

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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 / 11

D D / 04

Y Y Y Y / 2014

in the State of

FL

5. Covering Period

M M / 10

D D / 16

Y Y Y Y / 2014

through

M M / 11

D D / 24

Y Y Y Y / 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 / 12

D D / 01

Y Y Y Y / 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

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))....	11975.00	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)).....	11975.00	3519.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12484.19	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)).....	12484.19	16846.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	669.30	
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).....	25400.00	

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).....	2800.00	1750.00
(ii) Unitemized.....	5575.00	1769.00
(iii) TOTAL of contributions from individuals ▶	8375.00	3519.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3600.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11975.00	3519.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	11000.00
(b) All Other Loans.....	0.00	2500.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	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)..... ▶	11975.00	17019.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12484.19	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) ►	12484.19	16846.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1178.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11975.00
25. SUBTOTAL (add Line 23 and Line 24).....	13153.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12484.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	669.30

**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 19
	<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	

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NAME OF COMMITTEE (In Full)
Henry Lawrence for Congress

A. Full Name (Last, First, Middle Initial)
Morris Bradshaw

Mailing Address 82 Steuben Bay

City Alameda State CA Zip Code 94502

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

Name of Employer Oakland Raiders Occupation Community Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.4828

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
George & Suzanne Dickie

Mailing Address 1700 3rd Avenue, West, Apt. 813

City Bradenton State FL Zip Code 34205

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.4827

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5557 Kosteli Place

City Sarasota State FL Zip Code 34238

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11AI.4757

Amount of Each Receipt this Period
250.00

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

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

1500.00

**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 19
	<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	

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NAME OF COMMITTEE (In Full)
Henry Lawrence for Congress

Full Name (Last, First, Middle Initial) A. Louis Robison		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 3935 Trentwood Place		Transaction ID : SA11AI.4733	
City Sarasota	State FL	Zip Code 34243	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Carolee Villapiano		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 210 Oakhurst Road		Transaction ID : SA11AI.4712	
City Oakhurst	State NJ	Zip Code 07755	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Carolee Villapiano		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 210 Oakhurst Road		Transaction ID : SA11AI.4853	
City Oakhurst	State NJ	Zip Code 07755	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	2800.00

**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 19
	<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)
SCOTT FOR CONGRESS

Mailing Address POST OFFICE BOX 251

City State Zip Code
NEWPORT NEWS VA 23607

FEC ID number of contributing federal political committee. **C** C00256925

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11C.4825

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11C.4818

Amount of Each Receipt this Period
2500.00

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

Mailing Address 4207 128th Street, West

City State Zip Code
Cortez FL 34215

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

Name of Employer Occupation
Chiles Group Chief Financial Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11C.4819

Amount of Each Receipt this Period
100.00

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

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

3600.00

3600.00

**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 19	
	<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. American Technology Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 307 South Pickett Street		Amount of Each Disbursement this Period 375.00 Transaction ID : SB17.4864
City Alexandria State VA Zip Code 22304	Purpose of Disbursement Robocalling 001 Category/Type	
Candidate Name Henry Lawrence for Congress		Office Sought: <input checked="" 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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 16	

Full Name (Last, First, Middle Initial) B. Authorize.Net		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address P.O.Box 8999		Amount of Each Disbursement this Period 63.50 Transaction ID : SB17.4869
City San Francisco State CA Zip Code 98128	Purpose of Disbursement Service charges 001 Category/Type	
Candidate Name Henry Lawrence for Congress		Office Sought: <input checked="" 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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 16	

Full Name (Last, First, Middle Initial) c. Florida Power & Light		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2344 12th Street		Amount of Each Disbursement this Period 236.94 Transaction ID : SB17.4788
City Sarasota State FL Zip Code 34237	Purpose of Disbursement Electric bill 001 Category/Type	
Candidate Name Henry Lawrence for Congress		Office Sought: <input checked="" 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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 16	

SUBTOTAL of Disbursements This Page (optional).....	675.44
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 19
	<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. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 448 South Hill Street, Suite 200		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.4860
City San Francisco State CA Zip Code 90013	Purpose of Disbursement Service charges 001 Category/Type	
Candidate Name Henry Lawrence for Congress		
Office Sought: <input checked="" 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: FL District: 16		

Full Name (Last, First, Middle Initial) B. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 448 South Hill Street, Suite 200		Amount of Each Disbursement this Period 62.37 Transaction ID : SB17.4872
City San Francisco State CA Zip Code 90013	Purpose of Disbursement Service charges 001 Category/Type	
Candidate Name Henry Lawrence for Congress		
Office Sought: <input checked="" 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: FL District: 16		

Full Name (Last, First, Middle Initial) c. Terry Rhodes		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 4936 Nutmeg Avenue		Amount of Each Disbursement this Period 430.00 Transaction ID : SB17.4769
City Sarasota State FL Zip Code 34231	Purpose of Disbursement Equipment rental & booking fee 003 Category/Type	
Candidate Name Henry Lawrence for Congress		
Office Sought: <input checked="" 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: FL District: 16		

SUBTOTAL of Disbursements This Page (optional).....	612.37
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 19	
	<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. Sarasota Herald Tribune		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1741 Main Street		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4783
City Sarasota	State FL	
Zip Code 34236	Purpose of Disbursement October internet advertising	Category/ Type 004
Candidate Name Henry Lawrence for Congress	Office Sought: <input checked="" 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: FL District: 16	

