CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	Mr. Lawrence NICHAME LAST LARRY Webb	MI SUFFIX	OFFICE USE ONLY Date Received FILED FOR RECORD JPSHUR COUNTY, TEXA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	6574 Locust Rd, G.	Imer, TX. 75645	JUL 03 2024 LORY HARLE ELECTIONS ADMINISTRATOR DEPUT
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 399 - 3693	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Mr. Michael NICKNAME LAST Mike Judd	Jr.	Receipt # Amount \$ Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	7915 State Hwy AREA CODE PHONE NUMBER (903) 237-4671		STATE: ZIP CODE
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year #2024	THROUGH 06/	730 / 202 Y
11 ELECTION	Month Day Year Primary 11 / 05 / 2024 Genera	Description	<u>.</u>
12 OFFICE	Upshur County Sh	13 OFFICE SOUGHT (# know	η)
		PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)	
Lauren	a Wel	b		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I SUPPORT THE CAN KNOWLEDGE OR CO	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.		
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMBATON TREASURER ADDRESS		
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		s Ø		
	1000 DECEMBER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s Ø	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		s ø	
	4. TOTAL	POLITICAL EXPENDITURES	s 12.92	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,876.61			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
AFFIX NOTARY STAM Sworn to and subsciday of	ribed before me, I	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is immation required to be reported by me didate or Officeholder , this the	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

•	FILER NAME 20 F	iler ID (Ethics Commission Filers)
1	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s Ø
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s Ø
	SCHEDULE B: PLEDGED CONTRIBUTIONS	
	SCHEDULE E: LOANS	
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$ Ø
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
2	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
2	SCHEDULE HI PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
į	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED \$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politics Credit Card Payment	Fees Of Food/Beverage Expense Pro Gift/Awards/Memorials Expense Pr	oan Repayment Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	LAWTENCE Webb		3 Filer ID (Ethics Commission Filers)
4 Date 3-5-2014	Austin Bank		
3.22	P.O. Box 6950	Longview,	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Ren Ling (c) Check if travel outside of Texas. Complete Sched	Fex	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
V-2-2024	Payee name Austin Bank		
Amount (\$)	Payee address: P.O. Box 6950	Languira, 7	State; Zip Code *** 75608
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Lee	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
5-7-2024	Austin Bank		
3.00	Payee address; P.O. Box 6950	Longview, T	State; Zip Code 7 75608
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedum of the Schedum of Check if travel outside of Texas. Complete Schedum	Fee.	TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politics Credit Card Payment	Fees Offici Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement a Overhead/Rental Expense ng Expense ng Expense isa/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4 *************************************	NO. STATE-SCHOOLSTAND CONTRACTOR AND	to complete this form.	
1 Total pages Schedule F1:	Lawrence Webb		3 Filer ID (Ethics Commission Filers)
6-4-2024	Austin Bank		
3. 20	P.O. Box 6950	Longview	State: Zip Code 77 75608
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	Fee	
	(C) Check if travel outside of Texas. Complete Schedule	T Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	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	
	Check if travel outside of Taxas. Complete Schedule 1	Check if Austi	n, TX, afficeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (S)	Payee address:	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the (op of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	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 TH	IIS SCHEDULE AS NEE	DED