Image# 202506269762544705 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Lawrence, Diana, Lynne, ,							
	(b) Address (number and street) 719 N. 9th St	□Che	ck if address	s changed		Candidate's FEC Identification Number     H6AR03136		
	(c) City, State, and ZIP Code					3. Is This New Amended		
	Van Buren		AR	7295	5	Statement X (N) OR (A)		
4.	Party Affiliation	5. Office Sought				rict of Candidate		
	DEMOCRATIC PARTY	House			AR	03		
	DE	SIGNATION	OF PRIM	NCIPAL	CAMPAIG	N COMMITTEE		
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)							
	NOTE: This designation should be f	iled with the appr	opriate office	e listed in th	ne instructions.			
	(a) Name of Committee (in full)							
	DIANA LAWRENCE	FOR CON	GRESS					
	(b) Address (number and street)							
	719 N. 9TH ST							
	(c) City, State, and ZIP Code							
	VAN BUREN				AR	72956		
	DE	CICNIATION	OF OT11		THODIZED	COMMITTEES		
	DE			_	I <b>HORIZED</b> g Representativ	COMMITTEES  es)		
8.	I hereby authorize the following name candidacy.	ned committee, w	hich is NOT	my principa	al campaign cor	nmittee, to receive and expend funds on behalf of my		
	NOTE: This designation should be for	iled with the princ	ipal campaig	gn committe	e.			
_	(a) Name of Committee (in full)							
	(a) Name of Committee (in rail)							
	(b) Address (number and street)							
	(a) Oite Otata and ZID Oada							
	(c) City, State, and ZIP Code							
		mined this Stater	nent and to t	he best of i	my knowledge a	and belief it is true, correct and complete.		
Signature of Candidate					Date			
Lawrence, Diana, Lynne, ,					06/26/2025			
_								
NO	DTE: Submission of false, erroneous,	or incomplete in	formation ma	ay subject t	ne person signir	ng this Statement to penalties of 2 U.S.C. §437g.		
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NO	DTE: Submission of false, erroneous,	or incomplete int	formation ma	ay subject t	ne person signir	ng this Statement to penalties of 2 U.S.C. §437g.		

FEC FORM 2 (REV. 02/2009)