CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GU	IIDE explains how to comple	ete this form.	1 ACCOUN (Ethics Car 000000	nmission filers)	2 PAGE# 1 of 30		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Hon.	FiRST Antoinette B	.1	MI	<u> </u>	JSE ONLY	
	NICKNAME Toni	LAST Lawrence	, , ,	SUFFIX	6) 10		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS X Change of Address	ADDRESS / PO BOX; APT One Greenway Plaza Suite 225 Houston, TX 77046	/ SUITE #;	CITY; ST	ATE; ZIP CODE	RECE JAN 1 1 CITY SECTOR Date Hand-delivered Receipt #	2007 E	
5 CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST George D		MI	Date Processed	<u> </u>	
NAME	NICKNAME	LÁST		SUFFIX	Date Imaged		
		Franklow		Jr.	<u></u>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX One Greenway Plaza Suiet 225 Houston, TX 77046	PLEASE); APT/SUI	TE#, CI	TY: STATE:	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (713) 526-3399	NE NUMBER	EX	TENSION			
8 REPORT TYPE	X January 15	30th day before elect	tion R	unoff	15th day after coappointment (of	ampaign treasurer ficeholder only)	
	July 15	8th day before election	on E	xceeded \$500 limit	Final report (Atta	ach C/OH - FR)	
9 PERIOD COVERED	Month Day Year 07/01/2006	THRO	UGН	Month Day 12/31/20	Year 06		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TY	PE				
***	50y 102	Primary	, R	unoff	General	Special	
11 OFFICE	OFFICE HELD (If any) City Council Dist A, Ho	ouston	12 0	FFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expendit Candidates are required to dis Name						
	Address/PO Box; Apt / Suite i	#; City; State; 2	Zip Code				
additional pages							
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT &	TOTALS		Cover	SHEET PG 2
14 C/OH NAME Lawr	ence, Antoinette B	(Hon.)	15 ACCOUNT # 00000004	(Ethics Commission filers)
16 NOTICE FROM	have been made with	obtice of political expenditures by political committees to support the candidate's or officeholder's knowledge or consent. Care receive notice of such expenditures	rt the candidate / officeholder. T candidates and officeholders are	hese expenditures may required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages			T. (A	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	S S	0.00
	4. TOTAL F	OLITICAL EXPENDITURES	\$	17,612.24
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	145,150.39
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O Y OF THE REPORTING PERIOD	F THE \$	0.00
	BLAKE AOOMAN SEAL ABOVI	is true and correct and income under Title 15, Election	penalty of perjury, that the accludes all information require on Code. WWW.	ed to be reported by
Sworn to and subscrib	ed before me, by th	di san	, this the	/oたday
assel		Allan G. Blakens	Notor	
Signature of officer admir	nistering oath	Print name of officer administering oath	Title of officer admin	istering oath

The Instruct	ION GUIDE explains how to comp	plete this form.	TO THE STATE OF TH	1 PAGE # Schedule: 1/15 Report: 3/30			
2 FILER NAME	Lawrence, Antoinette B (H	on.)		3 ACCOUNT # 00000004	(Ethics Commission filers)		
4 Date	5 Payee name Advarion Incorp.				7 Amount (\$)		
07/10/2006	6 Payee address; C P O Box 540183 Houston, TX 77098				\$250.00		
	yment ons regarding type of information omunications: Design	required.)	9 · Complete if direct Candidate / Officehol		efit Candidate/Officeholder		
——————————————————————————————————————			Office sought:				
	or travel outside Texas (complete	······	Office held:				
i i i i i i i i i i i i i i i i i i i	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addil	onai pages if necess	iary)		
11 Departure city	/ location	12 Departure date	13 Destination city / le	ocation	14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Blakemore & Assoc.		<u> </u>		7 Amount (\$)		
11/06/2006		ity; State; Zip Code			\$108.25		
8 Purpose of par (See instruction Consulting F	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol		fit Candidate/Officeholder		
			Office sought:				
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
11 Departure city	location	12 Departure date	13 Destination city / li	ocation	14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				
			·		,		

The Instructio	N GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 2/1	I5 Repo	ort: 4/30	
2 FILER NAME	Lawrence, Antoinette B (H	on.)		3 ACCOUNT# 00000004	(Ethics C	commission filers)	
4 Date	5 Payee name Crime Stoppers				7	Amount (\$)	
10/18/2006	6 Payee address; C P O Box 541654 Houston, TX 77254	City; State; Zip Code				\$160.00	
8 Purpose of payment (See instructions regarding type of information required.) Public Relations: Sponsorship			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
Payment for	travel outside Texas (complete	havan 10 16)	Office sought: Office held:				
	(s) traveling on whose behalf th		<u> </u>	onal pages if necess	sary)		
11 Departure city / I	location	12 Departure date	13 Destination city / location			14 Arrival date	
15 Means of transpo	ortation		16 Purpose of travel		,		
4 Date 5 Payee name Dabney, Will 12/21/2006 6 Payee address; City; State; Zip Code 2301 Nantucket #D Houston, TX 77057					7	Amount (\$) \$500.00	
8 Purpose of payn (See instructions Contract Labor	s regarding type of information i	required.)	9 • Complete if direct expenditure to benefit Candidate/Officeholder • Candidate / Officeholder name:				
Payment for	travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person(s) traveling on whose behalf the	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
11 Departure city / le	ocation	12 Departure date	13 Destination city / Id	ocation		14 Arrival date	
15 Means of transpo	ortation		16 Purpose of travel				
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The Instructi	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 3/1	l5 Rep	ort: 5/30	
2 FILER NAME	Lawrence, Antoinette B (F	lon.)		3 ACCOUNT # 00000004	(Ethics (Commission filers)	
4 Date	5 Payee name Dannenbaum, James				7	Amount (\$)	
11/2//2006	6 Payee address; (3100 W Alabama Houston, TX 77098	City; State; Zip Code				\$1,000.00	
	yment ns regarding type of information ons: Sponsorship	required.)	9 · · Complete if direc Candidate / Officehol		efit Cano	didate/Officeholder **	
			Office sought:				
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held.				
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal pages if neces	sary)		
11 Departure city	location .	12 Departure date	13 Destination city / I	ocation	·	14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Daughters of Liberty				7	Amount	
	Dadgittoro or Liberty					(\$)	
11/14/2006		ity; State; Zip Code				\$30.00	
8 Purpose of pay	ment	 	9 · · Complete if direct	t evnanditure to hen	afit Cano	lidate/Officeholder **	
(See instruction	ns regarding type of information e: Dues & Subscriptions		Candidate / Officehol		oni Canc	ilidate/Officeriolige	
			Office sought:				
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)	= 201	
11 Departure city /	location	12 Departure date	13 Destination city / I	ocation		14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				

