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Image# 201604069012231495

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3                          |                         | Authorized C         |                                   |                 |                   | Office Use Only                |
|---------------------------------|-------------------------|----------------------|-----------------------------------|-----------------|-------------------|--------------------------------|
| NAME OF<br>COMMITTEE (in full)  | TYPE OR PRIN            | Τ ▼                  | Example: If typin over the lines. | g, type         | 12FE4M5           |                                |
| Henry Lawrence f                | or Congress             |                      |                                   |                 |                   | I                              |
|                                 |                         |                      |                                   |                 |                   |                                |
|                                 |                         |                      |                                   |                 |                   |                                |
| ADDRESS (number and str         | eet)                    | eet, NW              |                                   |                 |                   |                                |
| X Check if differen             | nt                      |                      |                                   |                 |                   |                                |
| than previously reported. (ACC) | Bradenton               |                      |                                   |                 | FL 3              | 34209                          |
| 2. <b>FEC IDENTIFICATI</b>      | ON NUMBER ▼             | CITY                 |                                   |                 | STATE A           | ZIP CODE A STATE ▼ DISTRICT    |
| C C00555482                     |                         | 3. IS THIS<br>REPORT | NEW (N)                           | OR              | AMEND<br>(A)      | FL 16                          |
| 4. TYPE OF REPOR                | RT (Chaosa Ona)         |                      |                                   |                 |                   |                                |
| (a) Quarterly Report            | ,                       | (b) 12-Day <b>F</b>  | PRE-Election Repo                 | rt for the:     |                   |                                |
|                                 |                         |                      | Primary (12P)                     | . [             | General (12       | 2G) Runoff (12R)               |
| April 15 Qua                    | arterly Report (Q1)     | Г                    | Convention (                      | 12C)            | Special (12       | 2S)                            |
| July 15 Qua                     | rterly Report (Q2)      |                      |                                   | ,               |                   |                                |
| October 15                      | Quarterly Report (Q3)   | Election             | on M M /                          | D D /           | YYYY              | in the<br>State of             |
| January 31                      | Year-End Report (YE)    | (c) 30-Day <b>F</b>  | POST-Election Rep                 | ort for the:    |                   |                                |
|                                 |                         |                      | General (30G                      |                 | Runoff (30)       | R) Special (30S)               |
| <b>X</b> Termination            | Report (TER)            | Election             | on M M /                          | D D /           | Y Y Y             | in the<br>State of             |
| 5. Covering Period              | M M / D D /             | 2015                 | through                           | M M M           | / 31 /            | 2016                           |
| I certify that I have exam      | ined this Report and to | o the best of my     | knowledge and l                   | pelief it is ti | rue, correct and  | complete.                      |
| Type or Print Name of Tr        | easurer Curtis Root     |                      |                                   |                 |                   |                                |
| Signature of Treasurer          | Curtis Root             |                      | [Electronically 1                 | Filed]          | Date 04           | / D D / Y Y Y Y Y 2016         |
| NOTE: Submission of false       | , erroneous, or incompl | ete information m    | nay subject the per               | son signing     | this Report to th | e penalties of 2 U.S.C. §437g. |
| Office                          |                         |                      |                                   |                 |                   | FEC FORM 2                     |
| Use Only                        |                         |                      |                                   |                 |                   | FEC FORM 3 (Revised 02/2003)   |

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### Henry Lawrence for Congress

01 03 31 2016 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 34673.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 34673.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 3176.45 58709.17 (from Line 17) ..... (b) Total Offsets to Operating 164.45 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 3012.00 58709.17 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 25848.11 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

| Henry     | Lawrence  | for | Congress  |
|-----------|-----------|-----|-----------|
| 1 10111 9 | Lawiciico | 101 | COLIGICOS |

