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: — /1_—
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS(MR) FIRST Larry LAST LOW PUCCE	L. SUFFIX	Date Received 4:35 PM JUL 0 1 2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	Bishop, TX. 78343	STATE; ZIP CODE	Clerk County Court, Nucces County, Texas Date Hand-delivered or Postmarked Deputy Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 459-4035	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS) MR FIRST Kabrina E NICKNAME LAST Lawrence	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE); APT/SUITE#: 601 Tubbs Bishop, TX. 78343	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 459-4035	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 [imit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 7 / 15 /	Year 2014
11 ELECTION	ELECTION DATE Month Day Year Primary 11 / 4 / 14	Runoff	eneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Nucces Cou Tustice	unty Pet. 3 of the Peace

GO TO PAGE 2

2014-096

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ry L. Lai	uvence	15 ACCOUNT # (Ethics Commission Filers)	
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 OF 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.			
	COMMITTEE TYPE GENERAL	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1551.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 310.51 834 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1540.49			
CONTRIBUTION BALANCE				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$	
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. NORMA GONZALEZ				
MY CON	IMA GONZALEZ IMISSION EXPIRES April 29, 2017	Facey X of Signature of Car	Spulling and idate or Officeholder	
AFFIX NOTARY STAME		ne, by the said Larry L. Lawrence	this the	
day	~ · · ·	, 20 12 , to certify which, witness r		
Noma Go	ngaOn/	Norma Gonzalex	Notary	
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages Schedule A:
	N. 1000000 F. 7000
2 FILER NAME Larry L. Lawrence 3	3 ACCOUNT # (Ethics Commission Filers)
5/01 Teresa Joan Ault	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)
To Employer (See ins	in delians)
Date Full name of contributor out-of-state PAC (ID# DAY'S Inn - Bishop Contributor address; City; State; Zip Code 715 S. High way 77	Amount of In-kind contribution contribution (\$) description (if applicable)
715 S. Highway 17 Bishop, TX. 78343	251,00
Principal occupation / Job title (See Instructions) Employer (See Inst	(If travel outside of Texas, complete Schedule T) tructions)
6// Contributor address: City: State: Zip Code	Amount of In-kind contribution description (if applicable)
Bishop, TX. 78343	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Inst	
Bate Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor 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 contributor out-of-state-PAC (ID#:	Amount of In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T) ructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGI	ED CONTRIBUTIONS			schedule B
The I	nstruction Guide explains how to complete thi	s form.	1 Total pages Sched	lule B:
2 FILER NAME	erry L. Lawrence		3 ACCOUNT # (Ethi	ics Commission Filers)
4 TOTA	L OF UNITEMIZED PLEDGES: ⇒		⇒⇒	\$
	Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	In-kind description (if applicable) Texas, complete Schedule T)
10 Principal occup	ation / Job title (See Instructions)	11 Employer (See In		reme, complete contents ()
Date .	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code	/	Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In	nstructions)	
Date .	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date .	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir		\
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupa	tion / Job title (See Instructions)	Employer (See In		exas, complete Schedule T)
/	ATTACH ADDITIONAL COPIES O			quirements

Annual = Valladion	((Marie - 1992)			
	(***)			
Texas Ethics Commi	ssion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
The	Instruction Guide explains how	v to complete this form.	1 Total pag	ges Schedule E:
2 FILER NAME	arry L. Lawr	ence	3 ACCOUN	NT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOAN	1S: 🗈 🗗 🛱	라 라	\$
5 Date of loan	X Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Ins	structions	
14 Description of Col	lateral	15 Check if personal f	unds were deposited i	into political account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City; State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Ins	tructions)	
Date of loan	Name of lender	Out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code		Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instr	ructions)	
Description of Colla	ateral	Check if personal fu	nds were deposited in	to political account
none				74
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)

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

State;

Zip Code

Employer (See Instructions)

ess; City;