The Instruction (Guide explains how to comp	lete this form.		1 PAGE# Schedule: 4/1	5 Repo	rt: 6/30
2 FILER NAME L	awrence, Antoinette B (Ho	n.)		3 ACCOUNT # (Ethics Commission filers) 00000004		
4 Date 5	Payee name Gee, George			·	7	Amount (\$)
11/27/2006 6	Payee address; C 5855 Sovereign Dr Houston, TX 77036	ity; State; Zip Code				\$100.00
8 Purpose of payment (See instructions regarding type of information required.) Public Relations: Sponsorship			9 · Complete if direct Candidate / Officehol		efit Candi	date/Officeholder **
☐ Payment for tr	avol outside Texas (complete	boxes 10-16)	Office sought:			
10 Name of person(s)	traveling on whose behalf the	e expenditure for travel	I was made (attach additi	onal pages if necess	ary)	
11 Departure city / loc	cation	12 Departure date	13 Destination city / le	ocation		14 Arrival date
15 Means of transport	tation		16 Purpose of travel	· · · ·		
4 Date 5 Payee name Hall, Darrin 07/03/2006 6 Payee address, City, State, Zip Code 1413 Caywood Houston, TX 77055					7	Amount (\$) \$1,000.00
•	ent regarding type of information r	equired.)	9 • Complete if direct expenditure to benefit Candidate/Officeholder • Candidate / Officeholder name:			
Payment for tr	avel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
10 Name of person(s)) traveling on whose behalf the	e expenditure for travel	was made (attach additi	onal pages if necess	sary)	
11 Departure city / loc	cation	12 Departure date	13 Destination city / l	ocation		14 Arrival date
15 Means of transport	tation ,		16 Purpose of travel			

The Instructi	ดง Guide explains how to com	olete this form.		1 PAGE # Schedule: 5/15 Report: 7/30				
2 FILER NAME	Lawrence, Antoinette B (H	on.)		3 ACCOUNT # 00000004	(Ethics C	ommission filers)		
4 Date	5 Payee name Harless, Patricia		7 Amour (\$)					
09/20/2006		City; State; Zip Code				\$300.00		
	yment ns regarding type of information ons: Sponsorship	required.)	9 ** Complete if direc Candidate / Officehol		efit Cand	idate/Officeholder **		
			Office sought:					
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:					
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)			
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocation		14 Arrival date		
15 Means of transportation			16 Purpose of travel					
4 Date	5 Payee name Houston Livestock Show	v & Rodeo	<u> </u>		7	Amount		
12/01/2006		City; State; Zip Code				(\$) \$53.85		
	yment ns regarding type of information ons: Sponsorship	required.)	9 ° Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:					
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			٠		
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)			
11 Departure city	/ location	12 Departure date	13 Destination city / I	location		14 Arrival date		
15 Means of trans	portation		16 Purpose of travel					

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 6/15 Report: 8/30 ACCOUNT# (Ethics Commission filers) 2 FILER NAME Lawrence, Antoinette B (Hon.) 00000004 4 Date Payee name Amount Houston Parks Board (\$) \$500.00 10/18/2006 6 Payee address; City; State; Zip Code 2001 Kirby Dr Houston, TX 77019 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Candidate / Officeholder name: (See instructions regarding type of information required.) Public Relations: Sponsorship Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 14 Arrival date 12 Departure date 13 Destination city / location 11 Departure city / location 15 Means of transportation 16 Purpose of travel Amount Date Payee name Howard, Mike (\$) \$2,500.00 07/03/2006 6 Payee address; City; State; Zip Code 12607 Westleigh Dr Houston, TX 77077 9 · · Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Public Relations: Sponsorship Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 14 Arrival date 12 Departure date 13 Destination city / location 11 Departure city / location 16 Purpose of travel 15 Means of transportation