|              | I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--------------|--|-------------------------------|------------------------------------|
| 11. C        | ONTRIBUTIONS (other than loans) FROM:  |                               |                                    |
| (a)          | Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)    | 0.00                          | 16600.00                           |
|              | (ii) Unitemized  | 0.00                          | 14448.00                           |
|              | (iii) TOTAL of contributions from individuals  | 0.00                          | 31048.00                           |
| (b)          | ,  | 0.00                          | 0.00                               |
| (c)          | Other Political Committees (such as PACs)  | 0.00                          | 3600.00                            |
| (d)          | TOTAL CONTRIBUTIONS  | 0.00                          | 25.00                              |
|              | (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                         | 0.00                          | 34673.00                           |
|              | RANSFERS FROM OTHER UTHORIZED COMMITTEES   | 0.00                          | 0.00                               |
| 3. L(<br>(a) | DANS: ) Made or Guaranteed by the Candidate  | 4148.11                       | 21700.00                           |
| (b)          |  | -3700.00                      | 3700.00                            |
|              | (add Lines 13(a) and (b))  | 448.11                        | 25400.00                           |
| ΕX           | FFSETS TO OPERATING KPENDITURES defunds, Rebates, etc.)                              | 164.45                        | 0.00                               |
|              | THER RECEIPTS ividends, Interest, etc.)  | 0.00                          | 0.00                               |
| 11           | OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4) | 612.56                        | 60073.00                           |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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|     | II. DISBURSEMENTS   | COLUMN A Total This Period | COLUMN B<br>Election Cycle-to-Date |
|-----|---|----------------------------|------------------------------------|
| 17. | OPERATING EXPENDITURES  | 3176.45                    | 58709.17                           |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES  | 0.00                       | 0.00                               |
| 19. | LOAN REPAYMENTS:  |                            |                                    |
|     | (a) Of Loans Made or Guarante by the Candidate  | 0.00                       | 0.00                               |
|     | (b) Of All Other Loans  |                            | 0.00                               |
|     | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))                                     | 0.00                       | 0.00                               |
| 20. | REFUNDS OF CONTRIBUTIONS  | в то:                      |                                    |
|     | (a) Individuals/Persons Other Than Political Committees                                 | 0.00                       | 0.00                               |
|     |   | 200                        | 0.00                               |
|     | <ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul> |                            | 0.00                               |
|     | (such as PACs)  | 0.00                       | 0.00                               |
|     | (d) TOTAL CONTRIBUTION RE (add Lines 20(a), (b), and (c                                 | 0.00                       | 0.00                               |
| 21. | OTHER DISBURSEMENTS   | 0.00                       | 0.00                               |
| 22. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), a                                  | nd 21) 3176.45             | 58709.17                           |
|     | III.  | CASH SUMMARY               |                                    |
| 23. | CASH ON HAND AT BEGINNING   | G OF REPORTING PERIOD      | 2563.89                            |
| 24  | TOTAL RECEIPTS THIS PERIOD  | ) (from Line 16, page 3)   | 612.56                             |
| 25. | SUBTOTAL (add Line 23 and Lin   | ne 24)                     | 3176.45                            |
| 26. | TOTAL DISBURSEMENTS THIS  | PERIOD (from Line 22)      | 3176.45                            |
| 27. | CASH ON HAND AT CLOSE OF (subtract Line 26 from Line 25)                                | REPORTING PERIOD           | 0.00                               |

#### : 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF Hz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F3T Transaction ID:

During the Campaign a Complaint (MUR 6903) was filed regarding the Committee's financial reporting. The Complaint alleged that the Committee owed \$106,108 to Virtual Impact. The ensuing investigation by the FEC concluded that this disputed claim was not to be included in Loans, Debts and Obligations of the Committee.

Form/Schedule: Transaction ID:

Self-employed

Receipt For: 2014

Primary Other (specify)

X General

| lma      | nge# 201604069012231500                                    |                       |   |   |
|----------|--|-----------------------|---|---|
|          | CHEDULE A (FEC Form 3) EMIZED RECEIPTS                     |                       | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 OF 19 (check only one)  11a   |
|          |  |                       |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full) Henry Lawrence for Congress    |                       |   |   |
| —<br>А.  | Full Name (Last, First, Middle Initial)  Henry Lawrence    |                       |   | Date of Receipt   |
| Λ.       | Mailing Address 2110 2nd Avenue, East                      |                       |   | 01 01 2015  |
|          | City Palmetto  | State<br>FL           | Zip Code<br>34221   | Transaction ID : SA13A.5004   |
|          | FEC ID number of contributing federal political committee. | C H4                  | FL16146   | Amount of Each Receipt this Period  3700.00   |
|          |  | Occupation Self-emplo |   | Memo Item   |
|          | Receipt For: 2014  Primary X General  Other (specify)      | Election C            | ycle-to-Date<br>3700.00   | Assumption of Loan by Henry Lawremce  |
| —<br>В.  | Full Name (Last, First, Middle Initial)  Henry Lawrence    |                       |   | Date of Receipt   |
|          | Mailing Address 2110 2nd Avenue, East                      |                       |   | 06 26 2015  |
|          | City<br>Palmetto   | State<br>FL           | Zip Code<br>34221   | Transaction ID : SA13A.5007   |
|          | FEC ID number of contributing federal political committee. | С н4                  | FL16146   | Amount of Each Receipt this Period  |
|          | Name of Employer   | Occupation            | n   | 588.00  |
|          | Self-employed  | Self-employ           | yed   | Memo Item   |
|          | Receipt For: 2014 Primary General Other (specify)          | Election C            | ycle-to-Date<br>4288.00   | Loan from Henry Lawrence  |
| <u> </u> | Full Name (Last, First, Middle Initial)  Henry Lawrence    |                       |   | Date of Receipt   |
|          | Mailing Address 2110 2nd Avenue, East                      |                       |   | 03 29 2016  |
|          | City<br>Palmetto   | State<br>FL           | Zip Code<br>34221   | Transaction ID : SA13A.5022   |
|          | FEC ID number of contributing federal political committee. | С н4                  | FL16146   | Amount of Each Receipt this Period  |
|          | Name of Employer   | Occupation            | n   | -139.89   |

Self-employed

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Election Cycle-to-Date

4148.11

4148.11

Memo Item

4148.11

Close Bank Account

FOR LINE NUMBER: **PAGE** 7 OF 19 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page X 12 13a 13b