Guarantor address;

not applicable

Principal Occupation (See Instructions)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of District Contributions/Donations Made By 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 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
-1-	Lerry L. Lowrence
4 Date	5 Payee name
5/27/2014	
6 Amount (\$)	7 Payee address; City; State; Zip Code 4110 BASCULE
105,00	
700,00	Corpus Christi, T. 78416
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing expense
9 Complete ONLY if direct	Candidate Office holder name Office sought, Office held
expenditure to benefit C/C	
Date / /	Payee name
3/13/2014	Kingsville Publishing Company
Amount (\$)	Payee address; City; State; Zip Code
000	P.O. BOX 951
72 00	Kingsville, TX. 28363
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF	
EXPENDITURE	1
Complete ONLY if direct	Candidate / Office holder name Office sought Office held
expenditure to benefit C/O	Harry L. Lowvence Muces County Justice of the feace Pct, 3
Date /	Payee name
6/02/2014	Estella's Diner
Amount (\$)	Payee address; City; State; Zip Code
24.36	104 E. Main St.
21,16	Bishop, TX. 78343
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food & Beverage
Complete ONLY if direct expenditure to benefit C/O	Candidate) Officeholder name Office sought Office held
- representation to positions of o	Harry I. lawrence- Nucces County Justice of the Peace Pct. 3
Date /	Payee name
6/20/2014	Estelle's Diner
Amount (\$)	Payee address; City; State; Zip Code
16.10	104 E. Main St.
10,10	Bishop, N. 78343
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF	Food & Beverage
EXPENDITURE	
Complete ONLY if direct	Candidate Officeholder name Office sought Office held
expenditure to benefit C/C	Harry I. Lawrence - Nucces County Justice of the face Act, 3
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

				Market Control of the	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Loi ising Expense Tra Co crict ental Expense OT	ntributions/Donations	ent & Related Expense s Made By der/Political Committee
	The instruction dutie	explains now to	complete this form.		and the second s
1 Total pages Schedule F:	2 FILER NAME LAVVY L.	Lawren	.ce	3 ACCOUNT # (E	thics Commission Filers)
4 Date 6/27/2014	5 Payee name Trout Street	BAr & Gi	cill	1	
6 Amount (\$) 93.05	7 Payee address; City; Sta 104 West Co Port Avansa	ate; Zip Code Hev			
8 PURPOSE	(a) Category (See categories listed at the top	,	(b) Description (lete	avial avitatida af Toola oo o	- late Cata dilla Ti
8 PURPOSE OF EXPENDITURE	Food & Beverage	ERROLL COMMONORUM	(b) Description (If tr	avel outside of Texas, cor	ipiete Schedule 1)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought County Tres	itice of the	Office held Peace Pd.3
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description //ftm	avol outside of Toyon son	poloto Cabadula T\
OF EXPENDITURE	Odlegory (occ dategories listed at the top	or this scriedule)	Description (into	avel outside of Texas, con	piete Schedule 1)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City, Sta	te; Zip Code	/		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If tra	evel outside of Texas, com	plete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	05 000 00 - 0.00	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If tra	vel outside of Texas, com	plete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NEE	DED	

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: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) auvence a VV 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (a) Category (See categories listed at the top of this schedule) 8 **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) **EXPENDITURE** Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE** Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended

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Category (See categories listed at the top of this schedule)

PURPOSE

OF EXPENDITURE Description (If travel outside of Texas, complete Schedule T)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Loa Iraising Expense Trai t Con istrict (//Rental Expense OTH	n Repayment/Reimbursement nsportation Equipment & Related Expense stributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
Total pages Schedule H:	2 FILER,NAME	The state of the s	3 ACCOUNT # (Ethics Commission Filers)
	Larry L. Lawrence	6	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name	27	
Amount (\$)	Business address; City; State; Zip Code	\	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Iftrav	el outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name	1	
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains ho	ow to complete this form.
Total pages Schedule		3 ACCOUNT # (Ethics Commission Filers)
1	larry L. Laurence	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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	
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.)
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

7		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
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	<i>[</i>
	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	
č		
	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

	uction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME		
La	vy l. Lauveure	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expend		
↓ Sci	hedule A Schedule B Schedule C	Schedule D Schedule F Schedule G
Sci	nedule 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	
	o Departure city or name or departure location	
	Destination city or name of destination location	
	,	
10 Means of transportat	on Purpose of travel (including name of con	oference, seminer, or other event)
Name of Contributor / (Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendite	ure reported on:	/
Sch	edule A Schedule B Schedule C	Schedule D Schedule F Schedule G
Sch	edule 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	
	Sopartare dry of harrie of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of trayel (including name of conference)	ence, seminar, or other event)
Name of Contributor / C	corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditu		
Sche	edule A Schedule B Schedule C	Schedule D Schedule F Schedule G
Sche	edule 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	
/	Departure dity of frame of departure location	
	Destination city or name of destination location	
	bestination city of harrie of destination location	λ.
	Destination dry of frame of destination location	
Means of transportation	Purpose of travel (including name of confere	ence, seminar, or other event)
Means of transportation		ence, seminar, or other event)