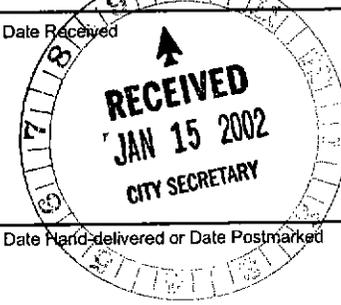


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 1/10							
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI							
		Antoinette B								
NICKNAME	LAST	SUFFIX								
Toni	Lawrence									
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE					
	7047 Bent Branch Dr Houston TX 77088									
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Date Received						
		Mr. George D		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged
Receipt #	Amount									
Date Processed										
Date Imaged										
NICKNAME	LAST	SUFFIX								
	Franklow	Jr.								
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE					
	2618 Sutton Ct Houston TX 77027									
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(713)	552-0838								
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year			
	10/28/2001			12/31/2001						
10 ELECTION	ELECTION DATE			ELECTION TYPE						
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)						
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Antoinette B. Lawrence

15 ACCOUNT # (Ethics Commission filers)
4

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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. ..

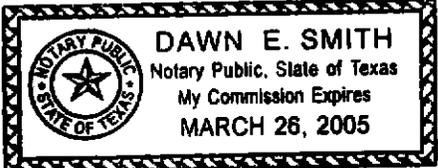
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	\$ 3540.62
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 26459.68
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 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.

Antoinette B. Lawrence
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Antoinette Lawrence, this the 14th day of January, 20 02, to certify which, witness my hand and seal of office.

Dawn E. Smith Dawn E. Smith Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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: 3/10	
2 FILER NAME Antoinette B Lawrence			3 ACCOUNT # (Ethics Commission filers) 4	
4 Date 10/31/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bank of America	6 Contributor address: City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 32.77	8 In-kind contribution description (if applicable) INTEREST
9 Principal occupation (Optional)			10 Employer (Optional)	
Date 11/30/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bank of America	Contributor address: City; State; Zip Code [REDACTED]	Amount of contribution (\$) 20.12	In-kind contribution description (if applicable) INTEREST
Principal occupation (Optional)			Employer (Optional)	
Date 12/31/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bank of America	Contributor address: City; State; Zip Code [REDACTED]	Amount of contribution (\$) 12.73	In-kind contribution description (if applicable) INTEREST
Principal occupation (Optional)			Employer (Optional)	
Date 12/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Chambless	Contributor address: City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert Crane	Contributor address: City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
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: 4/10	
2 FILER NAME Antoinette B Lawrence		3 ACCOUNT # (Ethics Commission filers) 4	
4 Date 12/05/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) George Francklow 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable) Election Night Party
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Clint Horne Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable) Election Night Party
Principal occupation (Optional)		Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Phillip Imoisi Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) International Center for Entrepreneurial Development PAC Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tom Juarez Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
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: 5/10	
2 FILER NAME Antoinette B Lawrence		3 ACCOUNT # (Ethics Commission filers) 4	
4 Date 11/29/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jack or Karen Key	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joe or Julie Lombardo	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frank or Cindy Lui	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Norman Lynch	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 12/22/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sharon Peterson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
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: 6/10	
2 FILER NAME Antoinette B Lawrence		3 ACCOUNT # (Ethics Commission filers) 4	
4 Date 11/29/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Charles or Jeanette Rash	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77020		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bill or Caroline Reaves	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED] Houston TX 77018		
Principal occupation (Optional)		Employer (Optional)	
Date 11/29/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Deborah Schnitzer	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED] Houston TX 77007		
Principal occupation (Optional)		Employer (Optional)	
Date 12/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sheila F Stewart	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED] Houston TX 77006		
Principal occupation (Optional)		Employer (Optional)	
Date 12/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard Tange	Amount of contribution (\$) 325.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED] Houston TX 77018		
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: 7/10	
2 FILER NAME Antoinette B Lawrence		3 ACCOUNT # (Ethics Commission filers) 4	
4 Date 11/29/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Texas Weston PAC 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/10
2 FILER NAME Antoinette B Lawrence		3 ACCOUNT # (Ethics Commission filers) 4
4 Date 11/01/2001	5 Payee name Blakemore & Associates <hr/> 6 Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	7 Amount (\$) 16491.66
8 Purpose of expenditure (See instructions regarding type of information required.) Mail-11629.90Design-1082.50Print-3270.23Courier-9 -.03Consult-500.00		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/09/2001	Payee name Blakemore & Associates <hr/> Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 5121.49
Purpose of expenditure (See instructions regarding type of information required.) Mail-1460.20Courier-32.21Design-1244.88Print-2384 -.20		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/05/2001	Payee name International Center for Entrepreneurial Development PAC <hr/> Payee address; City; State; Zip Code P.O. Box 777 Cypress TX 77410	Amount (\$) 362.13
Purpose of expenditure (See instructions regarding type of information required.) Mailers and Flyers		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/31/2001	Payee name Antoinette B Lawrence <hr/> Payee address; City; State; Zip Code 7047 Bent Branch Dr Houston TX 77088	Amount (\$) 10700.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement of Schedule G		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: 9/10
2 FILER NAME Antoinette B Lawrence		3 ACCOUNT # (Ethics Commission filers) 4
4 Date 11/01/2001	5 Payee name Ray Shasteen 6 Payee address; City; State; Zip Code 10128 Brinwood Houston TX 77043	7 Amount (\$) 1101.23
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting - Stamps -Candy		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/2001	Payee name Southwestern Bell Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097	Amount (\$) 27.33
Purpose of expenditure (See instructions regarding type of information required.) Phone Bill		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/25/2001	Payee name Southwestern Bell Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097	Amount (\$) 27.35
Purpose of expenditure (See instructions regarding type of information required.) Phone Bill		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/06/2001	Payee name Tange & Mann Payee address; City; State; Zip Code 1415 N Loop W Suite 210 Houston TX 77008	Amount (\$) 321.00
Purpose of expenditure (See instructions regarding type of information required.) Financial Disclosure Forms		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/10

2 FILER NAME

Antoinette B Lawrence

3 ACCOUNT # (Ethics Commission filers)
4

<p>4 Date 10/29/2001</p>	<p>5 Payee name Commercial Business Services</p> <hr/> <p>6 Payee address; City; State; Zip Code 2020 SW Freeway Houston TX 77098</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Signs</p>	<p>8 Amount (\$) 2034.25</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 10/29/2001</p>	<p>Payee name Spring Branch West Super Neighborhood</p> <hr/> <p>Payee address; City; State; Zip Code 1530 Auline Lane Houston TX 77055</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Luncheon - Table</p>	<p>Amount (\$) 250.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 11/01/2001</p>	<p>Payee name The Leader Newspaper</p> <hr/> <p>Payee address; City; State; Zip Code 3500 East TC Jester Houston TX 77018</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Advertisement</p>	<p>Amount (\$) 723.24</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>