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Henry Lawrence for Congress Full Name (Last, First, Middle Initial) Geneva Presha Date of Receipt Mailing Address 2110 2nd Avenue, East 2016 01 City State Zip Code Transaction ID: SA13B.5005 FL 34221 Palmetto FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. -3700.00 Name of Employer Occupation Self-employed Self-employed Memo Item Loan Assumed by Henry Lawrence Receipt For: 2014 Election Cycle-to-Date X General Primary -3700.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) -3700.00 SUBTOTAL of Receipts This Page (optional)..... -3700.00 TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 8 OF 19 (check only one) 11a 11b 11d 11c 12 14

Use separate schedule(s) for each category of the Detailed Summary Page 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Henry Lawrence for Congress Full Name (Last, First, Middle Initial) Wells Fargo Bank Date of Receipt Mailing Address 5727 Gulf Drive 26 2016 City State Zip Code Transaction ID: SA14.5015 FL 34217 Holmes Beach FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 59.80 Name of Employer Occupation Memo Item Refund of Bank Charges Receipt For: 2014 Election Cycle-to-Date X General Primary 214.55 Other (specify) Full Name (Last, First, Middle Initial) Wells Fargo Bank Date of Receipt Mailing Address 5727 Gulf Drive 03 29 2016 City State Zip Code Transaction ID: SA14.5021 Holmes Beach FL 34217 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 29.90 Name of Employer Occupation Memo Item Refund of Bank Charges Receipt For: 2014 Election Cycle-to-Date Primary Meneral Control 244.45 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 89.70 SUBTOTAL of Receipts This Page (optional)..... 89.70 TOTAL This Period (last page this line number only).....

| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 OF 19 (check only one)    X   17                              |  |  |  |
|---|---|---|--|--|--|
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name and   |   | person for the purpose of soliciting contributions                                    |  |  |  |
| NAME OF COMMITTEE (In Full) Henry Lawrence for Congress   |   |   |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Federal Election Commission  Mailing Address 999 E Street, N.W.   |   | Date of Disbursement  Date of Disbursement  02 09 2016                                |  |  |  |
| City State Washington DC  Purpose of Disbursement Settlement MUR 6903  Candidate Name   | Washington DC 20463  Purpose of Disbursement Settlement MUR 6903  001   |   |  |  |  |
| State: FL District: 16  |   | Transaction ID : SB17.5019  |  |  |  |
| Full Name (Last, First, Middle Initial)  Wells Fargo Bank  Mailing Address 5727 Gulf Drive  |   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |  |  |  |
| City State Holmes Beach FL  Purpose of Disbursement Bank Charges  Candidate Name Henry Lawrence for Congress  Office Sought: House Disbursement F Senate President President State: FL District: 16 |   | Amount of Each Disbursement this Period  14.95  Memo Item  Transaction ID : SB17.5017 |  |  |  |
| Full Name (Last, First, Middle Initial)  Wells Fargo Bank  Mailing Address 5727 Gulf Drive  |   | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |  |  |  |
| Holmes Beach Purpose of Disbursement Bank Charges  Candidate Name Henry Lawrence for Congress  Office Sought:  House Senate  Disbursement F   |   | Amount of Each Disbursement this Period  14.95  Memo Item  Transaction ID : SB17.5020 |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   | 3029.90   |  |  |  |

TOTAL This Period (last page this line number only).....

3029.90

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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|   | i   |
|---|-----|
| × | 13a |
|   | 13h |

| JAN5  |                                     | Detailed Summary Page (Crieck Only One) 13a 13b                       |
|---|-------------------------------------|---|
| AME OF COMMITTEE (In Full) Henry Lawrence for Congres | ss                                  | Transaction ID : SC/10.4146   |
| LOAN SOURCE Full Name (Last,                          | First, Middle Initial) <b>PERSO</b> |   |
| Henry Lawrence  |                                     | Primary  General  |
| Mailing Address<br>2110 2nd Avenue, East              |                                     | Other (specify) ▼   |
| City  | State 2                             | ZIP Code  |
| Palmetto  | FL                                  | 34221   |
| Original Amount of Loan                               | Cumulative Paym                     | nent To Date Balance Outstanding at Close of This Period              |
| 10000   | 00                                  | 0.00 10000.00   |
| TERMS  Date Incurred                                  | Dat                                 | te Due Interest Rate Secured:   |
| M 05 M / D 01 D / Y 2014                              | Y M M / D D                         | 5.00 % (apr) Yes No   |
| List All Endorsers or Guarantors (                    | if any) to Loan Source              | TES INC   |
| 1. Full Name (Last, First, Middle Ir                  | itial)                              | Name of Employer  |
| Mailing Address                                       |                                     | Occupation  |
| City  | State ZIP Code                      | Amount Guaranteed Outstanding:  |
| 2. Full Name (Last, First, Middle Ini                 | tial)                               | Name of Employer  |
| Mailing Address                                       |                                     | Occupation  |
|   |                                     | Amount  |
| City  | State ZIP Code                      | Guaranteed Outstanding:   |
| 3. Full Name (Last, First, Middle Ini                 | tial)                               | Name of Employer  |
| Mailing Address                                       |                                     | Occupation  |
| 0::   | 210.0                               | Amount<br>Guaranteed  |
| City  | State ZIP Code                      | Outstanding:  |
| 4. Full Name (Last, First, Middle Ini                 | tial)                               | Name of Employer  |
| Mailing Address                                       |                                     | Occupation  |
|   |                                     | Amount  |
| City  | State ZIP Code                      | Guaranteed Outstanding:   |
| UBTOTALS This Period This Page (c                     | ptional)                            |   |
| OTALS This Period (last page in this                  | line only)                          | · · · · · · · · · · · · · · · · · · ·                                 |
|   | IE 3, Schedule D, for this I        | line. If no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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| × | 13a |
|---|-----|
|   | 13b |

