CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			T. A.L.
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER		Mi /	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Lawrence		FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 601 E. Tubbs, Bishap, Te	STATE; ZIP CODE (a.S. 78343	FEB 0 7 2014 Date Hand-delivered or Postmarked
change of address			CHANA T. BARRERA CRencei Doenty Court, Nuegas County, Texas Deputy
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 459-4035	EXTENSION	Date Processed Camican
6 CAMPAIGN TREASURER NAME	MS GRB/MR Kabrina	# E	Date Imaged
	last Lawrence	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#; 601 E, Tubbs, Bishop,	city; state; Texas 7834	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 459-4035	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 [imit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 16/2014 THROUGH	Month Day 02/06/	Year 2014
11 ELECTION	Month Day Year ELECTION TYPE MONTH Day Year O3/04/2014 ELECTION TYPE Primary	Runoff G	eneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (FKNOWN) Nueces Cour of the Pe	ity Justice ace, Pct. 3
	0070000	 NA A OOF	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	rry L. L	auvence	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000 00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ - 3-				
	4. TOTAL POLITICAL EXPENDITURES \$ 2497 \(\frac{88}{24} \)				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ - 0 -				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
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. MY COMMISSION EXPIRES November 1, 2014 Signature of Candidate or Officeholder					
Sworn to and subs	scribed before r	ne, by the said <u>Larry Lawr</u>	this the y hand and seal of office.		
Maira	nes [in MARINATIEVINO	Notory		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME Larry L. Lawrence 4 Date 5 Full name of contributor			3 ACCOUNT # (Ethics Commission Filers)		
4 Date 01/28/2014	5 Full name of contributor out-of-state PAC (ID#_Wesley Rogers 6 Contributor address; City; State; Zip Code 801 Bluebonnet, Bishop,	Texa5 78343	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occu	pation / Job title (See Instructions) Refrec	10 Employer (See	<u> </u>	or rexas, complete concedure 17	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
Principal occup	 pation / Job title (See Instructions)	Employer (See I	L	of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occur	Contributor address; City; State; Zip Code	Employer (See I	•	of Texas, complete Schedule T)	
. mopar coop	Salion, Cop into (Coc Montacione)	Employer (Occ 1	1108 408.01107		
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
			 (If travel outside o	f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		 (If travel outside o	f Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	Marie II and the second of the	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED		

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE ${f F}$

Advertising Expense	Gift/Awards/Memorials Expense	RE CATEGORIES Salaries/Wages/Co		Loan Repayment/Rein	nbursement
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense				ent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Commit				
Fees	Printing Expense	Office Overhead/F		OTHER (enter a categ	
	· ·	ide explains how to	•	-	ory not noted above,
1 Total pages Schedule F:	2 FILER NAME	1 - 4115	4.0.0	3 ACCOUNT # (Ethics Commission Filers)
4 Date , ,	5 Payee name	·, Laure	nee		
01/30/2014	5 Payee name Richard 6	farcia			
6 Amount (\$)	7 Payee address; City;	State; Zip Code	11		
#700 8	4110 Bascule,	Compus Ch	iristi, r	exas 7841	6
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Printing Expens	5C		·	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate Officeholder name	nce-Nuec	Office sough	Justice of t	office held he Peace Pet.
Date	Payee name		•		
02/06/2014	Richard Barci	<u>a</u>		The state of the s	
Amount (\$)		State; Zip Code	. 15		
# 300 %	4110 Bascule,	Corpus Chr	isti, Texa	13 78416	
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Printing Expens	و			
Complete ONLY if direct Candidate Officeholder name office sought expenditure to benefit C/OH/Larry L. Lawrence- Nueces County Justice of the Peace, PCT, 3					
Date	Payee name				
Amount (\$)	Payee address; City; S	State; Zip Code			
	Cotono (Octono)		Description (
PURPOSE OF	Category (See categories listed at the	top of this schedule)	Description (If travel outside of Texas, co	npiete Schedule 1)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	ne	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; S	State; Zip Code			
PURPOSE OF	Category (See categories listed at the t	op of this schedule)	Description (I	f travel outside of Texas, con	plete Schedule T)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam H	e	Office sought		Office held
	ATTACH ADDITIONAL (COPIES OF THIS S	CHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ntract Labor sing Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
, 550	The Instruction Guide			
1 Total pages Schedule G:	2 FILER NAME Larry L. Lawr	ence		3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/06/2014	5 Payee name Richard Gar			
6 Amount (\$) \$\frac{1}{225}\$\$ Reimbursement from political contributions intended	7 Payee address; City; St. 4110 Bascule, Co	ate: Zip Code Xrpus Chvi	sti, Texa	5 78416
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top		(b) Description	(If travel outside of Texas, complete Schedule T)
O1/21/2014	Sulf Coast	Graphics	and Sign	n.5
Amount (\$) #92.01 Reimbursement from political contributions intended	Payee address; City; State: Zip Code 838 S. P. I. D., Corpus Christi, Texas 78416			
PURPOSE OF EXPENDITURE	Printing Expen	-	Description (If travel outside of Texas, complete Schedule T)
Date 01/24/2014	bulf Coast Gra	ephic and	l Signs	
Amount (\$) #676.56 Reimbursement from political contributions intended	Payee address; City: Sta	ate; Zip Code Dus Christ	i, Texas	18416
PURPOSE OF EXPENDITURE	Printing Expens		Description (If travel outside of Texas, complete Schedule T)
Date 01/24/2014	Payee name Commercial So	creen Pr	inting	
Amount (\$) # 299.31 Reimbursement from political contributions intended	Payee address; City; Sta 4001 Ayers St., C	orpus Ch	risti, Ta	exas 78414
PURPOSE OF EXPENDITURE	Printing Expen	of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense **Printing Expense**

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
2	Larry L. Lawrence				
1 Date 01/31/2014	5 Payee name H. E. B.				
Amount (\$) # 205 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 409 E. Kleberg, Kings VII	lle, Texas	78363		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If tra	ivel outside of Texas, complete Schedule T)		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					