

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED  
FEC MAIL ROOM

APR 15 2 06

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

123456789

JOHN LAWRENCE FOR CONGRESS

ADDRESS (number and street)

PO BOX 406

(Check if address is changed)

PULTISBURG

TX

75486

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

lawrence@lakecountry.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

JohnLawrenceForCongress.org

2. DATE

04 01 2002

3. FEC IDENTIFICATION NUMBER

0

to be assigned

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

Patricia Pickard

Signature of Treasurer

*Patricia Pickard*

Date

04 01 2002

NOTE: Submission of false, erroneous, or misleading information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-692-1100

FEC FORM 1  
(Revised 1/01)

FEARMS000

2002 APR 15 10 52 AM

5. TYPE OF COMMITTEE (Check One)

- (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

Candidate Party Affiliation

Office Sought

House

Senate

President

State

District

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

Name of Candidate

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

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization

- 
- 
- 
- 

Corporation

Membership Organization

- 
- 
- 

Corporation with Capital Stock

Trade Association

- 
- 

Labor Organization

Cooperative

Write or Type Committee Name

John Lawrence for Congress

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 MARY ELLEN LAURENCE

Mailing Address PO BOX 406

PITTSBURGH PA 15684

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 903-856-1761

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 PATRICIA PICKARD

Mailing Address PO BOX 406

Pittsburgh PA 15684

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 903-856-5411

Full Name of Designated Agent Mary Ellen Lawrence

Mailing Address PO BOX 406

Pittsburgh PA 15684

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 903-856-1761

2025 RELEASE UNDER E.O. 14176

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.

Pilgrimage Bank

Mailing Address

237 Jefferson Street

PO Box 1209

Pittsburgh

PA

15206

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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*EW*  
PREPARER

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