×	Yes	ependent child	oilities of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liabiunless you have first consulted with the	arned" incorr ss you have t	er assets, "une wer "yes" unle	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	
×	Yes 🔲	not be	excepted trusts" need nent child?	ics and certain other "(	nittee on Ethi ting you, you	d by the Comr	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	
S	QUESTION	OF THESE	NSWER EACH OF THESE QUESTIONS	RMATION — AN	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	l per
	response.	each "Yes" r	dule attached for each "Yes" response.	appropriate sche	and the	e answered	Each question in this part must be answered and the appropriate scheme	
× ×	Yes 🔲	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive compensation of rasingle source in the two prior years? If yes, complete and attach Schedul	<b>№</b>	Yes X	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.	
Š	Yes X	rrangement	<ul> <li>V. Did you have any reportable agreement or arrangement with an outside entity?</li> <li>If yes, complete and attach Schedule V.</li> </ul>	V. Did you have any reportable agreemer with an outside entity?  If yes, complete and attach Schedule V.	8 	Yes X	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	
§	Yes 🔀	before the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any re of filing in the current of filing in the current of the yes, complete and a	No X	Yes 🔲	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.	
			G)	ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWE	-
who files	against any individual w more than 30 days late.	against any more than 3	Amendment	I 1		Office:		
ssessed	A \$200 penalty shall be assessed	A \$200 pen	Check if	on: //-4-/4	Date of	RIDA	ŀ	
	(Office Use Only)	[ [ ]						- 1
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: CENTER	2014 MAY 22 PM 12: 29	2014.1	s and new employees	For use by candidates		2014	Period covered: January 1, 2013 - APRIL 20,	T I
Page 1 of 4	Page 1 of _ LEGISI ATIVE RESOURCE COLUMN	LEGISI	M B	FORM B		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES	
<b>S</b>		<b>*</b>					5 · · · · · · · · · · · · · · · · · · ·	

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TILLIAN ENERGY W.	MISSION VILLAS ASSOC.	HONAY LAW EDICE COMPANY	NETURE EAFE.	PLD EQUITIES	BANK OF AMERICA	1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was restal	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic togeton in Riock A	rrovide complete names or stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	BLOCK A Asset and/or Income Source
.6	SX	Carrie	/WOEX		-2-	(Y accounts			posits total- or savings or income n, including n asset or or depen- pouse (JT), puirements,	ing second	d business of the busi- geographic	as funds us 401(k) d in the estment, on, e.g.,		urce
		ㅂ		ļ	-	╀	<u> </u>	<u> </u>	None		<u>&gt;</u>	It an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	
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	-	+	<del> </del>	<del>                                     </del>		╊	Indefinite	×	\$50,001 <b>-</b> \$100,000			ous dia wa	ilue Exit	<u>≨</u>
X		-				×	•		\$100,001 \$250,000			e of cor	# H = 9	BLOCK B Value of Asset
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									\$5,000,001 - \$25,000,000		_	n de le bre	ose valu et v	**
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									Spouse/DC Asset over \$1,000,000*		Z	- • •		
								X	NONE			다 # # # # # # # # # # # # # # # # # # #	et in Market	
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		×	<u> </u>	×	×	١×	<u> </u>		INTEREST			repo	S DY B DEL	BLOCK C
		<u> </u>	ļ	L	ļ	L	<u> </u>		CAPITAL GAINS		·····	rting	nns ount ch that	<b>₹</b> Š
						<u> </u>	<u> </u>	<u> </u>	EXCEPTED/BLIND TRUST			inn. E	that s th sose ger uch	<b>සු</b> රි
		ļ				L	_		TAX-DEFERRED			"Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) that generate tax-deferred income (such as 401(k)).	BLOCK C  Type of Income
						ı	Royalties		Other Type of Income			dends, even dis- dis- 'None"	beci te ta	Ø
		1	ļ	ļ	ļ	↓_	Š		(Specify: e.g., Partnership Income or Farm In	come)		ल <b>ब</b> ्र <b>ण ॥ इ</b> न्	S 7 7 7 9	
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<u> </u>	<u></u>	<b></b>	ļ	<b> </b>	ļ	<b> </b>	-	Н	\$5,001 - \$15,000	≤	Current Year	* This column is for incomspouse or dependent child.	<b>18</b>	
<b> </b> -		<del> </del>	<del> </del>	<b>.</b>	-	╂	-	$\vdash$	\$15,001 <b>-</b> \$50,000	≦ ≦ X	┨┋	l for for	<b>18,</b> 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	
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<u> </u>		<b>†</b>			<b></b>	╁	<del>                                     </del>		Spouse/DC Income over \$1,000,000*	¥	1	eri co		팔쬬
		×	l .			٢	-		None	<del>_</del>	1	/ed	A	BLOCK D
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					<b>  `</b>			×	\$201 - \$1,000	=	1 -	T S O	Defi sse s b	ğ
	×	†	<b> </b>		<b> </b>	t		Н	\$1,001 - \$2,500		Preceding Year	arn	erre elov	ne e
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									Spouse/DC Income over \$1,000,000*	≚		<u> </u>	はなれば	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name HENRY LAWRENCE

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This page may be copied if more space is required.

## SCHEDULE III — LIABILITIES

Name HENRY LAWRENCE

Page 4 of S

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

								Amount of Liability	nt of L	iabilit			
D SP	Creditor	Date Liability	Type of Liability	>	В	ဂ	0	TT .			11		ョ ス
ŢŢ,		mo/year	lypo or Liavinty	\$10,001 \$15,000	\$15,001— \$50,000	\$50,001— \$100,000 \$100,001—	\$250,000 \$250,001—	<b>\$500,000</b> \$500,001—	\$1,000,000 <b>\$1,000,00</b> 1	\$5,000,000 \$5,000,001	\$25,000,00 \$25,000,00 \$50,000,00	Over \$50,000,00	Spouse/DC Liability ove \$1,000,000
	Example:   First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×	H					
	LAKELAND REGIONAL MEDICAL AND 13 MEDICAL BILLS	A44 1/3	MEDICAL BILLS		×								
	U.S. TREASURY	482 111	FEDELAL INCOME THY )										
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	U.S. TREASURY	AAC 14	ARE 14 FEDERAL INCOME TAX)										

## **SCHEDULE IV — POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

	 			_
	DIRECTOR	DIRECTOR	Position	and positions solely of an nonorary nature.
	FATHER KEZAR'S EXEDING DOORS FOUNDATION	MANATEE CHILDREN'S SERVICES	Name of Organization	ature:

## SCHEDULE V — AGREEMENTS

Name HONAY LAWRENCE

Page S of S

	1987 NATIONAL FESTIBALL LEAGUE	Date Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; effit plan maintained by a former employer.
	ASISIAN - SMESIAL	Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

## SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2013

78-995 (mac)