

# 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: <span style="font-size: 1.5em; color: blue;">36</span>																
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mr.</td> <td>Calvin</td> <td>H.</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Lawrence</td> <td>Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Calvin	H.	NICKNAME	LAST	SUFFIX		Lawrence	Jr.	<b>OFFICE USE ONLY</b>	Date Received				
MS / MRS / MR	FIRST	MI																	
Mr.	Calvin	H.																	
NICKNAME	LAST	SUFFIX																	
	Lawrence	Jr.																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">1607 Lady Amber Ln, Granbury, Tx 76049</span>																		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; color: blue;">(817) 821-1441</span>																		
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mr.</td> <td>Bret</td> <td>I</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Deason</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Bret	I	NICKNAME	LAST	SUFFIX		Deason		Date Hand-delivered or Date Postmarked	Receipt # Amount \$				
MS / MRS / MR	FIRST	MI																	
Mr.	Bret	I																	
NICKNAME	LAST	SUFFIX																	
	Deason																		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">3217 Crossbridge Cr Granbury TX 76049</span>																		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; color: blue;">(817) 247-8187</span>																		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)																		
<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Month   Day   Year</td> <td style="width:33%; text-align: center;">THROUGH</td> <td style="width:33%; text-align: center;">Month   Day   Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em; color: blue;">08 / 18 / 2025</td> <td></td> <td style="text-align: center; font-size: 1.5em; color: blue;">10 / 06 / 2025</td> </tr> </table>			Month   Day   Year	THROUGH	Month   Day   Year	08 / 18 / 2025		10 / 06 / 2025										
Month   Day   Year	THROUGH	Month   Day   Year																	
08 / 18 / 2025		10 / 06 / 2025																	
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">ELECTION DATE</td> <td style="width:70%; text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month   Day   Year</td> <td style="text-align: center;"> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </td> </tr> <tr> <td style="text-align: center; font-size: 1.5em; color: blue;">11 / 4 / 2025</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month   Day   Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11 / 4 / 2025													
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11 / 4 / 2025																			
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <span style="font-size: 1.2em; color: blue;">Granbury School Board Place 5</span>																	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="text-align: center; font-size: 1.2em; color: blue;">N/A</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="font-size: 0.8em;">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em; color: blue;">N/A</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em; color: blue;">N/A</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em; color: blue;">N/A</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	N/A	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		N/A		COMMITTEE CAMPAIGN TREASURER NAME		N/A		COMMITTEE CAMPAIGN TREASURER ADDRESS		N/A
COMMITTEE TYPE	COMMITTEE NAME																		
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<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS																		
	N/A																		
	COMMITTEE CAMPAIGN TREASURER NAME																		
	N/A																		
	COMMITTEE CAMPAIGN TREASURER ADDRESS																		
	N/A																		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>Calvin Lawrence</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 899.41
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,360.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4796.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,391.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000

18 SIGNATURE 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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **Calvin Lawrence** and my date of birth is **11/18/1959**  
 My address is **1607 Lady Amber Lane**, **Granbury**, **Tx**, **76049** **Hood**  
(street) (city) (state) (zip code) (country)  
 Executed in **Hood** County, State of **Texas**, on the **6** day of **10**, 20 **25**.  
(month) (year)  
**Calvin Lawrence**  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Calvin Lawrence</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9361.67</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2730.67</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>10,000</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4796.88</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

5 Full name of contributor  out-of-state PAC (ID#: N/A)

La Toia Allen

7 Amount of contribution (\$)

\$ 50

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/18/25

Full name of contributor  out-of-state PAC (ID#: N/A)

Lisa Avalos

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

Date

9/18/25

Full name of contributor  out-of-state PAC (ID#: N/A)

Jennifer Aydelott

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Bank Exec.

