FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2014 JAN 27 AM 9: 33 FEC MAIL GEONTER
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Henry Lawren	ce for Congress LLC	
ADDRESS (number and street)	2205 Tallevast Rd. Suite 1	1204 1204
(Check if address is changed)	L Tallevast	FL 34270
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed) COMMITTEE'S WEB PAGE A (Check if address	RESS (Please provide only one e-mail address)	<u> </u>
2. DATE 011 '	NUMBER	
4. IS THIS STATEMENT		
I certify that I have examined this Statement and to the best of my knowledge and bellef it is true, correct and complete.   Type or Print Name of Treasurer   Signature of Treasurer   Michelle L. Robinson   Date   011   23		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.		
Office	Ear further information	

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5.	TYPE OF COMMITTEE				
	Candidate Committae:				
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate				
	Candidate Party Affiliation DEM Office Sought: House Senate President District 16				
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name of Candidate				
	Part	y Com	mittee:		
	(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.				
	Polit	lical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:		
			Corporation Corporation w/o Capital Stock		
			Membership Organization Trade Association Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party				
	committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundraising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.		
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Committees Participating in Joint Fundraiser				
		1.			
		2.			
		3.			
		4.			

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Write or Type Committee	
Henry Lawre	ence for Congress LLC
6. Name of Any Connec	ted Organization, Affiliated Committee; Joint Fundraising Representative, or Leadership PAC Sponsor
None	
Mailing Address	
5	
	CITY STATE ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons
. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the person in possession of committe
	<b>viņ T. Mulock, P.A.</b>
Mailing Address	233 15th Street W
	Bradenton, [FL] [34205, ]-[ , , ,
Title or Position	CITY STATE ZIP CODE
Custodian of	Records
Treasurer: List the name	e and address (phone number optional) of the treasurer of the committee; and the name and address of a.g., assistant treasurer).
Full Name of Treasurer	chelle L. Robinson
Mailing Address	2205 Tallevast Rd. Suite 1204
Title or Position	CITY STATE ZIP CODE
Treasurer , ,	Telephone number 941, - 225, - 4012

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FEC Form	1 (Revised	02/2009)

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Full Name of Designated Agent	Robert	Slider		1 1 1 1	
Mailing Address	2205 Tallevast Pd Suite 1204				
		Talleyast		FL J STATE	34270
Title or Position Assistant	Ţręąsų	r <b>er</b> , , , , , , , , , , , , , , , , , , ,	Telephone nun	nber <mark>94</mark>	1,2254012,
Banks or Other safety deposit be		es: List all banks or other depositories in wr	nich the commit	ee deposits	funds, holds accounts, rents
Name of Bank,		•			
Florida,Shores Bank					
	<u>, 1-1-1-</u>	j500 ŲS Hightway 41 Byp	. <b>N</b>		
Mailing Address					━┶╍┺╍┹╼┺╍╉
			<u></u>	 FL I	34285    _6021
		CITY		STATE	ZIP CODE
Name of Bank, i	Depository, e	tc.			·······
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		1	<u>↓↓↓</u>		
Mailing Address					
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Federal Election Commissi ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to in	OMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed 6 Next E	Shipping Date 1/23/14 Business Day Delivery
Received from House Records & Registration Offic	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Da Other (Specify):	ate of Receipt or Postmarked
EN	1/27/14
PREPARER (8/2013)	DATE PREPARED

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