POLITI	CAL EXPENDIT	· · · · · · · · · · · · · · · · · · ·		(312)40	SCHEDULE F	
The Instruction	on Guide explains how to comp	plete this form.		1 PAGE# Schedule: 7/1	5 Report: 9/30	
2 FILER NAME	Lawrence, Antoinette B (H	on.)	·	3 ACCOUNT # 00000004	(Ethics Commission filers)	
4 Date	5 Payee name Howard, Mike				7 Amount (\$)	
07/03/2006	07/03/2006 6 Payee address; City; State; Zip Cod 12607 Westleigh Dr Houston, TX 77077				\$500.00	
8 Purpose of pay (See instruction Contract Lab	ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho		efit Candidate/Officeholder ''	
☐ Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	ary)	
11 Departure city / location 12 Departure date			13 Destination city /	ocation	14 Arrival date	
15 Means of trans	portation		16 Purpose of travel			
4 Date	5 Payee name Howard, Mike				7 Amount (\$)	
12/21/2006	6 Payee address; C 12607 Westleigh Dr Houston, TX 77077	City; State; Zip Code			\$750.00	
8 Purpose of pay (See instruction Contract Lab	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho	t expenditure to bend lder name:	efit Candidate/Officeholder **	
☐ Payment fo	or travel outside Texas (complete	e hoxes 10-16)	Office sought: Office held:			
	n(s) traveling on whose behalf th		was made (attach addit	tional pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location	14 Arrival date	
15 Means of trans	portation	<u> </u>	16 Purpose of travel	 		

The Instruction	on Guide explains how to comp	elete this form.	1. 1400-781-1	1 PAGE# Schedule: 8/1	5 Repo	rt: 10/30	
2 FILER NAME	Lawrence, Antoinette B (H	on.)		3 ACCOUNT # (Ethics Commission filers) 00000004			
4 Date	Date 5 Payee name Kaye Marvin Photography			7	Amount (\$)		
08/04/2006	6 Payee address; C 4401 Montrose Houston, TX 77006	city; State; Zip Code				\$80.65	
Purpose of payment (See instructions regarding type of information required.) Photography			9 ** Complete if direct Candidate / Officehol		efit Candi	date/Officeholder · ·	
		•	Office sought:				
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	sary)		
11 Departure city /	location	12 Departure date	13 Destination city / I	ocation		14 Arrival date	
15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name				7	Amount	
11/30/2006	Knippel, Linda					(\$) \$100.00	
8 Purpose of pay (See instruction Contract Labo	ns regarding type of information	required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
			Office sought:				
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)		
11 Departure city /	location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of transp	portation		16 Purpose of travel		<u> </u>		
	and the second s	-			•		

The instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 9/1	/15 Report: 11/30		
2 FILER NAME.	Lawrence, Antoinette B (Ho	on.)		3 ACCOUNT # 00000004	(Ethics C	Commission filers)	
4 Date	5 Payee лате Lady Washington NSDA	·R			7	Amount (\$)	
08/20/2006	6 Payee address; C 1310 Nantucket #2 Houston, TX 77057	ity; State; Zip Code	,			\$50.00	
•	l yment ns regarding type of information i e: Dues & Subscriptions	required.)	9 · · Complete if direct Candidate / Officehol		efit Cand	idate/Officeholder **	
			Office sought:				
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of person 11 Departure city /	n(s) traveling on whose behalf the	e expenditure for travel	was made (attach addition attach addition at		sary)	14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Lawrence, Toni				7	Amount (\$)	
11/30/2006	6 Payee address; C P. O. Box 920782 Houston, TX 77292	 City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·		\$499.41	
	yment ns regarding type of information on ons: Flowers & Gifts	required.)	9 ** Complete if direc Candidate / Officeho		efit Cand	lidate/Officeholder	
			Office sought:				
☐ Payment fo	or travel outside Texas (complete	hoves 10-16)	Office held:				
— <u>·</u>	n(s) traveling on whose behalf th		I was made (attach addit	ional pages if neces	sary)		
11 Departure city /	' location	12 Departure date	13 Destination city /	location		14 Arrival date	
45.14	portation		16 Purpose of travel			<u> </u>	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 10/15 Report: 12/30 2 FILER NAME Lawrence, Antoinette B (Hon.) ACCOUNT # (Ethics Commission filers) 00000004 Date Amount Payee name Leader Newspaper (\$) \$375.00 10/18/2006 6 Payee address; City; State; Zip Code PO Box 924487 Houston, TX 77272 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Print Advertising: Design Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 14 Arrival date 12 Departure date 13 Destination city / location 11 Departure city / location 15 Means of transportation 16 Purpose of travel Amount Date Payee name Nelson, Tyler (\$) \$500.00 12/21/2006 6 Payee address; City; State; Zip Code 14311 Fair Knoll Way Houston, TX 77062 9 · Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment Candidate / Officeholder name: (See instructions regarding type of information required.) Contract Labor Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 12 Departure date 13 Destination city / location 14 Arrival date 11 Departure city / location 16 Purpose of travel 15 Means of transportation