Employer (See Instructions)

Wells Fargo

Date

9/18/25

Full name of contributor  out-of-state PAC (ID#: N/A)

Abigail Brock

Amount of contribution (\$)

\$ 35

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

Serviet

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

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2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

5 Full name of contributor

Daniel Banks

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Logistics Manager

9 Employer (See Instructions)

Purple 1 - Logistics

Date

9/18/25

Full name of contributor

Ed Beckcom

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 75

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

Full name of contributor

Derrick Bess

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Area Representative

Employer (See Instructions)

FCA

Date

9/18/25

Full name of contributor

Darin Boone

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 35

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

DKB Enterprise

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# SCHEDULE A1

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2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

5 Full name of contributor

Kya Bradley

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

sales

9 Employer (See Instructions)

Kura Oncology

Date

9/18/25

Full name of contributor

Shemi Brooks

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9/18/25

Full name of contributor

Shemi Brooks

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$400

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

Full name of contributor

Lisa Brown

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Madelyn Butler

7 Amount of contribution (\$)

\$75

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

9/18/25

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

Senore Byrd

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

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

Brei Carter

Amount of contribution (\$)

\$35

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

9/18/25

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

Karin Chan

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Calvin H. Lawrence, Jr.

4 Date

9/18/25

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

Loric Connolly

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Sales rep

9 Employer (See Instructions)

GSK oncology

Date

9/18/25

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

Angie Courville

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retail

Employer (See Instructions)

Self

Date

9/18/25

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

Curtis Cunningham

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Consulting

Employer (See Instructions)

CSC, INC.

Date

9/18/25

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

Michael Dean

Amount of contribution (\$)

\$75

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Pharmacist

Employer (See Instructions)

GSK

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2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)



4 Date

9/18/25

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

Rick Dilworth

7 Amount of contribution (\$)

\$ 50

6 Contributor address; City; State; Zip Code



8 Principal occupation / Job title (See Instructions)

Management

9 Employer (See Instructions)

Be One Medicines

Date

9/18/25

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

Melody Douglas

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code



Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

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

Adam Edwards

Amount of contribution (\$)

\$ 35

Contributor address; City; State; Zip Code



Principal occupation / Job title (See Instructions)

Entrepreneur

Employer (See Instructions)

SELF

Date

9/18/25

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

LaTresa Elliott (Wisembaker)

Amount of contribution (\$)

\$ 25

Contributor address; City; State; Zip Code



Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Calvin H. Lawrence, Jr.

4 Date

9/18/25

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

Kimberly Fields

6 Contributor address; City; State; Zip Code

[Redacted]

7 Amount of contribution (\$)

\$35

8 Principal occupation / Job title (See Instructions)

Consulting

9 Employer (See Instructions)

I drive world wide Entertainment

Date

9/18/25

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

Kathy & Colin Flott

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Payton Fletcher

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$35

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Susan Folmer

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Self

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4 Date

9/18/25

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

Deonette Goodspeed

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

Self

Date

9/18/25

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

John & Carlene Gallagher

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Financial Advisor

Employer (See Instructions)

Self

Date

9/18/25

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

Steven Gamble

Amount of contribution (\$)

\$35

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

BMS

Date

9/28/25

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

Jacque Gordon

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

KW

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3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

5 Full name of contributor

Rhonda Greco

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Nurse Practitioner

9 Employer (See Instructions)

Covenant Health System

Date

9/18/25

Full name of contributor

William Green

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

Full name of contributor

Harvey L. Armstrong

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

Full name of contributor

Priscilla Heck

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Housewife

Employer (See Instructions)

None

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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

5 Full name of contributor

Edward Hinojos

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 250

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Management

9 Employer (See Instructions)

Self

Date

9/18/25

Full name of contributor

Amy Hodde

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 35

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

GSK

Date

9/18/25

Full name of contributor

Ruthie Holland

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Intercept

Date

9/18/25

Full name of contributor

Adhienne Hooker

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 35

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

James Madison U.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

5 Full name of contributor

Kim Hundley

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

9/18/25

Full name of contributor

Randy Mar Hurtado

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Entrepreneur

Employer (See Instructions)

Self

Date

9/18/25

Full name of contributor

Eric Intfen

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$75

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Entrepreneur

Employer (See Instructions)

Self

Date

9/18/25

Full name of contributor

Sherry Johnson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$20

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Calvin H. Lawrence, Jr.

