Campaign Finance Report

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

Filer Identificati Number :	ion 8000	0661			Repo Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	late or Lo	bbyist:		LAWRE	INCE	CC	OUNTY R	EPUBL	ICAN		1ITTEE					
Street Address:	3015 WILMIN	IGTON RO	DAD														
City:	NEW CASTLE						9	State:	PA			Zip Coo	le: 16	105			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE	- 2.		DAY IMAI		POST-	3. X		AMENDMENT REPORT?		Yes	No)	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTIO					POST- 6.			TERMINATION REPORT?		Yes	No)	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2014					G METHO				PAPER		\checkmark	DISK	TTE	
Name of Office S	bought by Candida	ite:						DATE O	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Cour	
							Ē	мо	DAY	YI	AR						
								11		4	2014]	(SEE INS	TRUCTI	ONS FOR	CODES	<i>)</i>
	Receipts and	мо	DAY	YEAR	2		I	мо	DAY	Y	EAR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		5 6	2	014	ТО		6		9	2014						
A. Amount Bro	ught Forward Fro	m Last Re	port				\$			18,0	068.12						
B. Total Monet	ary Contributions	And Rece	ipts (Fron	n Sche	dule I)		\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 18,068.12																	
D. Total Expen	ditures (From Sch	edule III)				\$			4,2	240.00						
E. Ending Cash	Balance (Subtrac	t Line D F	rom Line	C)			\$			13,8	828.12	-					
F. Value Of In-	Kind Contribution	s Receive	d (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	G (From So	chedule IV	()			\$				0.00						_
				AFF	IDAV	IT S	SEC	TION									
	s a Committee rep																
I swear (or affirm correct and complete) that this report, inc ete.	luding the	attached sc	hedule	s filed o	n pape	er o	r by electi	ronic m	edium	, are to f	the best o	f my know	/ledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me thi day of		20							S	Signature	e of Perso	n Submitt	ing Rep	ort		-
		ıre				_						Prin	ted Name				-
My Commission E	xpires											Ema	il				_
	мо	DA	Y	YR					Ar	ea Coo	le	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's a	uthorized	Comm	nittee,	Cand	lida	te shall	sign h	ere.							
I swear (or affirm) No 320) as amendo	that to the best of ı ed.	my knowled	dge and beli	ief this	politica	l com	nmit	tee has n	ot viola	ted ar	ıy provis	ions of the	e act of Ju	ine 3,1	937 (P.I	133	з,
Sworn to and subso	ribed before me this										s	ignature o	of Candida	te			-
	day of		20									Printe	d Name				-
	Signature					_											
My Commission Exp	-											Ema	il				
	мо	DA	Y	YR	2	_			Area	Code		Da	aytime Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed	a Summary Page				
Name of Filing Committee or Candidate		Reporting	Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE		From:	<u>5/6/201</u>	<u>4</u> To:	<u>6/9/2014</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per C	Contributor				
Т	OTAL for the Reporting	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
Т	OTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Pa	art D)				
Contributions Received From Political Committees (Part C))			\$	0.00
All Other Contributions (Part D)				\$	0.00
Τ·	OTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Check	cs, Etc . (From Part E)				
יד	OTAL for the Reporting	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Re totals from Boxes 1,2,3 and 4; also enter this amount on P				\$	0.00

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PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Re	Reporting Period				
	Fre	om:		То	:	
			DATE			AMOUNT
Full Name of Contributing Committee		мо	DAY	YEAR		
Mailing Address					\$	0.00
City State Zip Code (Plus	4)					
					Г	PAGE TOTAL

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

0.00

\$

PART B 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 Filing Committee or Candidat	e			orting P	eriod			
From: To:								
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Candidate			Reporting	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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 Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description					1	1		
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4			PAGE TOT	AL
Linter Granu Total of Part E		i Suillillai y Page,	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>5/6/2014</u> то:	<u>6/9/2014</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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting	Period					
	From:						
				DATE		АМС	DUNT
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 Sched Section 2.	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	5	0.00

SCHEDULE II PART G **IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00**

Name of Filing Committee or Candidate					Re	porting I	Period			
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		1			Occupa	tion			
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Descri	ption c	of Contribution
Enter Grand Total of Part G on Sch	nter Grand Total of Part G on Schedule II, In-Kind Contributions Det				taile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
LAWRENCE COUNTY REPUBLICAN COMMITTEE			From	<u>5/6</u>	<u>6/2014</u>	То:	<u>6/9/2014</u>
			DATE				AMOUNT
To Whom Paid NEW CASTLE NEWS			мо	DAY	YEAR		
Mailing Address 25 N. MERCER STREET			5	12	2014	\$	1,640.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure STATE COMMITTEE PERSON ADS				
To Whom Paid ELLWOOD CITY LEDGER			мо	DAY	YEAR		
Mailing Address 501 LAWRENCE AVENUE			5	12	2014	\$	1,600.00
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Description of Expenditure ADS FOR STATE COMMITTEE PEOPLE				
To Whom Paid CORBETT CAMPAIGN			мо	DAY	YEAR		
Mailing Address 8623 LEXINGTON PLACE			5	21	2014	\$	1,000.00
City WEXFORD	State PA	Zip Code (Plus 4) 15090	Description of Expenditure CORBETT FOR GOVERNOR				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	4,240.00