The Instru	стіом Guide explains how to comp	plate this form	1 PAGE#						
IIIE Marke	SHOW GOIDE EXPLAINS NOW to comp	lete tills form.		Schedule: 11/15 Report: 13/30			ort: 13/30		
2 FILER NAM	ME Lawrence, Antoinette B (Ho	on.)			ACCOUNT 0000000	• • • • • • • • • • • • • • • • • • • •	(Ethics Co	ornmission filers)	
4 Date	5 Payee name Newport, John						7	Amount (\$)	
12/21/2006	6 Payee address; C 14311 Fair Knoll Way Houston, TX 77062	City; State; Zip Code				, .		\$1,200.00	
8 Purpose of (See instruct Contract L	ctions regarding type of information	required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:					date/Officeholder ''	
	•		Office sought:						
Paymer	nt for travel outside Texas (complete	boxes 10-16)	Office held:						
	rson(s) traveling on whose behalf th		was made (attach addit			cess	ary)	14 Arrival date	
11 Departure ci	ty / location	12 Departure date	13 Destination day /	IOCau				14 Alliva delo	
15 Means of tra	insportation	<u>.</u>	16 Purpose of travel						
4 Date	5 Payee name Newport, John		 -				7	Amount (\$)	
12/21/2006	6 Payee address; C 14311 Fair Knoll Way Houston, TX 77062	City; State; Zip Code						\$300.00	
8 Purpose of (See instruc Contract L	ctions regarding type of information	required.)	9 - Complete if direc Candidate / Officeho			bene	:fit Candi	date/Officeholder **	
ı			Office sought:						
Paymer	nt for travel outside Texas (complete	e boxes 10-16)	Office held:						
10 Name of pe	rson(s) traveling on whose behalf th	ie.expenditure for travel	was made (attach addi	tional	pages if n	ecess	ary)		
11 Departure c	ity / location	12 Departure date	13 Destination city /	locati	ion			14 Arrival date	
15 Means of tra	ansportation	<u> </u>	16 Purpose of travel						
			<u> </u>						

07/03/2006

6 Payee address;

Texas Ethics Commission Austin, Texas 78711-2070 P.O.Box 12070 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 12/15 Report: 14/30 (Ethics Commission filers) 2 FILER NAME Lawrence, Antoinette B (Hon.) ACCOUNT# 00000004 Date Payee name Amount Post Master General (\$) \$278.60 11/30/2006 6 Payee address; City; State; Zip Code 2499 Judiway Houston, TX 77018 Purpose of payment 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: (See instructions regarding type of information required.) Adminsitrative: Courier & Delivery Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 14 Arrival date 13 Destination city / location 12 Departure date 11 Departure city / location 15 Means of transportation 16 Purpose of travel Amount Date Payee name Quarles, Robert (\$)

		2303 LaMonte Houston, TX 77018				
8 Purpose of pa (See instruction Contract Lab		s regarding type of information required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholde Candidate / Officeholder name:			
	Payment for	travel outside Texas (complete boxes 10-16)	Office sought: Office held:			
10	Name of personi	(s) traveling on whose behalf the expenditure for tra	vel was made (attach additional pages if necessary)			

City; State; Zlp Code

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

\$1,000.00

The Instructi	ดง Guine explains how to comp	plete this form.		1 PAGE # Schedule: 13/	'15 Rep	ort: 15/30
2 FILER NAME	Lawrence, Antoinette B (H	on.)		3 ACCOUNT# 00000004	(Ethics C	ommission filers)
4 Date	5 Payee name Quarles, Robert				7	Amount (\$)
12/21/2006		City; State; Zip Code	.,	,		\$600.00
8 Purpose of par (See instruction Contract Lab	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officehol	t expenditure to bene der name:	efit Candi	date/Officeholder **
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:		•	
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocation	·	14 Arrival date
15 Means of trans	portation		16 Purpose of travel			
4 Date 11/27/2006	5 Payee name Strange, Jon N. 6 Payee address; C. 17171 Park Row #160	City; State; Zip Code			7	Amount (\$) \$500.00
	ns regarding type of information	required.)	9 * Complete if direc Candidate / Officehol		efit Cand	idate/Officeholder **
	ons: Sponsorship or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city	location	12 Departure date	13 Destination city / I	ocation		14 Arrival date
15 Means of trans	portation	<u> </u>	16 Purpose of travel			
	and the second like the second	•		·		

The Instruction Guide explains how to co	emplete this form.		1 PAGE# Schedule: 14/	15 Rep	ort: 16/30
2 FILER NAME Lawrence, Antoinette B	(Hon.)		3 ACCOUNT # 00000004	(Ethics C	ommission filers)
4 Date 5 Payee name Subway				7	Amount (\$)
08/31/2006 6 Payee address; 5326 W 34th St Houston, TX 77018	City; State; Zip Code				\$17 .18
8 Purpose of payment (See Instructions regarding type of informati Public Relations: Sponsorship	on required.)	9 ** Complete if direct Candidate / Officehol		efit Candi	date/Officeholder **
		Office sought:			
Payment for travel outside Texas (comp	lete boxes 10-16)	Office held:			
10 Name of person(s) traveling on whose beha	f the expenditure for travel	was made (attach additi	ional pages if necess	загу)	
11 Departure city / location	12 Departure date	13 Destination city / I	ocation		14 Arrival date
15 Means of transportation		16 Purpose of travel			
4 Date 5 Payee name The Federalist Socie 08/20/2006 6 Payee address; 1015 18th St N W. Washington, DC 200	City; State; Zip Code			7	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of informati Administrative: Dues & Subscriptions	on required.)	9 * Complete if direc Candidate / Officeho	t expenditure to bender name:	efit Cand	date/Officeholder ••
		Office sought:			
Payment for travel outside Texas (comp	lete boxes 10-16)	Office held:			•
10 Name of person(s) traveling on whose beha	If the expenditure for travel	was made (attach addit	ional pages if neces	sary)	
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of travel			-

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Houston, TX 77007

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 15/15 Report: 17/30 3 ACCOUNT# (Ethics Commission filers) 2 FILER NAME Lawrence, Antoinette B (Hon.) 00000004 Date Payee name Amount The Lodge Restaurant (\$) \$392.63 12/20/2006 6 Payee address; City; State; Zip Code

