Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 8000661 Report Filed By: CANDIDATE COMMITTEE LOBBYIST																
Name of Filing C	Committee, Candid	ate or L	obbyist:		LAW	/REI	NCE C	OUNTY	REPUBI	LICAN	COMM	ITTEE				
Street Address:	3015 WILMIN	GTON R	.OAD													
City:	NEW CASTLE					State:				PA			ie: 16	5105		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2. X	30 DA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA		POST-	6.		TERMINA REPORT		No	~	
report type)	ANNUAL REPORT	7.	Year 2014					NG METH CHECK C				PAPER		/	DISKE	ГТЕ
Name of Office S	Sought by Candida	te:	-					DATE ()F ELE	CTIC)N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	Y	EAR	Number	code			Code
								11		4	2014	4 (SEE INSTRUCTIONS FOR CODES				
	Receipts and	МО	DAY	YEAR	ł			мо	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	penditures from: 4 1 2014 TO 5 5 2								2014							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			20,	312.52					
B. Total Monetary Contributions And Receipts (From Schedul								\$ 0.00								
C. Total Funds Available (Sum Of Lines A and B)							\$			20,	312.52					
D. Total Expenditures (From Schedule III)							\$			1,	744.00					
E. Ending Cash Balance (Subtract Line D From Line C)							\$			18,5	68.52					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II	()	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1		
				AFF	IDA	\VI	T SE	CTION								
	s a Committee rep	•	=													
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edule	s file	d on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this day of	i	20								Signature	of Perso	n Submit	ting Rep	ort	
			<u> </u>				- -					Prin	ted Nam	e		
My Commission Ex	Signatu cpires	re										Ema	il			
	мо	D	AY	YR			_		Ar	ea Co	le	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	polit	tical	comm	ittee has ı	not viola	ited ar	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of						-					Printa	d Name			
	Signature						-									
My Commission Exp	_										_	Ema	il	_	_	
	МО	D	AY	YR	l		-		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	ı			
Name of Filing Committee or Candidate	Reporting	g Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	4/1/201	<u>4</u> To:	5/5/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
				1
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting				
			From:			:	
		L		DATE			AMOUNT
Full Name of Contributing	Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filling Committee of Candidate			Rep					
			Fro	m:		To):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Can	didate			Rep	orting Pe	riod			
				Froi	m:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	,			Occupa	tion	•	•	
Employer Mailing Address/Princi Business	pal Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	n Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE TOTAL
								•	0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	Section				\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>4/1/2014</u> To:	<u>5/5/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Cind C	Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period						
LAWRENCE COUNTY REPUBLIC	CAN COMMITTEE		From	<u>4/</u>	1/2014	То:	5/5/2014			
		,		DATE		AMOUNT				
To Whom Paid LAWRENCE COUNTY FARM SHO	OW INC		МО	DAY	YEAR					
Mailing Address 464 MIDWA	Y ROAD		4	12	2014	\$	400.00			
City NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure							
NEW GNOTES	PA 16101					SPACE AT LAWRENCE COUNTY FAIR				
To Whom Paid NEWAGE GRAPHICS				DAY	YEAR					
Mailing Address 1031 BUTLE	ER AVENUE		4	12	2014	\$	424.00			
City NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure							
5.5	PA	16101	BANNERS FOR LINCOLN DAY BREAKFAST							
To Whom Paid COMMERCIAL PRINTING	·		МО	DAY	YEAR					
Mailing Address 2414 WILM	INGTON ROAD		4	30	2014	\$	920.00			
City NEW CASTLE	State	Zip Code (Plus 4)	Descrir	tion of Exp	l enditure	<u> </u>				
- INLW CASILL	PA	16105		FOR REPU						
	<u>'</u>						PAGE TOTAL			
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D).			.	1 744 00			

1,744.00