

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Henry Lawrence for Congress

ADDRESS (number and street) 2110 2nd Avenue, East
 Check if different than previously reported. (ACC) Palmetto FL 34221

2. **FEC IDENTIFICATION NUMBER** C C00555482 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 16

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Curtis Root
Signature of Treasurer Curtis Root *[Electronically Filed]* Date M M / D D / Y Y Y Y
07 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Henry Lawrence for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3519.00	3519.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3519.00	3519.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16846.34	16846.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16846.34	16846.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	172.66	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	13500.00	

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)

Write or Type Committee Name

Henry Lawrence for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1750.00	1750.00
(ii) Unitemized.....	1769.00	1769.00
(iii) TOTAL of contributions from individuals ▶	3519.00	3519.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3519.00	3519.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	11000.00	11000.00
(b) All Other Loans.....	2500.00	2500.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	13500.00	13500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17019.00	17019.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16846.34	16846.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (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), and 21) ►	16846.34	16846.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17019.00
25. SUBTOTAL (add Line 23 and Line 24).....	17019.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16846.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	172.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Juanita Adams

Mailing Address 508 Pecan Lane

City Bradenton State FL Zip Code 34212

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Carl Battle

Mailing Address 3001 Founders Club Drive

City Sarasota State FL Zip Code 34240

FEC ID number of contributing federal political committee. **C**

Name of Employer GlaxoSmithKlein Occupation Chief Patent Counsel

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Thomas Finnerty

Mailing Address 13503 4th Plaza, East

City Bradenton State FL Zip Code 34212

FEC ID number of contributing federal political committee. **C**

Name of Employer Real Estate Sales Occupation Finnerty Properties

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
 500.00

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

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

1750.00

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Henry Lawrence for Congress

A. Full Name (Last, First, Middle Initial)
Henry Lawrwnce

Mailing Address 2110 2nd Avenue, East

City Palmetto State FL Zip Code 34221

FEC ID number of contributing federal political committee. **C H4FL16146**

Name of Employer Self-employed Occupation Self-employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA13A.4146

Amount of Each Receipt this Period
 10000.00

B. Full Name (Last, First, Middle Initial)
Henry Lawrwnce

Mailing Address 2110 2nd Avenue, East

City Palmetto State FL Zip Code 34221

FEC ID number of contributing federal political committee. **C H4FL16146**

Name of Employer Self-employed Occupation Self-employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA13A.4165

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

11000.00

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Henry Lawrence for Congress

A. Full Name (Last, First, Middle Initial)
Geneva Presha

Mailing Address 2110 2nd Avenue, East

City Palmetto State FL Zip Code 34221

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Self-employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA13B.4172

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

2500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Henry Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Authorize.Net		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address P.O.Box 8999		Amount of Each Disbursement this Period 70.25
City San Francisco	State CA	
Zip Code 98128		
Purpose of Disbursement Monthly Service Charge		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Auto Owners Insurance		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 15950 Bay Vista Drive Suite 140		Amount of Each Disbursement this Period 329.08
City Clearwater	State FL	
Zip Code 33758		
Purpose of Disbursement Liability Insurance		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Daphne Boyd		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 313 62nd Street		Amount of Each Disbursement this Period 20.00
City Holmes Beach	State FL	
Zip Code 34218		
Purpose of Disbursement Auto Expenses		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	419.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Henry Lawrence for Congress

Full Name (Last, First, Middle Initial) A. City of Palmetto		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 516 8th Avenue, West		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4198
City Palmetto	State FL	
Zip Code 34221	Purpose of Disbursement Water Deposit	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Florida AFL-CIO		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 135 South Monroe Street		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4210
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Candidate Reception	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Florida Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 500 South Bronough Street Room 316, R.A. Gray Bldg.		Amount of Each Disbursement this Period 10440.00 Transaction ID : SB17.4195
City Tallahassee	State FL	
Zip Code 32399-0250	Purpose of Disbursement Filing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11040.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Henry Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Oriental Village Restaurant, Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014		
Mailing Address 2907 27th Avenue, West			Amount of Each Disbursement this Period 2000.00		
City Bradenton	State FL	Zip Code 34205	Transaction ID : SB17.4214		
Purpose of Disbursement Rent Deposit		Category/ Type 001			
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) B. Sarasota Herald Tribune			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014		
Mailing Address 1741 Main Street			Amount of Each Disbursement this Period 1200.00		
City Sarasota	State FL	Zip Code 34236	Transaction ID : SB17.4208		
Purpose of Disbursement Digital Marketing		Category/ Type 004			
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) c. Montie Suarez			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 5722 Olive Avenue			Amount of Each Disbursement this Period 425.00		
City Sarasota	State FL	Zip Code 34231	Transaction ID : SB17.4193		
Purpose of Disbursement Consulting Fees		Category/ Type 001			
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3625.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Henry Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Montie Suarez			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 5722 Olive Avenue			Amount of Each Disbursement this Period 250.00		
City Sarasota	State FL	Zip Code 34231	Transaction ID : SB17.4194		
Purpose of Disbursement Automobile Expenses		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Montie Suarez			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 5722 Olive Avenue			Amount of Each Disbursement this Period 425.00		
City Sarasota	State FL	Zip Code 34231	Transaction ID : SB17.4199		
Purpose of Disbursement Consulting Fees		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Montie Suarez			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 5722 Olive Avenue			Amount of Each Disbursement this Period 50.00		
City Sarasota	State FL	Zip Code 34231	Transaction ID : SB17.4200		
Purpose of Disbursement Auto Expenses		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	725.00
TOTAL This Period (last page this line number only).....	15809.33

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4146

Henry Lawrence for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Henry Lawrwnce

Primary

General

Other (specify) ▼

Mailing Address

2110 2nd Avenue, East

City

State

ZIP Code

Palmetto

FL

34221

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 01 /

Y 2014 Y

M M /

D D /

Y 5/1/2015 Y

5.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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 This Page (optional).....

10000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Henry Lawrence for Congress** Transaction ID : **SC/10.4165**

LOAN SOURCE Full Name (Last, First, Middle Initial) Henry Lawrwnce	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2110 2nd Avenue, East		

City	State	ZIP Code
Palmetto	FL	34221

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 04 / 2014	5/1/2014	5.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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 This Page (optional).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Henry Lawrence for Congress** Transaction ID : **SC/10.4172**

LOAN SOURCE Full Name (Last, First, Middle Initial) Geneva Presha	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2110 2nd Avenue, East	

City	State	ZIP Code
Palmetto	FL	34221

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 06 / 2014	5/1/2015	5.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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 This Page (optional).....	2500.00
TOTALS This Period (last page in this line only).....	13500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.