8	Purpose of payment (See instructions regarding type of information required.) Office Holder: Staff Appreciation	9 •• Complete if direct expenditure to benefit Candidate/Officeholder •• Candidate / Officeholder name:
		Office sought:
	Payment for travel outside Texas (complete boxes 10-16)	Office held:

- 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)
- 11 Departure city / location
 12 Departure date
 13 Destination city / location
 14 Arrival date

 15 Means of transportation
 16 Purpose of travel

SCHEDULE ${\bf G}$

MADE	FROW PERSON	IAL FUNDS				
The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE# Schedule: 1/1	3 Repo	t: 18/30
2 FILER NAME	Lawrence, Antoinette B (He	on.)		3 ACCOUNT# 00000004	(Ethics C	ommission filers)
4 Date	5 Payee name B Jordan Post Office	,			7	Amount (\$)
12/04/2006	6 Payee address; C	ity; State; Zip Code				\$278.60
•	Houston, TX 77002					nbursement from ical contributions nded
	penditure ns regarding type of information e:Courier & Delivery	required.)				
Payment fo	or travel outside Texas (complete	boxes 9-15)				
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
10 Departure city	/ location	11 Departure date	12 Destination city / t	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel		-:· L	
4 Date	5 Payee name Costco		<u> </u>	· · · · · · · · · · · · · · · · · · ·	7	Amount
			,			(\$)
07/02/2006	6 Payee address; C	ity; State; Zip Code				\$49.90
	Houston, TX 77055				X polit	nbursement from ical contributions nded
	penditure ns regarding type of information :: Office Supplies	required.)				
	or travel outside Texas (complete					
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary) 	
10 Departure city	/ location	11 Departure date	12 Destination city /	ocation		13 Arrival date
14 Means of trans	portation	<u> </u>	15 Purpose of travel			·

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The Instruction Guide explains how to comp	olete this form.		1 PAGE# Schedule: 2/1	3 Repo	rt: 19/30
2 FILER NAME Lawrence, Antoinette B (H	lon.)		3 ACCOUNT# 00000004	(Ethics C	ommission filers)
4 Date 5 Payee name Daily Review Café				7	Amount (\$)
6 Payee address; Houston, TX 77019	City; State; Zip Code			X polit	\$34.58 inbursement from ical contributions inded
Purpose of expenditure (See instructions regarding type of information Office Holder: Staff Appreciation Payment for travel outside Texas (complete					
9 Name of person(s) traveling on whose behalf th	· · · · · · · · · · · · · · · · · · ·	was made (attach additi	onal pages if necess	sary)	
10 Departure city / location	11 Departure date	12 Destination city / k	ocation		13 Arrival date
14 Means of transportation		15 Purpose of travel			
4 Date 5 Payee name Dan Patrick for Senate				7	Amount (\$)
10/30/2006 6 Payee address; Houston, TX 77270	City; State; Zip Code			X polit	\$300.00 Inbursement from ical contributions inded
Purpose of expenditure (See instructions regarding type of information Public Relations: Sponsorship	required.)				
Payment for travel outside Texas (complete	·			·	
9 Name of person(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additi	onal pages if necess	sary)	
10 Departure city / location	11 Departure date	12 Destination city / le	ocation		13 Arrival date
14 Means of transportation		15 Purpose of travel			
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The Instruction	NON GUIDE explains how to comp	elete this form.			PAGE # Schedule:	3/13 Re	port: 20/30
2 FILER NAME	Lawrence, Antoinette B (H	on.)			ACCOUNT 0000 00 04		s Commission filers)
4 Date	5 Payee name El Rey Restaurant			I.,,		7	Amount (\$)
08/30/2006		City; State; Zip Code				,	\$87.95
	Houston, TX 77018					⊠ p	leimbursement from olitical contributions Itended
	penditure ons regarding type of information ions: Sponsorship	required.)					
Payment f	or travel outside Texas (complete	e boxes 9-15)					
9 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional	pages if ned	essary)	
10 Departure city	/ location	11 Departure date	12 Destination city / le	ocati	DΠ		13 Arrival date
14 Means of trans	sportation		15 Purpose of travel				
A Date	5 Payes pame					17	Amount
4 Date	5 Payee name Eyes on the Border Fou					7	Amount (\$)
4 Date 11/04/2006	Eyes on the Border Fou	ndation				7	
	Eyes on the Border Fou	<i>:</i>				X P	(\$)
11/04/2006 8 Purpose of expression (See instruction)	Eyes on the Border Foundation 6 Payee address; Control Houston, TX 77024 penditure ons regarding type of information	ity; State; Zip Code		• • • •		X P	(\$) \$500.00 eimbursement from olitical contributions
11/04/2006 8 Purpose of expression (See instruction)	Eyes on the Border Foundation 6 Payee address; Company Houston, TX 77024 penditure	ity; State; Zip Code				X P	(\$) \$500.00 eimbursement from olitical contributions
8 Purpose of ex (See instruction Public Relation	Eyes on the Border Foundation Payee address; Complete Company Compan	required.)				X P	(\$) \$500.00 eimbursement from olitical contributions
8 Purpose of ex (See instruction Public Relation	Eyes on the Border Foundation 6 Payee address; Control Houston, TX 77024 penditure and regarding type of information ons: Sponsorship	required.)				X P	(\$) \$500.00 eimbursement from olitical contributions
8 Purpose of ex (See instruction Public Relation	Eyes on the Border Foundation 6 Payee address; Control Houston, TX 77024 penditure and regarding type of information and regarding type of	required.)		ional	pages if nec	X P	(\$) \$500.00 eimbursement from olitical contributions
8 Purpose of exi (See instruction Public Relation Payment for Paym	Eyes on the Border Foundation 6 Payee address; Control Houston, TX 77024 penditure ans regarding type of information ans: Sponsorship or travel outside Texas (complete an(s) traveling on whose behalf the Hocation	required.) boxes 9-15) e expenditure for travely	was made (attach additi	ional	pages if nec	X P	(\$) \$500.00 eimbursement from olitical contributions tended
11/04/2006 8 Purpose of expension (See instruction Public Relation Public Relation Payment for Paymen	Eyes on the Border Foundation 6 Payee address; Control Houston, TX 77024 penditure ans regarding type of information ans: Sponsorship or travel outside Texas (complete an(s) traveling on whose behalf the Hocation	required.) boxes 9-15) e expenditure for travely	was made (attach additi 12 Destination city / l	ional	pages if nec	X P	(\$) \$500.00 eimbursement from olitical contributions tended
11/04/2006 8 Purpose of exposer (See instruction Public Relation Payment for	Eyes on the Border Foundation 6 Payee address; Control Houston, TX 77024 penditure ans regarding type of information ans: Sponsorship or travel outside Texas (complete an(s) traveling on whose behalf the Hocation	required.) boxes 9-15) e expenditure for travely	was made (attach additi 12 Destination city / l	ional	pages if nec	X P	(\$) \$500.00 eimbursement from olitical contributions tended