4 Date

9/18/25

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

Angela Johnson

6 Contributor address; City; State; Zip Code

[Redacted]

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

JMU mentor

9 Employer (See Instructions)

James Madison U.

Date

9/18/25

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

Darving and Cindy Johnston

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Jessie Jones

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Rod Jones

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$75

Principal occupation / Job title (See Instructions)

Photographer

Employer (See Instructions)

Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Joseph (Daniel) Kraft

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Minister

9 Employer (See Instructions)

The Heights Church

Date

9/18/25

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

Brian Krajea

Amount of contribution (\$)

\$75

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

GAJO Industries

Date

9/18/25

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

Julia Lackey

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

BMS

Date

9/18/25

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

Patt: Lacy

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Writer

Employer (See Instructions)

Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Kathryn Losler

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Self

Date

9/18/25

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

Aria Lawrence

Amount of contribution (\$)

\$35

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

N/A

Date

9/18/25

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

Caleb Lawrence

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Logistics

Employer (See Instructions)

Promech

Date

9/18/25

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

Anne Martinez

Amount of contribution (\$)

\$35

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Sales rep

Employer (See Instructions)

BMS

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Calvin H. Lawrence, Jr.

4 Date

9/18/25

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mary Lou McMillian

6 Contributor address; City; State; Zip Code

[Redacted]

7 Amount of contribution (\$)

\$35

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

9/18/25

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Natalie Matthews

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Synecos Health

Date

9/18/25

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sharon Mages (The GM)

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9/18/25

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Corey McAdams

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

La Vega ISD

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Kevin McCade

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

9/18/25

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

Claude McCutcheon

Amount of contribution (\$)

\$75

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Licensed Counselor

Employer (See Instructions)

Self

Date

9/18/25

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

David McKenney

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Researcher

Employer (See Instructions)

Mitre

Date

9/28/25

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

Melvin Petty

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

ERP International, LLC

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Calvin H. Lawrence, Jr.

4 Date

9/18/25

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

Cynthia Meuse

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code



8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

Granbury Hospital

Date

9/18/25

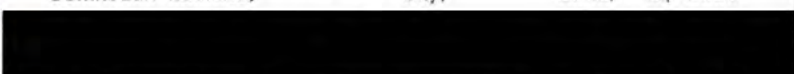
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James Mobley

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code



Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

9/18/25

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

Rhonda Montgomery

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code



Principal occupation / Job title (See Instructions)

Pharmacist

Employer (See Instructions)

HCA

Date

9/18/25

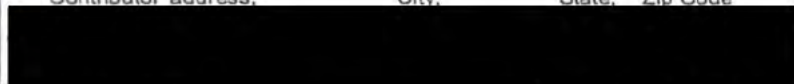
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lesla Moore

Amount of contribution (\$)

\$ 35

Contributor address; City; State; Zip Code



Principal occupation / Job title (See Instructions)

Counselor

Employer (See Instructions)

Venable LLP

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Calvin H. Lawrence, Jr.

4 Date

9/18/25

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

Mitchelle Moore

6 Contributor address; City; State; Zip Code

[Redacted]

7 Amount of contribution (\$)

\$75

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

FFH

Date

9/18/25

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

SCoASH and Meg Moore

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Realtor / Broker

Employer (See Instructions)

Moore Texas Properties

Date

9/18/25

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

Linda Mosley

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Kimberly Murph

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$35

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

LIANA Oechsle

7 Amount of contribution (\$)

\$ 50

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Pathologist

9 Employer (See Instructions)

Texas Health

Date

9/18/25

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

David Owusu - Ansh

Amount of contribution (\$)

\$ 75

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

James Madison U.