Full Name (Last, First, Middle Initial) B. Sarasota Herald Tribune		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1741 Main Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4857
City Sarasota	State FL	
Zip Code 34236	Purpose of Disbursement Digital advertising	Category/ Type 004
Candidate Name Henry Lawrence for Congress	Office Sought: <input checked="" 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: FL District: 16	

Full Name (Last, First, Middle Initial) c. Montie Suarez		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 5722 Olive Avenue		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4770
City Sarasota	State FL	
Zip Code 34231	Purpose of Disbursement Consulting fee	Category/ Type 001
Candidate Name Henry Lawrence for Congress	Office Sought: <input checked="" 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: FL District: 16	

SUBTOTAL of Disbursements This Page (optional).....	1700.00
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 19			
	<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 10 / 31 / 2014
Mailing Address 5722 Olive Avenue		Amount of Each Disbursement this Period 979.99 Transaction ID : SB17.4858
City Sarasota State FL Zip Code 34231	Purpose of Disbursement Consulting fees 001 Category/Type	
Candidate Name Henry Lawrence for Congress		
Office Sought: <input checked="" 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: FL District: 16		

Full Name (Last, First, Middle Initial) B. Montie Suarez		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5722 Olive Avenue		Amount of Each Disbursement this Period 2090.00 Transaction ID : SB17.4865
City Sarasota State FL Zip Code 34231	Purpose of Disbursement Consulting fees 001 Category/Type	
Candidate Name Henry Lawrence for Congress		
Office Sought: <input checked="" 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: FL District: 16		

Full Name (Last, First, Middle Initial) c. Tempo News		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address P.O. Box 3243		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4773
City Sarasota State FL Zip Code 34230	Purpose of Disbursement Advertising 004 Category/Type	
Candidate Name Henry Lawrence for Congress		
Office Sought: <input checked="" 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: FL District: 16		

SUBTOTAL of Disbursements This Page (optional).....	4069.99
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 12 OF 19			
	<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. Universal Business Systems		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 5326 West Crenshaw Street		Amount of Each Disbursement this Period 958.50 Transaction ID : SB17.4787
City Tampa State FL Zip Code 33634	Purpose of Disbursement 400 yard signs & spikes 001 Category/Type	
Candidate Name Henry Lawrence for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: FL District: 16		

Full Name (Last, First, Middle Initial) B. Universal Business Systems		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 5326 West Crenshaw Street		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4866
City Tampa State FL Zip Code 33634	Purpose of Disbursement Yard signs & spikes 004 Category/Type	
Candidate Name Henry Lawrence for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: FL District: 16		

Full Name (Last, First, Middle Initial) c. Universal Business Systems		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 5326 West Crenshaw Street		Amount of Each Disbursement this Period 1305.40 Transaction ID : SB17.4867
City Tampa State FL Zip Code 33634	Purpose of Disbursement Yardsigns & spikes 004 Category/Type	
Candidate Name Henry Lawrence for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	
State: FL District: 16		

SUBTOTAL of Disbursements This Page (optional).....	2963.90
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 13 OF 19			
	<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. Universal Business Systems		Date of Disbursement
Mailing Address 5326 West Crenshaw Street		M M / D D / Y Y Y Y 11 / 04 / 2014
City Tampa State FL Zip Code 33634	Purpose of Disbursement 4x4 signs	Amount of Each Disbursement this Period 1498.00
Candidate Name Henry Lawrence for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4868
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 16	Category/Type 004

Full Name (Last, First, Middle Initial) B. Universal Business Systems		Date of Disbursement
Mailing Address 5326 West Crenshaw Street		M M / D D / Y Y Y Y 11 / 05 / 2014
City Tampa State FL Zip Code 33634	Purpose of Disbursement Signage or campaign bus	Amount of Each Disbursement this Period 629.16
Candidate Name Henry Lawrence for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4870
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 16	Category/Type 004

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2127.16
TOTAL This Period (last page this line number only).....	12148.86

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 Lawrence

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:

05

01

2014

5/1/2015

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

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/10.4165

Henry Lawrence for Congress

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

[PERSONAL FUNDS]

Election: 2014

Henry Lawrence

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

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

04

2014

5/1/2014

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)..... ▶

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

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/10.4276

Henry Lawrence for Congress

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

[PERSONAL FUNDS]

Election: 2014

Henry Lawrence

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:

07

01

2014

11/30/14

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/10.4337**

LOAN SOURCE Full Name (Last, First, Middle Initial) Henry Lawrence	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
700.00	0.00	700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 06 / 2014	11/30/2014	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).....	700.00
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).....	▶	[]

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/10.4324**

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

Mailing Address
 2110 2nd Avenue, East

Election: 2014
 Primary
 General
 Other (specify) ▼

City State ZIP Code
 Palmetto FL 34221

Original Amount of Loan 1200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1200.00
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TERMS

Date Incurred: M 07 / D 05 / Y 2014
 Date Due: M / D / Y 11/30/2014
 Interest Rate: 5.00 % (apr)
 Secured: 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).....	▶	1200.00
TOTALS This Period (last page in this line only).....	▶	25400.00

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