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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Lawlor, Carrie, , ,

(b) Address (number and street) ☐ Check if address changed
7677 Hoffy Circle

2. Candidate's FEC Identification Number
H2FL21181

(c) City, State, and ZIP Code
Lake Worth FL 33467

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
House

6. State & District of Candidate
FL 22

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
FRIENDS OF CARRIE LAWLOR CORP

(b) Address (number and street)
7677 HOFFY CIRCLE

(c) City, State, and ZIP Code
LAKE WORTH FL 33467

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

Signature of Candidate
Lawlor, Carrie, Elizabeth, , ***[Electronically Filed]***

Date
06/17/2022

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