The Instruction	GUIDE explains how to comp	lete this form.	-	1 PAGE # Schedule: 4/1	3 Repo	rt: 21/30
2 FILER NAME	Lawrence, Antoinette B (Ho	on.)		3 ACCOUNT # 00000004	(Ethics C	commission filers)
4 Date	5 Payee name Foodarama Grocery				7	Amount (\$)
08/29/2006	6 Payee address; C	ity; State; Zip Code				\$4.69
	Houston, TX 77092				X polit	mbursement from tical contributions nded
	enditure s regarding type of information i ns: Sponsorship	required.)				
Payment for	travel outside Texas (complete	boxes 9-15)			·	
9 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
10 Departure city / k	ocation	11 Departure date	12 Destination city / l	ocation		13 Arrival date
14 Means of transpo	ortation		15 Purpose of travel			
4 Date	5 Payee name Golden Hunan Rest		,		7	Amount (\$)
11/30/2006		ity; State; Zip Code				\$43.18
	Houston, TX 77007				X poli	mbursement from tical contributions nded
8 Purpose of expe (See instructions Office Lunch M	regarding type of information i	required.)				
	travel outside Texas (complete					
9 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	sary)	
10 Departure city / k	ocation	11 Departure date	12 Destination city / I	ocation	•	13 Arrival date
14 Means of transpo	ortation		15 Purpose of travel			

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The Instruction Guide explains how to comp	lete this form.		1 PAGE# Schedule: 5/1	3 Repo	rt: 22/30
2 FILER NAME Lawrence, Antoinette B (H	on.)		3 ACCOUNT # 00000004	(Ethics C	ommission filers)
4 Date 5 Payee name Golden Hunan Restaura	ant .			7	Amount (\$)
	City; State; Zip Code				\$52.00
				inter	ical contributions nded
8 Purpose of expenditure (See instructions regarding type of information Office Holder: Staff Appreciation	required.)		•		·
Payment for travel outside Texas (complete	boxes 9-15)				
9 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
10 Departure city / location	11 Departure date.	12 Destination city / le	ocation		13 Arrival date
14 Means of transportation		15 Purpose of travel		······	
4 Date 5 Payee name Harris Co Protected Se	nvines		·i	7	Amount ,
10/20/2006	ity; State; Zip Code		*******		(\$) \$1,240.00
Houston, TX 77054				X polit	nbursement from ical contributions nded
Purpose of expenditure (See instructions regarding type of information Public Relations: Sponsorship	required.)				
☐ Payment for travel outside Texas (complete	boxes 9-15)				
9 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	ary)	
10 Departure city / location	11 Departure date	12 Destination city / I	ocation		13 Arrival date
14 Means of transportation	<u> </u>	15 Purpose of travel			
		<u> </u>			

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The Instructi	on Guide explains how to comp	lete this form.		1 PAGE# Schedule: 6/1	3 Repo	rt. 23/30
2 FILER NAME	Lawrence, Antoinette B (H	on.)		3 ACCOUNT # 00000004	(Ethics C	ommission filers)
4 Date	5 Payee name Heights Chamber of Co	mmerce			7	Amount (\$)
10/10/2006	6 Payee address; C	City; State; Zip Code				\$405.00
	Houston, TX 77008				D polit	nbursement from ical contributions nded
	penditure ins regarding type of information ons: Sponsorship	required.)				
Payment fo	or travel outside Texas (complete	ь boxes 9-15)	•			
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
10 Departure city	/ location	11 Departure date	12 Destination city / le	ocation	`	13 Arrival date
14 Means of trans	portation		15 Purpose of travel			
4 Date	5 Payee mame Houston Professional R	epublican Women			7	Amount (\$)
10/19/2006	6 Payec address; C					\$25.00
	Pearland, TX 77584				Dolit	nbursement from ical contributions nded
	penditure ns regarding type of information re: Dues & Subscriptions	required.)				
	or travel outside Texas (complete	*				
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city / I	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			
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The Instruction Guide explains how to co	omplete this form.		1 PAGE# Schedule: 7/1	3 Report: 24/30
2 FILER NAME Lawrence, Antoinette E	3 (Hon.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4 Date 5 Payee name Intercontinental Hote	ei .			7 Amount (\$)
6 Payee address;	City; State; Zip Code			\$5.00
Houston, TX 77027				Reimbursement from Ditical contributions intended
Purpose of expenditure (See instructions regarding type of informal Office Holder: Visitor Parking	ion required.)			
Payment for travel outside Texas (comp	olete boxes 9-15)			
9 Name of person(s) traveling on whose beha	If the expenditure for travel	was made (attach additi	onal pages if necess	eary)
10 Departure city / location	11 Departure date	12 Destination city / I	ocation	13 Arrival date
14 Means of transportation	•	15 Purpose of travel		•
4 Date 5 Payee name J Melcher Post Office	ee			7 Amount (\$)
10/17/2006 6 Payee address;	City; State; Zip Code			\$117.00
Houston, TX 77027				Reimbursement from X political contributions intended
8 Purpose of expenditure (See instructions regarding type of informat Adminsitrative:Courier & Delivery	ion required.)			
Payment for travel outside Texas (comp	lete boxes 9-15)			
9 Name of person(s) traveling on whose beha	If the expenditure for travel	was made (attach additi	onal pages if necess	ary)
10 Departure city / location	11 Departure date	12 Destination city / le	ocation	13 Arrival date
14 Means of transportation		15 Purpose of travel		
		•		

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	The Instruction	אס Guide explains how to comp	olete this form.		1 PAGE # Schedule: 8/1	I3 Repo	ort: 25/30
2	FILER NAME	Lawrence, Antoinette B (H	lon.)		3 ACCOUNT# 00000004	(Ethics C	Commission filers)
4	Date	5 Payee name Kroger Grocery				7	Amount (\$)
	08/31/2006		City; State; Zip Code	•••••••••••••••••••••••••••••••••••••••		X polit	\$14.54 mbursement from tical contributions
8	Public Relation	ns regarding type of information ons: Sponsorship			1911	.1	=
		r travel outside Texas (complete					
9	Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addition	onal pages if necess	sary)	
10	Departure city	location	11 Departure date	12 Destination city / Id	ocation		13 Arrival date
14	Means of trans	portation	1	15 Purpose of travel			
4	Date	5 Payce name			<u> </u>	7	Amount
7	Date	La Mexicana Restaurar					(\$)
	40140/0000	6 Davis addison.	City; State; Zip Code				\$79.29
	10/18/2006	o Payee address; C					
		Houston, TX 77019				X polit	mbursement from tical contributions nded
8	Purpose of exp	Houston, TX 77019	required.)	****		X polit	tical contributions
	Purpose of exp	Houston, TX 77019	required.)	****		X polit	tical contributions
	Purpose of exp	Houston, TX 77019 enditure as regarding type of information	required.)			X polit	tical contributions
	Purpose of exp (See instruction Office Holder	Houston, TX 77019 enditure as regarding type of information Staff Appreciation	e boxes 9-15)			X politinter	tical contributions
	Purpose of exp (See instruction Office Holder	Houston, TX 77019 enditure as regarding type of information Staff Appreciation	e boxes 9-15)	was made (attach additio	onal pages if necess	X politinter	tical contributions
8	Purpose of exp (See instruction Office Holder	Houston, TX 77019 enditure as regarding type of information : Staff Appreciation r travel outside Texas (complete a(s) traveling on whose behalf the	e boxes 9-15)	was made (attach addition 12 Destination city / k		X politinter	tical contributions
9	Purpose of exp (See instruction Office Holder Payment for	Houston, TX 77019 renditure as regarding type of information : Staff Appreciation r travel outside Texas (complete a(s) traveling on whose behalf the	e boxes 9-15) ne expenditure for travel			X politinter	ical contributions nded
9	Purpose of exp (See instruction Office Holder Payment for Name of person Departure city /	Houston, TX 77019 renditure as regarding type of information : Staff Appreciation r travel outside Texas (complete a(s) traveling on whose behalf the	e boxes 9-15) ne expenditure for travel	12 Destination city / k		X politinter	ical contributions nded
9	Purpose of exp (See instruction Office Holder Payment for Name of person Departure city /	Houston, TX 77019 renditure as regarding type of information : Staff Appreciation r travel outside Texas (complete a(s) traveling on whose behalf the	e boxes 9-15) ne expenditure for travel	12 Destination city / k		X politinter	ical contributions nded
9	Purpose of exp (See instruction Office Holder Payment for Name of person Departure city /	Houston, TX 77019 renditure as regarding type of information : Staff Appreciation r travel outside Texas (complete a(s) traveling on whose behalf the	e boxes 9-15) ne expenditure for travel	12 Destination city / k		X politinter	ical contributions nded

