Campaign Finance Report

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

Filer Identificat Number :	tion	20140	C0770			Repor Filed I		CANDI	DATE	✓	СС	MMITTEE		LOBE	BYIST		
Name of Filing	Committee	e, Candida	ate or Lo	obbyist:		JOHN L	AWR	INCE									
Street Address	:																
City:								State:				Zip Code: 19390					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST- 3.		AMENDMENT REPORT?		Yes	N	C	\checkmark	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 D ELEC	AY I TION	POST-	6.		TERMINATION REPORT?		Yes	N	C	\checkmark
report type)	ANNUAL	REPORT	7.	Year 2014				NG METHO CHECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office	Sought by	Candidat	e:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	Cour Code	
REPRESENTAT								мо	DAY	YEA	R	13	STH	REP			
REPRESENTAT		E GENER	AL A551	EMDLT				11		4 2	2014		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	1		мо	DAY	YEA	R	FOI	R OFFIC	e use	ONLY		
Expenditure	s from:			9 16	2	014 1	0	10	2	0	2014						
A. Amount Bro	ought Forw	vard From	n Last Re	eport			\$				0.00						
B. Total Mone	tary Contri	ibutions A	And Rece	eipts (From	Sche	dule I)	\$	5	0.00								
C. Total Funds	s Available	(Sum Of	Lines A	and B)			\$	5			0.00						
D. Total Exper	nditures (F	rom Sche	dule III	[)			\$	5		1,10	1.76						
E. Ending Cas	h Balance ((Subtract	Line D	From Line (C)			5		(0.00	-					
F. Value Of In	-Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$	5		(0.00	-					
G. Unpaid Deb	ots And Ob	ligations	(From S	chedule IV)		\$	5			0.00						
					AFF	IDAVI	T SE	CTION									
PART I - If this		-	-	_							_						
I swear (or affirm correct and comp		eport, inclu	uding the	attached sci	nedules	s filed on	paper	or by elect	ronic me	dium, a	re to t	the best of	my know	ledge	and bel	ief , tr	ue,
Sworn to and sub	day of	ore me this		20						Sig	nature	e of Person	Submitti	ing Rep	oort		-
		Signatur	e				_					Printe	ed Name				-
My Commission I	Expires		-				_					Email					_
		мо	DA	Y	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		_
Part II- If this is	s a report	of a cand	idate's a	authorized	Comn	nittee, O	Candio	late shall	sign he	re.							
I swear (or affirm No 320) as amend		e best of m	y knowle	dge and beli	ef this	political	comn	nittee has n	ot violat	ed any j	provis	ions of the	act of Ju	ne 3,19	937 (P.	L. 133	з,
Sworn to and subs	cribed befor day of	e me this		20							s	ignature of	^F Candida	te			-
							_					Printed	l Name				-
My Commission Ex		Gignature					-					Email					-
	_						_										-
		мо	DA	AY .	YR				Area C	ode		Da	ytime Te	lephon	e Numl	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
JOHN LAWRENCE	From:	<u>9/16/201</u>	<u>4</u> To:	<u>10/20/2014</u>
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	g 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	g 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
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

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				orting I	Period				
					From: To:				
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								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 Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					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 Period					
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	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				orting Pe	riod			
From):		
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

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 Candidate			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Secti				4.			\$		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		
JOHN LAWRENCE	From:	<u>9/16/2014</u> то:	<u>10/20/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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				
, i i i i i i i i i i i i i i i i i i i			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address] \$	0.0)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

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

Name of Filing Committee or Candidate				porting I	Period		
						То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name o	of Filing Committee or Candidate	1		Reporti	ng Period					
JOHN L	AWRENCE			From	<u>9/1</u>	<u>5/2014</u>	То:	<u>10/20/2014</u>		
					DATE			AMOUNT		
To Who	m Paid			мо	DAY	YEAR				
POSTMA	ASTER									
Mailing	Address			10 2 2014 \$ 539.00						
City	OXFORD	State	Zip Code (Plus 4)	Description of Expenditure						
		РА	19363	POSTAG	GE					
To Who	m Paid			мо	DAY	YEAR				
POSTMA	ASTER									
Mailing	Address			10	20	2014	\$	98.00		
City	WEST GROVE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 19390			POSTAG	θE						
To Whom Paid				мо	DAY	YEAR				
STAPLES										
Mailing	Address			10	2	2014	\$	231.01		
City	KENNETT SQ	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		РА	19348	OFFICE	SUPPLIES					
To Who	m Paid			мо	DAY	YEAR				
STAPLE	S									
Mailing	Address			8	22	2014	\$	233.22		
City	NEWARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		DE	19702	OFFICE SUPPLIES						
To Who	m Paid			мо	DAY	YEAR				
PACK -	N - SHIP									
Mailing	Address			10	13	2014	\$	0.53		
City	WEST GROVE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		РА	19390	рното	COPIES					
To Who	m Paid			мо	DAY	YEAR				
GROWT	TH INC									
Mailing	Mailing Address			7	31	2014	\$	226.33		
City	City NEWARK State Zip Code (Plus 4)			4) Description of Expenditure						
	DE 19711			PRINTI	NG					
Fut-u 4								PAGE TOTAL		
Enter 6	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,328.09		

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