

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

- 12 -

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST MI
Larry L.
NICKNAME LAST SUFFIX
Lawrence

NEEDS FOR RECORD

Date Received AT 4:35 PM

JUL 01 2014

DIANA T. BARRERA
Clerk, County Court, Nueces County, Texas
Date Hand-delivered or Postmarked Deputy

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
601 Tubbs
Bishop, TX. 78343

change of address

Receipt # Amount

Date Processed

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 459-4035

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Kabrina E.
NICKNAME LAST SUFFIX
Lawrence

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
601 Tubbs
Bishop, TX. 78343

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 459-4035

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
3 / 5 / 2014 THROUGH 7 / 15 / 2014

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 4 / 14
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Nueces County Pct. 3
Justice of the Peace

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2014-096

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Larry L. Lawrence</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

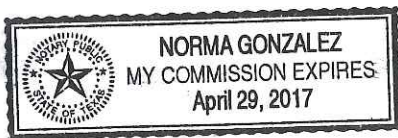
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ _____
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1551.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>310.51</i> <i>888</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1540.49</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Larry L. Lawrence

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Larry L. Lawrence*, this the *10th* day of *July*, 20 *14*, to certify which, witness my hand and seal of office.

Norma Gonzalez

 Signature of officer administering oath

Norma Gonzalez

 Printed name of officer administering oath

Notary

 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME
Larry L. Lawrence

3 ACCOUNT # (Ethics Commission Filers)

4 Date
5/8/2014

5 Full name of contributor out-of-state PAC (ID#: _____)
Teresa Joan Ault

7 Amount of contribution (\$) 1000⁰⁰ ~~xx~~

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
51 Sunset Ridge Rd,
MAXwell, TX. 78656-4264

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
6/12/2014

Full name of contributor out-of-state PAC (ID#: _____)
DAYS Inn - Bishop

Amount of contribution (\$) 251.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
715 S. Highway 77
Bishop, TX. 78343

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/1/2014

Full name of contributor out-of-state PAC (ID#: _____)
Sidney Culp

Amount of contribution (\$) 300⁰⁰ ~~xx~~

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 845
Bishop, TX. 78343

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

~~Blank contribution form section~~

~~Blank contribution form section~~

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: **1**

2 FILER NAME

Larry L. Lawrence

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

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

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Larry L. Lawrence

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>- 2 -</i>	2 FILER NAME <i>Larry L. Lawrence</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/27/2014</i>	5 Payee name <i>Richard Garcia</i>
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6 Amount (\$) <i>105.00</i>	7 Payee address; City; State; Zip Code <i>4110 BAScule Corpus Christi, TX. 78416</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	<u>Candidate</u> Officeholder name <i>Larry L. Lawrence - Nueces County Justice of the Peace Pct. 3</i>	Office sought	Office held
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Date <i>3/13/2014</i>	Payee name <i>Kingsville Publishing Company</i>
--------------------------	--

Amount (\$) <i>72.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 951 Kingsville, TX. 78363</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising expense</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	<u>Candidate</u> / Officeholder name <i>Larry L. Lawrence - Nueces County Justice of the Peace Pct. 3</i>	Office sought	Office held
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Date <i>6/02/2014</i>	Payee name <i>Estella's Diner</i>
--------------------------	--------------------------------------

Amount (\$) <i>24.36</i>	Payee address; City; State; Zip Code 122 E <i>104 E. Main St. Bishop, TX. 78343</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food & Beverage</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	<u>Candidate</u> / Officeholder name <i>Larry L. Lawrence - Nueces County Justice of the Peace Pct. 3</i>	Office sought	Office held
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Date <i>6/20/2014</i>	Payee name <i>Estella's Diner</i>
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Amount (\$) <i>16.10</i>	Payee address; City; State; Zip Code <i>104 E. Main St. Bishop, TX. 78343</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food & Beverage</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	<u>Candidate</u> / Officeholder name <i>Larry L. Lawrence - Nueces County Justice of the Peace Pct. 3</i>	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: -2-	2 FILER NAME Larry L. Lawrence	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/27/2014	5 Payee name Trout Street Bar & Grill
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6 Amount (\$) 93.05	7 Payee address; City; State; Zip Code 104 West Cotter Port Aransas, TX.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Beverage	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Larry L. Lawrence - Nueces County Justice of the Peace Pt. 3	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Larry L. Lawrence</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

- 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <u>1</u>	2 FILER NAME <u>Larry L. Lawrence</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Larry L. Lawrence	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
---------------------------------	---	--

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

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

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

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

Larry L. Lawrence

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

Larry L. Lawrence

3 ACCOUNT # (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED