Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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): 4

2 Total pages this report: 1/12

OFFICE USE ONLY

Date Received: RECEIVED OCT 27 2003 SECRETARY OF STATE

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: | FIRST: Antoinette B | MI:

NICKNAME: Toni | LAST: Lawrence | SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 7047 Bent Branch Dr | APT / SUITE #: | CITY: Houston | STATE: TX | ZIP CODE: 77088

5 CAMPAIGN TREASURER NAME

TITLE: Mr. | FIRST: George D | MI:

NICKNAME: | LAST: Franklow | SUFFIX: Jr.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 2618 Sutton Ct | APT / SUITE #: | CITY: Houston | STATE: TX | ZIP CODE: 77027

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 552-0838 | EXTENSION:

8 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)

9 PERIOD COVERED

Month Day Year: 09/26/2003 THROUGH Month Day Year: 10/25/2003

10 ELECTION

ELECTION DATE Month Day Year: 11/04/2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): Other -- Houston City Council - Dist A

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address/PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

(Effective 12/16/1999)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME: Antoinette B Lawrence

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 14255.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 18889.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 49439.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15000.00

19 AFFIDAVIT

DEBORA L. ELLIS NOTARY PUBLIC STATE OF TEXAS EXPIRES 03-05-2007

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Antoinette B. Lawrence

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Antoinette Lawrence, this the 27th day of October, 2003, to certify which, witness my hand and seal of office.

Debora L. Ellis — Signature of officer administering oath

Debora L. Ellis — Printed name of officer administering oath

Notary — Title of officer administering oath

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Associates Builders & Contractors of Greater Houston PAC [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Mary W Bentley [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Shirley Englehardt Burgher [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Paul A Cagle [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Dean E Corgey [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 4/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Bill or M Ailene Hartman [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Doris B Hinson [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Houston Fire Fighters PA Fund [redacted]	3000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Houston Police Officers Union [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Don T or Helen Huey [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 5/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Nancy Kinsel [redacted]	40.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Angie Klevenski [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	LT Communications [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Irma Lovelace [redacted]	300.00	Fundraiser
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Irma Lovelace [redacted]	40.00	
Principal occupation (Optional)	Employer (Optional)		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 6/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/03/2003	W.A. Marx [redacted]	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Dr Gilda McFail [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Jacob or Adelina Monty [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	M.M. or Elizabeth J Mortensen [redacted]	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	F. B. or Marjorie E Oakes [redacted]	50.00	

Principal occupation (Optional) | Employer (Optional)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 7/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	PageSoutherlandPage [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Roy Ruffin [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Cheryl Sevin [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Tx Friends of Time Warner Cable [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Charles L or Mary J Walther [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 8/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Full name of contributor ☒ out-of-state PAC(ID# C00119008)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Waste Management PAC 6 Contributor address; City; State; Zip Code [redacted]	250.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Clymer Wright Contributor address; City; State; Zip Code [redacted]	250.00	Print Advertising - C.L.O - .U.T. Banquet

Principal occupation (Optional)

Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 9/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	1000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Consulting

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/13/2003	Center for Military History Houston TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
Print Advertising

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Martha Greenlaw 9209 Stagecoach Dr Houston TX 77041	500.00

Purpose of expenditure (See instructions regarding type of information required.)
Staff:Contract

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/20/2003	Mr. & Mrs. Clint Home 6611 Lindyann Houston TX 77008	400.00

Purpose of expenditure (See instructions regarding type of information required.)
Misc:Election Night

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 10/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	IHOP 6888 Gulf Freeway Houston TX 77082	23.37

8 Purpose of expenditure (See instructions regarding type of information required.)
Public Relations:Meals

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/03/2003	Jewish Voice Herald 3403 Audley Houston TX 77098	480.00

Purpose of expenditure (See instructions regarding type of information required.)
Print Advertising

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/20/2003	LT Communications 2606 Persa Houston TX 77098	399.63

Purpose of expenditure (See instructions regarding type of information required.)
Fundraiser:Invitaitons

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/20/2003	SWP Printers 1055 Conrad Sauer Houston TX 77043	4060.46

Purpose of expenditure (See instructions regarding type of information required.)
Direct Mail:Voter Contact

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 11/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Greg Shaw 800 Colquitt Houston TX 77006	1370.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Consulting - Postage

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16/2003	Tribe Design 5555 Morningside Dr Ste 202 Houston TX 77005	3247.50

Purpose of expenditure (See instructions regarding type of information required.)
Direct Mail:Voter Contact -Design -Mailer #1 &#2

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/08/2003	WC Management 402 West 16th Street Houston TX 77008	3609.10

Purpose of expenditure (See instructions regarding type of information required.)
Direct Mail:Voter Contact - Mailer 1

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16/2003	WC Management 402 West 16th Street Houston TX 77008	3609.10

Purpose of expenditure (See instructions regarding type of information required.)
Direct Mail:Voter Contact - Mailer #2

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 12/12

2 FILER NAME
Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
10/16/2003	Homestyle Buffet 8203 Long Point Houston TX 77055	Public Relations:Meals	13.53	[X]
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	Reimbursement from political contributions intended
10/10/2003	Kinko's 10670 Northwest Freeway Houston TX 77092	Office Supplies	27.06	[X]