arbor, MI 48103		
Principal occupation / Job title (See Instructions) Web programmer		Employer (See Instructions) University of Michigan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/20
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftis, James <hr/> 6 Contributor address; City; State; Zip Code 7317 Luz De Lumbre El Paso, TX 79912	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Police Detective		9 Employer (See Instructions) city of El Paso
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mac Donald , Bob <hr/> Contributor address; City; State; Zip Code 9576 Poincian St El Paso, TX 79924	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora, Isidoro <hr/> Contributor address; City; State; Zip Code 2811 Aurora Avenue El Paso, TX 79930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paz, Debra <hr/> Contributor address; City; State; Zip Code 2929 Van Buren Ave, 18 El Paso, TX 79930	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Csr		Employer (See Instructions) Maximus
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Tony <hr/> Contributor address; City; State; Zip Code 2707 Columbus Grand Prairie , TX 75054	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/20
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray-Morales , Miyah <hr/> 6 Contributor address; City; State; Zip Code 10953 Northview Dr. El Paso , TX 79934	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Registered behavioral Tech		9 Employer (See Instructions) Empower behavioral health
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk, Mitzi <hr/> Contributor address; City; State; Zip Code 609 Barclay El Paso, TX 75703	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salem, Emad <hr/> Contributor address; City; State; Zip Code 806 park Hill Dr. Euless, TX 76040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Sellstate Metro Realty
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Christina <hr/> Contributor address; City; State; Zip Code 4009 Sabio Drive, 236 Austin, TX 78749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Nancy <hr/> Contributor address; City; State; Zip Code 10025 Meadowbrook Dr. Dallas , TX 75229	Amount of Contribution (\$) \$270.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/20
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Kim <hr/> 6 Contributor address; City; State; Zip Code 7956 Morning Dawn El Paso, TX 79932	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) counselor		9 Employer (See Instructions) UHS
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starks, Logan <hr/> Contributor address; City; State; Zip Code 2123 Becky Ln Cedar Hill , TX 75104	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) 2nd Shift Loader		Employer (See Instructions) Penske Logistics
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Kathleen (Dr.) <hr/> Contributor address; City; State; Zip Code 7289 Cactus Spine Ln El Paso, TX 79934	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stillman, Diana <hr/> Contributor address; City; State; Zip Code 660 frontera rd El paso , TX 79922	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Database engineer		Employer (See Instructions) Americana Exchange
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teixeira, Juana <hr/> Contributor address; City; State; Zip Code 711 Tepic Dr El Paso, TX 79912	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Tek Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/20
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsunami Sushi <hr/> 6 Contributor address; City; State; Zip Code 10710 Gateway N Blvd B8 El Paso, TX 79924	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong , Tyler <hr/> Contributor address; City; State; Zip Code 7707 Adams St. Forest park , IL 60130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 11/20	
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 09/26/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Wesley (The Honorable)	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description Buttons and Shirts
	7 Contributor address; City; State; Zip Code 10900 Stonebridge Dr El Paso, TX 79934		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Perfecto Public Relations	
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 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Rickee	Amount of contribution (\$) \$200.00	In-kind contribution description Website Re-design
	Contributor address; City; State; Zip Code 497 Desert Rose Ct. Horizon, TX 79928		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Digital Marketing Manager		Employer (FOR NON-JUDICIAL) (See instructions) Perfecto	
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)			
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Rickee	Amount of contribution (\$) \$456.50	In-kind contribution description Yard Signs
	Contributor address; City; State; Zip Code 497 Desert Rose Ct. Horizon, TX 79928		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Digital Marketing Manager		Employer (FOR NON-JUDICIAL) (See instructions) Perfecto Public Relations	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 12/20	
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 09/26/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Rickee	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description Facebook Ads + Strategy
	7 Contributor address; City; State; Zip Code 497 Desert Rose Ct. Horizon, TX 79928	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Digital Marketing Manager		11 Employer (FOR NON-JUDICIAL) (See instructions) Perfecto Public Relations	
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 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Rickee	Amount of contribution (\$) \$75.00	In-kind contribution description Banners
	Contributor address; City; State; Zip Code 497 Desert Rose Ct. Horizon, TX 79928	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Digital Marketing Manager		Employer (FOR NON-JUDICIAL) (See instructions) Perfecto Public Relations	
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)			
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Progressive Caucus	Amount of contribution (\$) \$310.00	In-kind contribution description Post cards + Postage
	Contributor address; City; State; Zip Code Po Box 59 Lampasas , TX 76550	<input type="checkbox"/> 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)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 13/20

2 FILER NAME
Lawrence, Wesley (Mr.)

3 Filer ID (Ethics Commission Filers)
00000029

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 description
(If applicable)

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)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 14/20
2 FILER NAME Lawrence, Wesley (Mr.)		3 Filer ID (Ethics Commission Filers) 00000029
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	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 <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 15/20	2 FILER NAME Lawrence, Wesley (Mr.)	3 Filer ID (Ethics Commission Filers) 00000029
4 Date 09/26/2024	5 Payee name Act Blue	
6 Amount (\$) \$24.30	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(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 Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Airport Printing	
Amount (\$) \$540.00	Payee address; City; State; Zip Code 7 Leigh Fisher Blvd. El Paso, TX 79906	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Literature
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2024	Payee name De La Pena, Paul	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1205 Mesita Dr. El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(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 Consulting
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 16/20	2 FILER NAME Lawrence, Wesley (Mr.)	3 Filer ID (Ethics Commission Filers) 00000029
4 Date 09/03/2024	5 Payee name El Paso Central Labor Union	
6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code 3112 Forney Ln El Paso, TX 79935	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day Breakfast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Facebook	
Amount (\$) \$14.95	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name Facebook	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 17/20	2 FILER NAME Lawrence, Wesley (Mr.)	3 Filer ID (Ethics Commission Filers) 00000029
4 Date 07/05/2024	5 Payee name Facebook	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name Facebook	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Facebook	
Amount (\$) \$5.94	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
Complete ONLY 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.

1	Total pages Schedule F1: Sch: 4/6 Rpt: 18/20	2	FILER NAME Lawrence, Wesley (Mr.)	3	Filer ID (Ethics Commission Filers) 00000029
4	Date 07/29/2024	5	Payee name Facebook		
6	Amount (\$) \$79.29	7	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/30/2024		Payee name Facebook		
	Amount (\$) \$30.00		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook El Paso		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/01/2024		Payee name Facebook		
	Amount (\$) \$17.00		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads		
		Complete ONLY 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.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 19/20	2 FILER NAME Lawrence, Wesley (Mr.)	3 Filer ID (Ethics Commission Filers) 00000029
4 Date 08/28/2024	5 Payee name Facebook	
6 Amount (\$) \$3.43	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name Flores Vazquez, Juan Paul	
Amount (\$) \$160.00	Payee address; City; State; Zip Code 700 Prospect El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Reveles, Nydia	
Amount (\$) \$54.44	Payee address; City; State; Zip Code Norte Dr10856 Loma Del El Paso, TX 79934	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 20/20	2 FILER NAME Lawrence, Wesley (Mr.)	3 Filer ID (Ethics Commission Filers) 00000029
4 Date 08/05/2024	5 Payee name Scale to win	
6 Amount (\$) \$86.58	7 Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Scale to win	
Amount (\$) \$185.64	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Vera, Beatriz	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 7149 Western Skies Dr El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Las Americas Banquet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held