

FEC FORM 2

STATEMENT OF CANDIDACY

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 FEC MAIL CENTER
 2015 APR 20 PM 7:58

1. (a) Name of Candidate (in full) Nathan Martin Lawrence		2. FEC Candidate Identification Number HNY05098
(b) Address (number and street) <input type="checkbox"/> Check if address changed 20 Lake Street Apt:48		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended
(c) City, State, and ZIP Code Massapequa, New York 11758		6. State & District of Candidate New York, 05
4. Party Affiliation Democratic	5. Office Sought House	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

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

(a) Name of Committee (in full)
Nate Lawrence for Congress

(b) Address (number and street)
20 Lake Street Apt: 48

(c) City, State, and ZIP Code
Massapequa, NY 11758

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

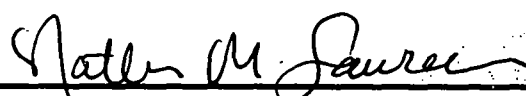
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
Friends for Nate Lawrence

(b) Address (number and street)
40 Broadway Apt: D4

(c) City, State, and ZIP Code
Amityville, NY 11701

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

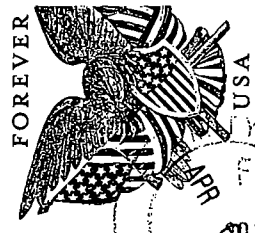
Signature of Candidate 	Date APRIL 6, 2015
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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NATHAN M LAWRENCE
20 Lake Street, Apt 48
Massapequa, NY 11758

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked <i>4/6/15</i>	<i>4/20/15</i>
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JB</i>	<i>4/20/15</i>
PREPARER	DATE PREPARED

FORM 1001-0001