

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2014 JUN 20 AM 11:35  
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

LAWRENCE FOR CONGRESS

ADDRESS (number and street)

PO BOX 7021

(Check if address  
is changed)

NASHUA

NH

03060

-7021

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

JLAWRENCE@LAWRENCEFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

WWW.JIMLAWRENCEFORCONGRESS.COM

2. DATE

06 / 16 / 2014

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 KIMBERLY LAWRENCE

Signature of Treasurer

Date

06 / 16 / 2014

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.

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

FEC FORM 1  
(Revised 02/2009)

14031250383

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 JIM LAWRENCE

Candidate Party Affiliation REP Office Sought:  House  Senate  President State NH District 02

- (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

LAWRENCE FOR CONGRESS

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

KIMBERLY LAWRENCE

Mailing Address

PO BOX 7021

NASHUA

NH

03060

-7021

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

781

-558

-3925

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

KIMBERLY LAWRENCE

Mailing Address

PO BOX 7021

NASHUA

NH

03060

-7021

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

781

-558

-3925

14031250385

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

CITIZENS BANK

Mailing Address

[Grid for Mailing Address: 71 LOWELL RD, HUDSON, NH, 03051]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

14031250386

DURHAM, NH  
03824  
JUN 19 2014  
AMOUNT

\$19.99  
00036033-03



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POSTAL SERVICE

1007

14031250387

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PO Box 7021  
Nashua, NH 03060-7021

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**TO:** (PLEASE PRINT)  
PHONE (800) 424-4530  
Federal Election Commission  
999 E Street, NW  
Washington D.C. 20463

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Time Accepted 1:11	10:30 AM Delivery Fee \$	Total Postage & Fees \$ 19.99	
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 PREPARER  
 (8/2013)

6/20/14  
 DATE PREPARED

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