| DANS                                     |                  |                     |                |                                   | Summary Pag   |        | (check only        | one)        | X 13a        |
|--|------------------|---------------------|----------------|-----------------------------------|---------------|--------|--------------------|-------------|--------------|
| AME OF COMMITTEE (In Full)               |                  |                     |                |                                   | Transac       | tion I | D : SC/10.416      | 5           |              |
| Henry Lawrence for Cor                   | gress            |                     |                |                                   |               |        |                    |             |              |
| LOAN SOURCE Full Name (                  | Last, First, Mic | ddle Initial) 'PERS | SONAL FUND     | S] Men                            | no Item       | Elec   | ction: 2014        |             |              |
| Henry Lawrence                           |                  |                     |                |                                   |               |        | Primary<br>General |             |              |
| Mailing Address<br>2110 2nd Avenue, East |                  |                     |                |                                   |               |        | Other (specify     | /) <b>▼</b> |              |
| City                                     |                  | State               | ZIP Code       |                                   |               |        |                    |             |              |
| Palmetto                                 |                  | FL                  | 34221          |                                   |               |        |                    |             |              |
| Original Amount of Loan                  |                  | Cumulative Pay      | ayment To Da   | te                                | Bala          | ince ( | Outstanding at     | Close of    | This Peri    |
| 9 9                                      | 1000.00          | 2                   | ,              | 0.00                              |               |        | ,                  | 10          | 00.00        |
| Date Incurred  M 06 / D 04 D / Y 2       | 2014 Y           | M M / D D           | Date Due       |                                   | Interest Rate |        | % (apr)            | Secur       | $\boxtimes$  |
| List All Endorsers or Guarar             | ntors (if any) t | o Loan Source       |                |                                   |               |        |                    | Y           | <u>'es N</u> |
| 1. Full Name (Last, First, Mic           | ddle Initial)    |                     | N              | ame of Emp                        | oloyer        |        |                    |             |              |
| Mailing Address                          |                  |                     | 0              | ccupation                         |               |        |                    |             |              |
| City                                     | State            | ZIP Code            | G              | mount<br>uaranteed<br>utstanding: |               | 7      |                    |             |              |
| 2. Full Name (Last, First, Mid-          | dle Initial)     |                     | N              | ame of Emp                        | oloyer        |        |                    |             |              |
| Mailing Address                          |                  |                     | 0              | ccupation                         |               |        |                    |             |              |
| City                                     | State            | ZIP Code            | G              | nount<br>uaranteed<br>utstanding: |               | 7      |                    |             |              |
| 3. Full Name (Last, First, Mid-          | dle Initial)     |                     | N:             | ame of Emp                        | oloyer        |        |                    |             |              |
| Mailing Address                          |                  |                     | 0              | ccupation                         |               |        |                    |             |              |
| City                                     | State            | ZIP Code            | G              | nount<br>uaranteed<br>utstanding: |               | 7      | 7                  |             |              |
| 4. Full Name (Last, First, Mid-          | dle Initial)     |                     | N              | ame of Emp                        | oloyer        |        |                    |             |              |
| Mailing Address                          |                  |                     | 0              | ccupation                         |               |        |                    |             |              |
| City                                     | State            | ZIP Code            | G              | mount<br>uaranteed<br>utstanding: |               | 7      |                    |             |              |
| SUBTOTALS This Period This P             |                  |                     |                |                                   | <u> </u>      |        | 7                  | 10          | 000.00       |
| Carry outstanding balance only           | to LINE 3 Sci    | nedule D for this   | is line. If no | Schedule I                        | ) carry forw  | vard t | to appropriate     | e line of   | Summary      |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 12 OF