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The Instruction Guide explains how to complete this form. 1 PAGE # Schedule				9/13 Report: 26/30			
2 FILER NAME Lawrence, Antoinette	ER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT # 000000004			(Ethics Commission filers)			
4 Date 5 Payee name Los Cucos Restaur	staurant			7	Amount (\$)		
08/28/2006 6 Payee address; City; State; Zip Code Houston, TX 77007					\$62.00 Reimbursement from [X] political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Office Holder: Staff Appreciation							
Payment for travel outside Texas (com	plete boxes 9-15)						
9 Name of person(s) traveling on whose beh	alf the expenditure for travel	was made (attach additi	onal pages if necess	sary)			
10 Departure city / location	11 Departure date	arture date 12 Destination city / location			13 Arrival date		
14 Means of transportation 15 Purpose of travel							
4 Date 5 Payee name Macys		<u> </u>		7	Amount (\$)		
10/16/2006 6 Payee address; City; State; Zip Code Houston, TX 77070				\$183.97 Reimbursement from political contributions			
				inter	nded		
8 Purpose of expenditure (See instructions regarding type of information required.) Public Relations: Flowers & Gifts							
Payment for travel outside Texas (complete boxes 9-15)							
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
10 Departure city / location	11 Departure date	te 12 Destination city / location 13 Arrival		13 Arrival date			
14 Means of transportation		15 Purpose of travel					

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The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 10/13 Report: 27/30				
2 FILER NAME	FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT # 00000004			(Ethics Commission filers)			
4 Date	5 Payee name Office Depot		'		7	Amount (\$)	
10/08/2006	10/08/2006 6 Payee address; City; State; Zip Code					\$74.03	
	Houston, TX 77040					mbursement from tical contributions nded	
	penditure ins regarding type of information ons: Flowers & Gifts	required.)					
☐ Payment fo	or travel outside Texas (complete	boxes 9-15)					
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
10 Departure city	/ location	11 Departure date	12 Destination city / location			13 Arrival date	
14 Means of transportation 15 Purpose of travel							
4 Date	5 Payee name Paws Houston		<u> </u>	•	7	Amount (\$)	
09/26/2006	6 Payee address; C	ity; State; Zip Code				\$155.00	
	Houston, TX 77073					Reimbursement from political contributions intended	
8 Purpose of expenditure (See instructions regarding type of information required.) Public Relations: Sponsorship							
Payment for travel outside Texas (complete boxes 9-15)							
9 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
10 Departure city /	location	11 Departure date	12 Destination city / location			13 Arrival date	
14 Means of transportation			15 Purpose of travel				
			<u> </u>				
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WADE I KOW PERSONAL FUNDS							
The Instruction Guide explains how to complete this form. 1 PAGE # Schedule				1/13 Report: 28/30			
2 FILER NAME Lawrence, Antoinette B (H	lon.)		3 ACCOUNT # 00000004	(Ethics C	ommission filers)		
4 Date 5 Payee name Post Master General				7	Amount (\$)		
12/09/2006 6 Payee address; City; State; Zip Code Houston, TX 77018					\$93.60 Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information Adminsitrative:Courier & Delivery □ Payment for travel outside Texas (complete	e boxes 9-15)				ideu		
9 Name of person(s) traveling on whose behalf the	ne expenditure for travel v	vas made (attach additi	onal pages if necess	sary)			
10 Departure city / location	11 Departure date	12 Destination city / location			13 Arrival date		
14 Means of transportation 15 Purpose of travel							
4 Date 5 Payee name Star Pizza				7	Amount (\$)		
Nousieri, 12 7 2007					\$39.42 abursement from ical contributions aded		
Purpose of expenditure (See instructions regarding type of information required.) Office Holder: Staff Appreciation							
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
10 Departure city / location	11 Departure date	12 Destination city / location 13 Arrival			13 Arrival date		
14 Means of transportation	15 Purpose of travel						

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The Instruction Guide explains how to complete this form. 1 PAGE # Schedule				12/13 Report: 29/30		
2 FILER NAME	Lawrence, Antoinette B (H	on.)		3 ACCOUNT# 00000004	(Ethics C	commission filers)
4 Date	5 Payee name Subway				7	Amount (\$)
08/31/2006	6 Payee address; C	ity; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			\$17.18
	Houston, TX 77018				Reimbursement from political contributions intended	
	penditure ns regarding type of information ons: Sponsorship	required.)				
☐ Payment fo	or travel outside Texas (complete	boxes 9-15)				
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) .						
10 Departure city	/ location	11 Departure date	12 Destination city /	ocation		13 Arrival date
14 Means of transportation 15 Purpose of travel						
4 Date	5 Payee name Subway				7	Amount (\$)
09/07/2006	6 Payee address, C	ity; State; Zip Code				\$65.74
Houston, TX 77055			Reimbursement from political contributions intended			
	penditure ns regarding type of information ons: Sponsorship	required.)		,		
Payment for travel outside Texas (complete boxes 9-15)						
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
10 Departure city	location	11 Departure date	12 Destination city / location 13 Arrival date			13 Arrival date
14 Means of trans	14 Means of transportation 15 Purpose of travel					

The Instruction Guide explains how to comp		1 PAGE # Schedule: 13/13 Report: 30/30					
2 FILER NAME Lawrence, Antoinette B (H	FILER NAME Lawrence, Antoinette B (Hon.) 3 A						
4 Date 5 Payee name Tony Mandolas Restau	5 Payee name Tony Mandolas Restaurant			7 Amount (\$)			
09/18/2006 6 Payee address; City; State; Zip Code Houston, TX 77024				\$14.00 Reimbursement from political contributions intended			
8 Purpose of expenditure (See instructions regarding type of information Public Relations: Meals & Entertainment	required.)			 			
Payment for travel outside Texas (complete							
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
10 Departure city / location	11 Departure date	12 Destination city / location			13 Arrival date		
14 Means of transportation 15 Purpose of travel							
		•					