

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		OFFICE USE ONLY	
		Date Received	
		FILED FOR RE UPSHUR COUNTY	
		JAN 03 2024	
		LORY HART ELECTIONS ADMIN. <i>LA</i>	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount \$
		Date Processed	
		Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<input type="checkbox"/> Change of Address 6576 Locust Rd, Gilmer, TX 75645		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(903)	734-5915	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Receipt #	
		Amount \$	
		Date Processed	
		Date Imaged	
		Date Hand-delivered or Date Postmarked	
		Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	(Residence or Business) 7915 State Hwy 300, Gilmer, TX 75645		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(903)	237-4671	
9 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	7	1	2023
		THROUGH	Month Day Year
			12 / 31 / 2023
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		3 / 5 / 2024	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		
	Upshur County Sheriff		
13 OFFICE SOUGHT (if known)			

GO TO PAGE 2

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Lawrence webb</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8,480</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,740</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6,771.51</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>355.84</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Lawrence Webb 15 Filer ID (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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,220
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,771.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,743.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0

18 AFFIDAVIT

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

Lawrence Webb
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Webb, this the 3rd day of Jan, 20 2024, to certify which, witness my hand and seal of office.

Lory Harb Lory Harb EA
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Lawrence Webb

3 Filer ID (Ethics Commission Filers)

4 Date

8-9-2023

5 Full name of contributor

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

Cherie NAZZA

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

Gilmer, TX 75644

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-9-2023

Full name of contributor

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

Anna Martin

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

Big Sandy, TX 75755

Principal occupation / Job title (See Instructions)

House wife.

Employer (See Instructions)

Date

9-9-2023

Full name of contributor

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

Albert Bruhn

Amount of contribution (\$)

\$80.00

Contributor address;

City; State; Zip Code

Big Sandy, TX 75755

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

BSTSD

Date

9-9-2023

Full name of contributor

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

John Rappazzo

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

Judson, TX 75645

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

UGISD.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lawrence Webb

3 Filer ID (Ethics Commission Filers)

4 Date

9-9-2023

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

Ron & Rhonda Lawler

6 Contributor address;

City; State; Zip Code

Gilmer, TX 75644

7 Amount of contribution (\$)

\$20.00

8 Principal occupation / Job title (See Instructions)

Retired / Law Enforcement.

9 Employer (See Instructions)

Date

9-9-2023

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

Raymond Broad

Contributor address;

City; State; Zip Code

Gilmer, TX 75645

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-9-2023

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

Mr. & Mrs. Danny Weems

Contributor address;

City; State; Zip Code

Gilmer, TX 75644

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Banking

Employer (See Instructions)

First National Bank, Gilmer.

Date

9-9-2023

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

Carrie Judd

Contributor address;

City; State; Zip Code

Gilmer, TX 75645

Amount of contribution (\$)

\$1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lawrence Webb

3 Filer ID (Ethics Commission Filers)

4 Date

9-9-2023

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

Richard Lively

6 Contributor address; City; State; Zip Code

Gilmer, TX 75644

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9-9-2023

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

Brandy Managan

Contributor address; City; State; Zip Code

Gladewater, TX 75647

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Small Business Advisor

Employer (See Instructions)

Date

9-9-2023

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

Samuel Rex Youngblood

Contributor address; City; State; Zip Code

Gilmer, TX 75645

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-9-2023

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

Jerl May Sr.

Contributor address; City; State; Zip Code

Longview, TX 7

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lawrence Webb

3 Filer ID (Ethics Commission Filers)

4 Date

9-9-23

5 Full name of contributor

Paul + Renee Barber

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

6 Contributor address;

City; State; Zip Code

, Gladewater, TX 75647

7 Amount of contribution (\$)

\$ 200.00

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

Self - Employed

Date

9-9-2023

Full name of contributor

David Carpenter

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

Contributor address;

City; State; Zip Code

, Gladewater, TX 75647

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Oil + Gas Producer

Employer (See Instructions)

Self employed.

Date

9-9-2023

Full name of contributor

Terry + Laura Brewer

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

Contributor address;

City; State; Zip Code

, White Oak, TX 75693

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

Teachers AED

Employer (See Instructions)

SHISD.

Date

9-9-2023

Full name of contributor

Carl Thomason

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

Contributor address;

City; State; Zip Code

*Houston, TX 77056
154w, Big Sandy, TX 75755*

Amount of contribution (\$)

\$ 2,000.00

Principal occupation / Job title (See Instructions)

Retired.

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Lawrence Webb</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-11-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fuzzy Hammon</i>	7 Amount of contribution (\$) <i>\$ 200.00</i>
6 Contributor address; City; State; Zip Code <i>Marshall, TX 75671</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date <i>9-10-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joyce Foster</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>Gilmer, TX 75644</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-11-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim & Aida LACAZE</i>	Amount of contribution (\$) <i>\$ 40.00</i>
Contributor address; City; State; Zip Code <i>Gilmer, TX 75645</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>10-30-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Lively</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
Contributor address; City; State; Zip Code <i>Gilmer, TX 75644</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <i>Lawrence Webb</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9-9-2023</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alicia Nolte</i>	8 Amount of Contribution \$ <i>\$3,500.00</i>	9 In-kind contribution description <i>Flyin' Feathers Ranch For Campaign Rally</i>
7 Contributor address; City; State; Zip Code <i>Longview, TX 75601</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>9-9-2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Winston & Linda Maberry</i>	Amount of Contribution \$ <i>\$240.00</i>	In-kind contribution description <i>Drinks, cups, plates, utensils.</i>
Contributor address; City; State; Zip Code <i>Gilmer, TX 75645</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Lawrence Webb	3 Filer ID (Ethics Commission Filers)
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4 Date 9-9-23	5 Payee name Mike Hill
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6 Amount (\$) 715.92	7 Payee address; City; State; Zip Code 5872 Lemon Rd, Gilmer, TX 75644
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description BBQ, Buns, Chips, SAUCE, ETC.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-9-23	Payee name Sam's Club
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Amount (\$) 71.07	Payee address; City; State; Zip Code 3310 Fourth St, Longview, TX 75605
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description cookies, BOWLS.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-5-2023	Payee name Austin Bank
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Amount (\$) \$ 3.00	Payee address; City; State; Zip Code PO Box 6950 Longview, TX 75608
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Banking Fee.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Lawrence Webb</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-3-2023</i>	5 Payee name <i>Austin Bank</i>
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6 Amount (\$) <i>\$3.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 6950 Longview, TX 75608</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking</i>	(b) Description <i>Banking Fee.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-3-2023</i>	Payee name <i>Designer Graphics</i>
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Amount (\$) <i>5,222.52</i>	Payee address; City; State; Zip Code <i>12404 Hwy 155 S. Tyler, TX 75703</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Campaign signs.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-7-2023</i>	Payee name <i>Austin Bank</i>
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Amount (\$) <i>\$3.00</i>	Payee address; City; State; Zip Code <i>PO Box 6950, Longview, TX 75608</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>BANKING</i>	Description <i>Banking Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Lawrence Webb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-11-2023</i>	5 Payee name <i>Republican Party of Upshur County</i>	
6 Amount (\$) <i>\$ 750.⁰²</i>	7 Payee address; City; State; Zip Code <i>—</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Filling Fee for Ballot</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>12-5-23</i>	Payee name <i>Austin Bank</i>	
Amount (\$) <i>\$3.⁰⁰</i>	Payee address; City; State; Zip Code <i>PO Box 6950, Longview, TX 75608</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>BANKING</i>	Description <i>Banking Fee.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Lawrence Webb	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--------------------------------------	---------------------------------------

4 Date 7-9-2023	5 Payee name Vista Prints
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6 Amount (\$) 47.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 275 Wyman Street Waltham MA 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description print cards for Campaign KikoFF
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-19-2023	Payee name Vista Prints
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Amount (\$) 148.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman Street Waltham MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Flyers.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-9-2023	Payee name Dollar Tree
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Amount (\$) \$ 23.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3092 N. Eastman Rd Longview, TX 75605
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Pens, Frances, Spoons.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Lawrence Webb</i>	3 Filer ID (Ethics Commission Filers)
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4. Date <i>9-7-2023</i>	5 Payee name <i>Dollar Tree</i>
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6 Amount (\$) <i>\$18.94</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1207 Hwy 271 Gilmer, TX 75644</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-7-2023</i>	Payee name <i>Walmart.</i>
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Amount (\$) <i>\$7.54</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1102 US Highway 271 North Gilmer, TX 75644</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-30-2023</i>	Payee name <i>Wal Mart</i>
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Amount (\$) <i>\$11.91</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1102 US Highway 271 North, Gilmer, TX 75644.</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Lawrence Webb</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-31-2023</i>	5 Payee name <i>Lowe's</i>	
6 Amount (\$) <i>\$ 47.61</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3313 North Fourth, Longview, TX 75605</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense.</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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