Date

9/18/25

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

Darby Pavlasek

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

HR

Employer (See Instructions)

Guardant Health

Date

9/18/25

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

Theron Phipps

Amount of contribution (\$)

\$ 35

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Laurie Pierce

6 Contributor address; City; State; Zip Code

[Redacted]

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

SR. Programmer

9 Employer (See Instructions)

Tista Science & Technologies

Date

9/18/25

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

Anna Piper

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Delivery Manager

Employer (See Instructions)

Signant Health

Date

9/18/25

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

Toshia Romsy

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$75

Principal occupation / Job title (See Instructions)

Chef / owner

Employer (See Instructions)

Nana's Kitchen

Date

9/25/25

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

Candace Richards

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$75

Principal occupation / Job title (See Instructions)

IT

Employer (See Instructions)

Rangle Resources

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:  
**28**

2 FILER NAME  
**Calvin H. Lawrence, Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9/18/25**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jana Saucedo**

7 Amount of contribution (\$)  
**\$25**

6 Contributor address; City; State; Zip Code  
[Redacted]

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)  
**Retired**

Date  
**9/18/25**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Stacie Sobi**

Amount of contribution (\$)  
**\$100**

Contributor address; City; State; Zip Code  
[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/18/25**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sheri Sears**

Amount of contribution (\$)  
**\$200**

Contributor address; City; State; Zip Code  
[Redacted]

Principal occupation / Job title (See Instructions)  
**Insurance Agent**

Employer (See Instructions)  
**State Farm**

Date  
**9/18/25**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Michelle Shiller**

Amount of contribution (\$)  
**\$100**

Contributor address; City; State; Zip Code  
[Redacted]

Principal occupation / Job title (See Instructions)  
**Screening**

Employer (See Instructions)  
**ES**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Bradford Simmons

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Pharmessentia

Date

9/18/25

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

Blane Smith

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

District Manager

Employer (See Instructions)

AlSCO Linen

Date

9/18/25

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

Gary Smith

Amount of contribution (\$)

\$75

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Minister

Employer (See Instructions)

Fifth Ward Church

Date

9/18/25

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

Pat Spencer

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Medical Affiliate

Employer (See Instructions)

GSK pharma

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

\*

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Jamie Swanson

7 Amount of contribution (\$)

\$75

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

SanoFi

Date

9/18/25

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

Adrienne Taylor

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Lori Vale

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

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

LaRae Walker

Amount of contribution (\$)

\$20

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Calvin H. Lawrence, Jr.

4 Date

9/18/25

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

Jenni Weatherbe

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$ 50

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Retired

Date

9/18/25

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

Lindsey White

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 35

Principal occupation / Job title (See Instructions)

Pastor

Employer (See Instructions)

Movement City Church

Date

9/18/25

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

KK Wil

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 10

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Aaron Williams

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 35

Principal occupation / Job title (See Instructions)

Claims Adjuster

Employer (See Instructions)

SELF

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Stefanie Wood

7 Amount of contribution (\$)

\$25

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

BMS

Date

9/18/25

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

Ruth Wright

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Monte & Art Boone

Amount of contribution (\$)

\$35

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

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

Bob & Sharon Gilleland

Amount of contribution (\$)

\$150

Contributor address; City; State; Zip Code

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Isaiah & Vi Lane

7 Amount of contribution (\$)

\$75

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

9/18/25

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

Christine M. Tovar

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/18/25

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

Bret Deason

Amount of contribution (\$)

\$150

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

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

James & Marsha Dickens

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Pastor

Employer (See Instructions)

Granbury Church

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

28

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Calvin H. Lawrence, Jr.

