

# FEC FORM 2

## STATEMENT OF CANDIDACY

SECRETARY OF THE FNA  
17 MAY 2018 PH 3:08

1. (a) Name of Candidate (in full) <b>Mr. Robert Lawrence</b>		a.k.a. <b>Bobby Lawrence</b>	
(b) Address (number and street) <b>6576 Marsh Road</b>		2. FEC Candidate Identification Number	
(c) City, State, and ZIP Code <b>Waynesboro, PA 17268 - 9039</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <b>Republican</b>	5. Office Sought <b>Senate</b>	6. State & District of Candidate <b>PA 00</b>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) <b>Bobby Lawrence for US Senate</b>
(b) Address (number and street) <b>6576 Marsh Road</b>
(c) City, State, and ZIP Code <b>Waynesboro, PA 17268</b>

### 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>None at this time</b>
(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 <b>4/25/2017</b>
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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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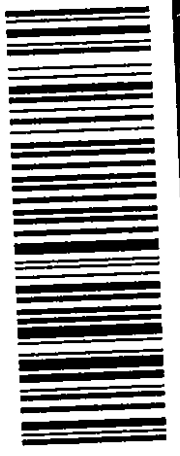
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FIRST CLASS

FIRST CLASS

Robert Lawrence  
6576 Marsh Road  
Waynesboro, PA 17268

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WAYNESBORO, PA  
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Washington, DC 20013-7578

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# United States Senate

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OFFICE OF PUBLIC RECORDS

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USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

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USPS EXPRESS MAIL \_\_\_\_\_  
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OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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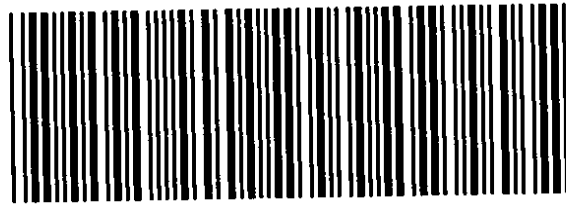
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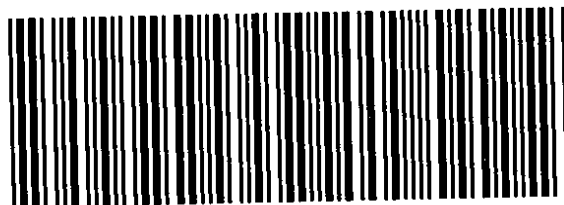
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PREPARER HB DATE PREPARED 5/8/17

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