Image# 201803199096592219

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Lawrence, Derickson, K, ,

(b) Address (number and street) ☐ Check if address changed
149 Esplanade

2. Candidate's FEC Identification Number
H6NY16132

(c) City, State, and ZIP Code
Mount Vernon NY 10553

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

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
DEMOCRATIC PARTY	House	NY 16

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (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)
DERICKSON K FOR CONGRESS

(b) Address (number and street)
PO BOX 243

(c) City, State, and ZIP Code
BRONXVILLE NY 10708

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	Date
Lawrence, Derickson, K, , ***[Electronically Filed]***	03/19/2018

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