4 Date

9/18/25

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

Bryan and Becky Mauldin

6 Contributor address; City; State; Zip Code



7 Amount of contribution (\$)

175.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

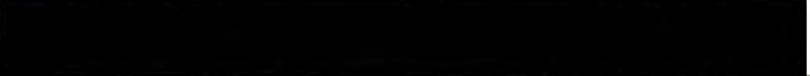
Date

9/18/25

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

KesLynn Lewis

Contributor address; City; State; Zip Code



Amount of contribution (\$)

216.67

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

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

Scott Bradley

Contributor address; City; State; Zip Code



Amount of contribution (\$)

133.33

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

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

David McKenney

Contributor address; City; State; Zip Code



Amount of contribution (\$)

166.67

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

28

2 FILER NAME

Calvin H. Lawrence, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/25

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

Louanne Sanborn

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>	
2 FILER NAME <b>Calvin Lawrence</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>630.67</b>	
5 Date <b>09/18/25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hyde Law Firm</b>	8 Amount of Contribution \$ <b>333.33</b>	9 In-kind contribution description <b>will pkg for auction</b>
7 Contributor address; City; State; Zip Code [REDACTED]		<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 <b>9/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ginger Home</b>	Amount of Contribution \$ <b>133.33</b>	In-kind contribution description <b>Trip for auction</b>
Contributor address; City; State; Zip Code [REDACTED]		<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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>	
2 FILER NAME <b>Calvin Lawrence</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>630.67</b>	
5 Date <b>9/18/25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bryan &amp; Becky Mauldin</b>	8 Amount of Contribution \$ <b>266.66</b>	9 In-kind contribution description <b>2 Corn hole games for Auction</b>
7 Contributor address; City; State; Zip Code [REDACTED]		<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 <b>9/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Claudia Southern</b>	Amount of Contribution \$ <b>333.33</b>	In-kind contribution description <b>trip for Auction</b>
Contributor address; City; State; Zip Code [REDACTED]		<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)			

**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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>	
2 FILER NAME <b>Calvin Lawrence</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>630.67</b>	
5 Date <b>9/18/25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bryan &amp; Becky Mauldin</b>	8 Amount of Contribution \$ <b>500</b>	9 In-kind contribution description <b>Trip For Auction</b>
7 Contributor address; City; State; Zip Code [REDACTED]		<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 <b>9/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beverly Cheney</b>	Amount of Contribution \$ <b>533.33</b>	In-kind contribution description <b>2 Trips For Auction</b>
Contributor address; City; State; Zip Code [REDACTED]		<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)			

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

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Calvin H. Lawrence Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <b>1</b>		\$ <b>10,000</b>
5 Date of loan <b>8/27/25</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Calvin H. Lawrence Jr.</b>	9 Loan Amount (\$) <b>10,000</b>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <b>1607 Lady Amber Lane Granbury, TX 76049</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Retired</b>		13 Employer (See Instructions) <b>Retired</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <b>N/A</b>	19 Amount Guaranteed (\$) <b>N/A</b>
	18 Guarantor address; City; State; Zip Code <b>N/A</b>	
20 Principal Occupation (See Instructions) <b>N/A</b>		21 Employer (See Instructions) <b>N/A</b>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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:	2 FILER NAME <b>Calvin H. Lawrence Jr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/22/25</b>	5 Payee name <b>Lindsey Powell</b>	
6 Amount (\$) <b>\$400</b>	7 Payee address; City; State; Zip Code <b>2609 Oaks Dr. Granbury, TX 76049</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Campaign Promote/tech</b>	(b) Description <b>Website/Campaign</b>
	(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 <b>Calvin Lawrence</b>	Office sought <b>School Board</b>
Date <b>9/22/25</b>	Payee name <b>Banner Booster Store</b>	
Amount (\$) <b>\$1,400</b>	Payee address; City; State; Zip Code <b>6763 Camp Bowie Blvd Ft. Worth, TX 76116</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Campaign Banner</b>	Description <b>Big Signs (30)</b>
	<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 <b>Calvin Lawrence</b>	Office sought <b>School Board</b>
Date <b>9/4/25</b>	Payee name <b>817 Print</b>	
Amount (\$) <b>2,996.88</b>	Payee address; City; State; Zip Code <b>211 Ranch Rd. ste.110 Granbury, TX 76049</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Campaign Signs</b>	Description <b>500 yard signs</b>
	<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 <b>Calvin Lawrence</b>	Office sought <b>School Board</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED