

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2013 NOV 27 AM 10:46  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5 **FEC MAIL CENTER**

BRENDA LAWRENCE FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 3060

(Check if address  
is changed)

SOUTHFIELD

CITY ▲

MI

STATE ▲

48037

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

BRENDALAWRENCEFORCONGRESS@GMAIL.COM

Optional Second E-Mail Address

M

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

WWW.BRENDALAWRENCE.COM

2. DATE

11 / 26 / 2013

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sharon Baseman

Signature of Treasurer

Sharon Baseman

Date

11 / 26 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

13031141925

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate BRENDA LAWRENCE

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State MI District 14

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

CHRISTINE JENSEN

Mailing Address

21515 MEADOW LANE

BEVERLY HILLS

MI

48025

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

248-631-8648

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Sharon Baseman

Mailing Address

13320 WALES AVE

Huntington Woods

MS

48070-1725

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

248-631-8648

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Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

MICHIGAN FIRST CREDIT UNION

Mailing Address

27000 EVERGREEN ROAD

LATHRUP VILLAGE

MI

48076-0550

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

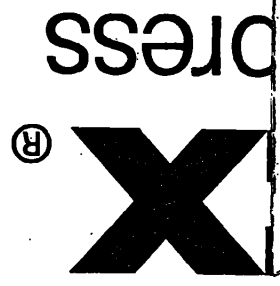
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Extremely Urgent

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1 From  
Date 11/26/13  
Sender's Name Brenda Lawrence Phone 248 212 5837  
Company Brenda Lawrence for Congress  
Address 20580 Wayland  
City Southfield State MI ZIP 48076

2 Your Internal Billing Reference  
3 To  
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Company Federal Election Commission  
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FedEx Box  
FedEx Tube  
Other

6 Special Handling and Delivery Signature Options  
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Direct Signature  
Indirect Signature  
Does this shipment contain dangerous goods?  
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Recipient  
Third Party  
Credit Card  
Cash/Check  
Total Packages Total Weight 1 0.19 lbs.  
Credit Card Auth. 644

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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*11/26/13*  
Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

*DAE*  
 PREPARER *11/27/13*  
 DATE PREPARED

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