| DANS                                     |                                     | Detailed Summary Pa            |  |
|--|-------------------------------------|--------------------------------|--|
| AME OF COMMITTEE (In Full)               |                                     | Transa                         | ction ID : SC/10.4276                    |
| Henry Lawrence for Cong                  | gress                               |                                |  |
| LOAN SOURCE Full Name (L                 | ast, First, Middle Initial) "PERSON | NAL FUNDS] Memo Item           | Election: 2014                           |
| Henry Lawrence                           |                                     |                                | Primary  General                         |
| Mailing Address<br>2110 2nd Avenue, East |                                     |                                | Other (specify)                          |
| City                                     | State Z                             | IP Code                        |  |
| Palmetto                                 |                                     | 34221                          |  |
| Original Amount of Loan                  | Cumulative Payme                    | ent To Date Bal                | ance Outstanding at Close of This Period |
|  | 0000.00                             | 0.00                           | 10000.00                                 |
| TERMS  Date Incurred                     | <br>Date                            | e Due Interest Rat             | te Secured:                              |
|  | 014 M M / D D                       |                                | .00 % (apr) Yes No                       |
| List All Endorsers or Guarant            | ors (if any) to Loan Source         |                                | 100 110                                  |
| 1. Full Name (Last, First, Mide          | le Initial)                         | Name of Employer               |  |
| Mailing Address                          |                                     | Occupation                     |  |
|  |                                     | Amount                         |  |
| City                                     | State ZIP Code                      | Guaranteed<br>Outstanding:     | 9 9                                      |
| 2. Full Name (Last, First, Midd          | le Initial)                         | Name of Employer               |  |
| Mailing Address                          |                                     | Occupation                     |  |
|  |                                     | Amount<br>Guaranteed           |  |
| City                                     | State ZIP Code                      | Outstanding:                   | 9 9                                      |
| 3. Full Name (Last, First, Midd          | le Initial)                         | Name of Employer               |  |
| Mailing Address                          |                                     | Occupation                     |  |
|  |                                     | Amount                         |  |
| City                                     | State ZIP Code                      | Guaranteed Outstanding:        | 7  |
| 4. Full Name (Last, First, Midd          | le Initial)                         | Name of Employer               |  |
| Mailing Address                          |                                     | Occupation                     |  |
|  |                                     | Amount                         |  |
| City                                     | State ZIP Code                      | Guaranteed Outstanding:        | 9 1 9 1 1 4                              |
| SUBTOTALS This Period This Pa            | ge (optional)                       |                                | 10000.00                                 |
| FOTALS This Period (last page in         | this line only)                     | ······                         | , ,                                      |
| Carry outstanding balance only t         | o LINE 3 Schedule D for this li     | ne If no Schedule D. carry for | ward to appropriate line of Summary      |

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

| DANS   |                                  | for each category of<br>Detailed Summary Pa |  |
|--|----------------------------------|---|--|
| AME OF COMMITTEE (In Ful<br>Henry Lawrence for C |                                  | Transa                                      | action ID : SC/10.4337                     |
|  |                                  |   | Flore                                      |
| LOAN SOURCE Full Name Henry Lawrence             | e (Last, First, Middle Initial)  | Memo Item                                   | Election: 2014 Primary General             |
| Mailing Address<br>2110 2nd Avenue, East         |                                  |   | Other (specify)                            |
| City   | State                            | ZIP Code                                    |  |
| Palmetto   | FL                               | 34221                                       |  |
| Original Amount of Loan                          | Cumulative F                     | Payment To Date Ba                          | alance Outstanding at Close of This Period |
| 2  | 700.00                           | 0.00  | 700.00                                     |
| Date Incurre                                     | d<br>2014 Y M M / D              | Date Due Interest Ra                        | Secured:  5.00 (apr)                       |
| List All Endorsers or Gua                        | rantors (if any) to Loan Sourc   | ce  | Yes No                                     |
| 1. Full Name (Last, First,                       | <u> </u>                         | Name of Employer                            |  |
| Mailing Address                                  | _                                | Occupation                                  |  |
| City   | State ZIP Code                   | Amount Guaranteed Outstanding:              | 7  |
| 2. Full Name (Last, First, M                     | liddle Initial)                  | Name of Employer                            |  |
| Mailing Address                                  |                                  | Occupation                                  |  |
| City   | State ZIP Code                   | Amount Guaranteed Outstanding:              | 7  |
| 3. Full Name (Last, First, M                     | liddle Initial)                  | Name of Employer                            |  |
| Mailing Address                                  |                                  | Occupation                                  |  |
| City   | State ZIP Code                   | Amount Guaranteed Outstanding:              | 7  |
| 4. Full Name (Last, First, N                     | liddle Initial)                  | Name of Employer                            |  |
| Mailing Address                                  |                                  | Occupation                                  |  |
| City   | State ZIP Code                   | Amount Guaranteed Outstanding:              | 7 7  |
| SUBTOTALS This Period This                       | Page (optional)                  | ·····                                       | 700.00                                     |
| 「OTALS This Period (last pag                     | e in this line only)             |   |  |
| Carry outstanding balance or                     | lly to LINE 3, Schedule D, for t | his line. If no Schedule D, carry for       | rward to appropriate line of Summary.      |

