

Lawrence Marshall

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed

36

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MP

FIRST

MI

Lawrence

NICKNAME

LAST

SUFFIX

Marshall

OFFICE USE ONLY

Date Received

JUL 14 PM 4:24

Date Hand delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imposed

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS - PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Joyce

NICKNAME

LAST

SUFFIX

Moss-Clay

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT SUITE #

CITY

STATE

ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

January 15

20th day before election

Pur off

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FP)

10 PERIOD COVERED

Month

Day

Year

01 / 16 / 2009

THROUGH

Month

Day

Year

07 / 15 / 2009

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Trustee, District 9
Houston I.S.D Board of Education

13 OFFICE SOUGHT (if any)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

Address - PO Box Apt / Suite # City State Zip Code

additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **Lawrence Marshall** 16 ACCOUNT # (Ethics Commission Form)

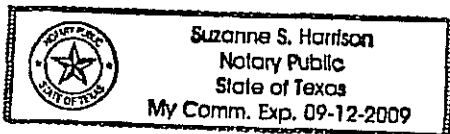
17 NOTICE FROM POLITICAL COMMITTEE(S)

*** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ***

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 87,044.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,062.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 62,982.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT



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

Lawrence Marshall

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lawrence Marshall this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Suzanne Harrison Suzanne Harv Board Services Manager
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Lawrence Marshall

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 18 of 21

2 FILER NAME
Lawrence Marshall

3 ACCOUNT # (Ethics Commission Form)

4 Date
06/18/09

5 Full name of contributor out-of-state PAC (ID#)
Mr. Ricardo Aguirre
6 Contributor address, City, State, Zip Code

7 Amount of contribution (\$) \$ 1,200.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
06/18/09

Full name of contributor out-of-state PAC (ID#)
Mr. Karun Sreerama
Contributor address; City, State, Zip Code

Amount of contribution (\$) 1,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/18/09

Full name of contributor out-of-state PAC (ID#)
Mr. Joseph Johnston
Contributor address; City, State, Zip Code

Amount of contribution (\$) 2,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/18/09

Full name of contributor out-of-state PAC (ID#)
Mr. David Medford
Contributor address, City, State, Zip Code

Amount of contribution (\$) 2,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/18/09

Full name of contributor out-of-state PAC (ID#)
Mr. Eric Medford
Contributor address; City, State, Zip Code

Amount of contribution (\$) 2,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A
19 of 21

2 FILER NAME
Lawrence Marshall

3 ACCOUNT # (Ethics Commission Use)

4 Date
06/18/09

5 Full name of contributor out of state PAC (ID#)
Mr. Mourhaf Sabouni
6 Contributor address, City, State, Zip Code
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7 Amount of contribution (\$) **\$ 2,500.00**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
06/18/09

Full name of contributor out of state PAC (ID#)
Ms. Sharon Medford
Contributor address, City, State, Zip Code

Amount of contribution (\$) **2,500.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/18/09

Full name of contributor out of state PAC (ID#)
Ms. Emma L. Bullock
Contributor address, City, State, Zip Code

Amount of contribution (\$) **5,000.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/18/09

Full name of contributor out of state PAC (ID#)
Mr. Simon Wiltz
Contributor address, City, State, Zip Code

Amount of contribution (\$) **5,000.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/18/09

Full name of contributor out of state PAC (ID#)
Mr. Christus Powell
Contributor address, City, State, Zip Code

Amount of contribution (\$) **5,000.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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