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|--|---------------------------------|---|---|
| AME OF COMMITTEE (In Full                |                                 | Trans                                   | saction ID : SC/10.5004                     |
|  |                                 |   |   |
| Henry Lawrence                           | e (Last, First, Middle Initial) | Memo Item                               | Election: 2014 Primary General              |
| Mailing Address<br>2110 2nd Avenue, East |                                 |   | Other (specify)                             |
| City                                     | State                           | ZIP Code                                |   |
| Palmetto                                 | FL                              | 34221                                   |   |
| Original Amount of Loan                  | Cumulative                      | Payment To Date E                       | Balance Outstanding at Close of This Period |
| 7 7                                      | 3700.00                         | 0.00                                    | 3700.00                                     |
| Date Incurre                             | d                               | Date Due Interest F                     | 0.00 (apr)                                  |
| List All Endorsers or Guar               | rantors (if any) to Loan Sour   | ce                                      | Yes No                                      |
| 1. Full Name (Last, First, I             | Viiddle Initial)                | Name of Employer                        |   |
| Mailing Address                          |                                 | Occupation                              |   |
| City                                     | State ZIP Code                  | Amount Guaranteed Outstanding:          | · · · · · · · · · · · · · · · · · · ·       |
| 2. Full Name (Last, First, M             | liddle Initial)                 | Name of Employer                        |   |
| Mailing Address                          | _                               | Occupation                              |   |
| City                                     | State ZIP Code                  | Amount Guaranteed Outstanding:          | 9 9 9                                       |
| 3. Full Name (Last, First, M             | liddle Initial)                 | Name of Employer                        |   |
| Mailing Address                          |                                 | Occupation                              |   |
| City                                     | State ZIP Code                  | Amount Guaranteed Outstanding:          | · · · · · · · · · · · · · · · · · · ·       |
| 4. Full Name (Last, First, M             | liddle Initial)                 | Name of Employer                        |   |
| Mailing Address                          |                                 | Occupation                              |   |
| City                                     | State ZIP Code                  | Amount Guaranteed Outstanding:          | 9 9 9                                       |
| SUBTOTALS This Period This               | Page (optional)                 | ······                                  | 3700.00                                     |
| FOTALS This Period (last pag             | e in this line only)            |   |   |
| Carry outstanding balance on             | uly to LINE 3, Schedule D, for  | this line. If no Schedule D, carry f    | orward to appropriate line of Summary.      |

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| OANS                                     |   | for each category of th<br>Detailed Summary Page |   |
|--|---|--|---|
| IAME OF COMMITTEE (In Fu                 | ,                                       | Transact   | tion ID : SC/10.5007                    |
|  | ne (Last, First, Middle Initial)        | Memo Item  | Election: 2014                          |
| Henry Lawrence                           |   |  | Primary  General                        |
| Mailing Address<br>2110 2nd Avenue, East |   |  | Other (specify)                         |
| City                                     | State ZII                               | P Code   |   |
| Palmetto                                 | FL 34                                   | 4221   |   |
| Original Amount of Loan                  | Cumulative Payme                        |  | nce Outstanding at Close of This Period |
|  | 588.00                                  | 0.00   | 588.00                                  |
| TERMS  Date Incurr  M 06 / 26 / 26       | ed Date                                 | Due Interest Rate  Y 12/31/15  0.0               | (apr)                                   |
| List All Endorsers or Gua                | arantors (if any) to Loan Source        |  | Yes No                                  |
| 1. Full Name (Last, First,               | Middle Initial)                         | Name of Employer                                 |   |
| Mailing Address                          |   | Occupation                                       |   |
| City                                     | State ZIP Code                          | Amount Guaranteed Outstanding:                   | , ,                                     |
| 2. Full Name (Last, First,               | Middle Initial)                         | Name of Employer                                 |   |
| Mailing Address                          |   | Occupation                                       |   |
| City                                     | State ZIP Code                          | Amount Guaranteed Outstanding:                   | , , , , , , ,                           |
| 3. Full Name (Last, First,               | Middle Initial)                         | Name of Employer                                 |   |
| Mailing Address                          |   | Occupation                                       |   |
| City                                     | State ZIP Code                          | Amount Guaranteed Outstanding:                   | , , , , , , , , ,                       |
| 4. Full Name (Last, First,               | Middle Initial)                         | Name of Employer                                 |   |
| Mailing Address                          |   | Occupation                                       |   |
| City                                     | State ZIP Code                          | Amount Guaranteed Outstanding:                   | , , , , , , , ,                         |
| SUBTOTALS This Period Thi                | s Page (optional)                       | ·····  | 588.00                                  |
| FOTALS This Period (last pa              | ge in this line only)                   |  | 7 7 7                                   |
| Carry outstanding balance o              | nly to LINE 3, Schedule D, for this lin | e. If no Schedule D, carry forw                  | ard to appropriate line of Summary.     |

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| OANS   |  | for each category of the Detailed Summary Pag |  |
|--|--|---|--|
| IAME OF COMMITTEE (In Fu                                 | •  | Transac                                       | ction ID : SC/10.5022                    |
|  | ne (Last, First, Middle Initial)         | Memo Item                                     | Election: 2014                           |
| Henry Lawrence   |  |   | Primary  General                         |
| Mailing Address<br>2110 2nd Avenue, East                 |  |   | Other (specify) ▼                        |
| City   | State ZI                                 | P Code  |  |
| Palmetto   | FL 3                                     | 4221  |  |
| Original Amount of Loan                                  | Cumulative Payme                         |   | ance Outstanding at Close of This Period |
| 2 9  | -139.89                                  | 0.00  | -139.89                                  |
| TERMS  Date Incurr  M03 <sup>M</sup> / 29 <sup>D</sup> / | ed Date Y 2016 M M / D D /               | Due Interest Rate  Y 12/31/15  O.0            |  |
| List All Endorsers or Gua                                | arantors (if any) to Loan Source         |   | 165 110                                  |
| 1. Full Name (Last, First,                               | Middle Initial)                          | Name of Employer                              |  |
| Mailing Address  |  | Occupation                                    |  |
| City   | State ZIP Code                           | Amount Guaranteed Outstanding:                | 9 9                                      |
| 2. Full Name (Last, First,                               | Middle Initial)                          | Name of Employer                              |  |
| Mailing Address  |  | Occupation                                    |  |
| City   | State ZIP Code                           | Amount Guaranteed Outstanding:                | 9 9 9                                    |
| 3. Full Name (Last, First,                               | Middle Initial)                          | Name of Employer                              |  |
| Mailing Address  |  | Occupation                                    |  |
| City   | State ZIP Code                           | Amount Guaranteed Outstanding:                | 9 9                                      |
| 4. Full Name (Last, First,                               | Middle Initial)                          | Name of Employer                              |  |
| Mailing Address  |  | Occupation                                    |  |
| City   | State ZIP Code                           | Amount<br>Guaranteed<br>Outstanding:          | 9 1 9 1 1                                |
| SUBTOTALS This Period Thi                                | s Page (optional)                        | ·····   | -139.89                                  |
| FOTALS This Period (last pa                              | ge in this line only)                    | ······  |  |
| Carry outstanding balance of                             | only to LINE 3, Schedule D, for this lin | ne. If no Schedule D, carry forv              | vard to appropriate line of Summary.     |

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| DANS                                      |                                | Detailed Summary Page             | (check only one) 13a X 13b             |
|---|--------------------------------|-----------------------------------|--|
| AME OF COMMITTEE (In Full)                |                                | Transaction                       | on ID : SC/10.4172                     |
| lenry Lawrence for Congre                 | SS                             |                                   |  |
| LOAN SOURCE Full Name (Last,              | First, Middle Initial)         | Memo Item                         | Election: 2014                         |
| Geneva Presha                             |                                |                                   | Primary  General                       |
| Mailing Address<br>2110 2nd Avenue, East  |                                |                                   | Other (specify)                        |
| City                                      | State Z                        | P Code                            |  |
| Palmetto                                  | FL 3                           | 4221                              |  |
| Original Amount of Loan                   | Cumulative Payme               | ent To Date Baland                | ce Outstanding at Close of This Period |
| 2500                                      | 0.00                           | 0.00                              | 2500.00                                |
| TERMS  Date Incurred                      | Date                           | Due Interest Rate                 | Secured:                               |
| M06 <sup>M</sup> / 06 <sup>D</sup> / 2014 | Y M M / D D                    | 5/1/2015 <sup>Y</sup> 5.00        | % (apr) Yes No                         |
| List All Endorsers or Guarantors          | (if any) to Loan Source        |                                   | 103 100                                |
| 1. Full Name (Last, First, Middle I       | nitial)                        | Name of Employer                  |  |
| Mailing Address                           |                                | Occupation                        |  |
| City                                      | State ZIP Code                 | Amount Guaranteed Outstanding:    |  |
| 2. Full Name (Last, First, Middle Ir      | itial)                         | Name of Employer                  |  |
| ·   | ,                              |                                   |  |
| Mailing Address                           |                                | Occupation                        |  |
| City                                      | State ZID Code                 | Amount<br>Guaranteed              |  |
| City                                      | State ZIP Code                 | Outstanding:                      | yy                                     |
| 3. Full Name (Last, First, Middle In      | itial)                         | Name of Employer                  |  |
| Mailing Address                           |                                | Occupation                        |  |
| 011                                       |                                | Amount<br>Guaranteed              |  |
| City                                      | State ZIP Code                 | Outstanding:                      | 9                                      |
| 4. Full Name (Last, First, Middle In      | itial)                         | Name of Employer                  |  |
| Mailing Address                           |                                | Occupation                        |  |
|   |                                | Amount                            |  |
| City                                      | State ZIP Code                 | Guaranteed Outstanding:           | 9 9                                    |
|   |                                |                                   |  |
| SUBTOTALS This Period This Page (         | optional)                      | <u> </u>                          | 2500.00                                |
| OTALS This Period (last page in this      | s line only)                   | ······· ·                         | . , ,                                  |
| Carry outstanding balance only to LI      | NE 3, Schedule D, for this lir | ne. If no Schedule D, carry forwa | rd to appropriate line of Summary.     |

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| DANS                                     |                |                           | Detailed Summary Pa            |  |
|--|----------------|---------------------------|--------------------------------|--|
| AME OF COMMITTEE (In Full)               |                |                           | Transa                         | ction ID : SC/10.4324                    |
| lenry Lawrence for Congre                | ess            |                           |                                |  |
| LOAN SOURCE Full Name (Last              | , First, Midd  | e Initial)                | Memo Item                      | Election: 2014                           |
| Geneva Presha                            |                |                           |                                | Primary  General                         |
| Mailing Address<br>2110 2nd Avenue, East |                |                           |                                | Other (specify)                          |
| City                                     | S              | tate ZIP Co               | de                             |  |
| Palmetto                                 |                | FL 34221                  |                                |  |
| Original Amount of Loan                  |                | Cumulative Payment To     | Date Bala                      | ance Outstanding at Close of This Period |
| 120                                      | 00.00          |                           | 0.00                           | 1200.00                                  |
| TERMS  Date Incurred                     |                | Date Due                  | Interest Rat                   | e Secured:                               |
| M 07 <sup>M</sup> / D 05 D / Y 2014      | Y              | M / D D / Y11             | /30/2014 S.                    | % (apr) Yes No                           |
| List All Endorsers or Guarantors         | s (if any) to  | Loan Source               |                                | 103 110                                  |
| 1. Full Name (Last, First, Middle        | Initial)       |                           | Name of Employer               |  |
| Mailing Address                          |                |                           | Occupation                     |  |
| City                                     | State          | ZIP Code                  | Amount<br>Guaranteed           |  |
| 2. Full Name (Last, First, Middle        | Initial)       |                           | Outstanding:  Name of Employer | ,  |
| 2. Full Name (East, First, Middle        | iritiaij       |                           | reality of Employer            |  |
| Mailing Address                          |                |                           | Occupation                     |  |
| 0.4                                      | 04-4-          | 710.01-                   | Amount<br>Guaranteed           |  |
| City                                     | State          | ZIP Code                  | Outstanding:                   | 7  |
| 3. Full Name (Last, First, Middle        | Initial)       |                           | Name of Employer               |  |
| Mailing Address                          |                |                           | Occupation                     |  |
| 011                                      |                | 710.0                     | Amount<br>Guaranteed           |  |
| City                                     | State          | ZIP Code                  | Outstanding:                   | 7  |
| 4. Full Name (Last, First, Middle        | Initial)       |                           | Name of Employer               |  |
| Mailing Address                          |                |                           | Occupation                     |  |
|  |                |                           | Amount                         |  |
| City                                     | State          | ZIP Code                  | Guaranteed Outstanding:        | 9 9                                      |
|  |                |                           |                                |  |
| SUBTOTALS This Period This Page          | (optional)     |                           | ·····                          | 1200.00                                  |
| TOTALS This Period (last page in the     | is line only). |                           |                                | ,  |
|  | INE 3, Sche    | dule D, for this line. If | no Schedule D, carry for       | ward to appropriate line of Summary.     |

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| OANS   |                    |                             | for each category of Detailed Summary Pa |  |
|--|--------------------|-----------------------------|--|--|
| AME OF COMMITTEE (In Full) Henry Lawrence for Cong | aress              |                             | Transa                                   | ction ID : SC/10.5005                    |
| LOAN SOURCE Full Name (L                           |                    | Idle Initial)               | Marra Itara                              | Election: 2014                           |
| Geneva Presha                                      | asi, i iisi, iviic | idie iiiidij                | Memo Item                                | Primary  General                         |
| Mailing Address<br>2110 2nd Avenue, East           |                    |                             |  | Other (specify)                          |
| City   |                    | State ZIP Co                | ode                                      |  |
| Palmetto   |                    | FL 34221                    |  |  |
| Original Amount of Loan                            |                    | Cumulative Payment To       | Date Bal                                 | ance Outstanding at Close of This Period |
|  | 3700.00            |                             | 0.00                                     | -3700.00                                 |
| Date Incurred  M 01 M / D 01 D / Y Ž               | 016 Y              | Date Due                    | Interest Rat<br>01/01/16 Y               | .00 % (apr)                              |
| List All Endorsers or Guarant                      | ors (if any) to    | o Loan Source               |  | Yes No                                   |
| 1. Full Name (Last, First, Mid-                    | dle Initial)       |                             | Name of Employer                         |  |
| Mailing Address                                    |                    |                             | Occupation                               |  |
| City   | State              | ZIP Code                    | Amount<br>Guaranteed<br>Outstanding:     | 7  |
| 2. Full Name (Last, First, Midd                    | le Initial)        |                             | Name of Employer                         |  |
| Mailing Address                                    |                    |                             | Occupation                               |  |
| City   | State              | ZIP Code                    | Amount<br>Guaranteed<br>Outstanding:     | 9 9 9 9                                  |
| 3. Full Name (Last, First, Midd                    | le Initial)        |                             | Name of Employer                         |  |
| Mailing Address                                    |                    |                             | Occupation                               |  |
| City   | State              | ZIP Code                    | Amount Guaranteed Outstanding:           | 7  |
| 4. Full Name (Last, First, Midd                    | le Initial)        |                             | Name of Employer                         |  |
| Mailing Address                                    |                    |                             | Occupation                               |  |
| City   | State              | ZIP Code                    | Amount<br>Guaranteed<br>Outstanding:     | 9  |
| SUBTOTALS This Period This Pa                      | ge (optional)      |                             |  | -3700.00                                 |
| TOTALS This Period (last page in                   | this line only     | ·)                          |  | 25848.11                                 |
|  | o LINE 3. Sch      | nedule D. for this line. If | no Schedule D. carry for                 | ward to appropriate line of Summary.     |