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 : | on 8000 | 661 | | | Rep File | | | CA | NDI | DATE | | СОМІ | AITTEE | Y | LUB | D1131 | | |
|--------------------------------|--|-----------|-----------------------|-----------|-------------|-----|----------|-----------|----------|-------|-------------|------------------|------------------------|----------------|--|------------|----------|----------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | , | LAW | REN | ICE C | OUN | TY R | EPUBL | ICAN | COMM | IITTEE | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | NEW CASTLE | | | | | | | State: PA | | | | | Zip Code: 16105 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | - 2 | 2. | 30 DA | | POST- 3. | | | AMENDM REPORT | | Yes | No | , | \ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | - 5 | 5. | 30 DA | | P | POST- | 6. X | | TERMINA REPORT | | Yes | No |) | \ |
| report type) | ANNUAL REPORT | 7. | Year 2015 | | | | | NG ME | | | | | PAPER | | $ \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | DISKE | TTE | |
| Name of Office S | - Sought by Candida | te: | | | | | | DAT | ΈO | F ELE | CTIC | N | District Number | Office Code | Pa | rty Code | Coun | |
| | | | | | | | | МО | | DAY | YI | AR | | | | | | |
| | | | | _ | | | | | 11 | , | 3 | 2015 | | (SEE IN | STRUCT | ONS FOR | CODES |) |
| Summary of Expenditures | Receipts and | МО | DAY | YEAR | | _ | _ | МО | | DAY | ΥI | EAR | FC | R OFFI | CE USE | ONLY | | |
| | | , | 10 20 | 20 | 015 | Т | 0 | | 11 | | 23 | 2015 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | | 6,4 | 491.92 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (Fron | n Sche | dule | I) | \$ | | | | | 70.00 | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | | 6,5 | 561.92 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | | \$ | | | | 6,5 | 61.92 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedu | le II) |) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule I\ | /) | | | \$ | | | | | 0.00 | | | • | | | _ |
| | | | | AFF | IDA | VI | ΓSE | CTI | NC | | | | | | | | | |
| I swear (or affirm) | s a Committee rep) that this report, inc | - | _ | | | | | | | | | _ | | f my knov | wledge | and beli | ef , tr | ue. |
| correct and comple | ete. scribed before me this | | | | | | | | | | | _ | | | _ | | | _ |
| | day of | • | 20 | | | | | | | | S | Signature | of Perso | n Submitt | ting Re | port | | |
| | Signatu | re | | | | | - | | | | | | Prin | ted Name |) | | | |
| My Commission Ex | · — | | | | | | _ | | , | | | | Ema | | | | | _ |
| | МО | | AY | YR | • | - | | | | | ea Coo | le | Daytim | e Teleph | one Nu | ımber | | ╣ |
| | a report of a cand | | | | | • | | | | _ | | v provis | ions of th | e act of li | una 3 1 | 037 (D I | 122 | |
| No 320) as amende | ed. | ny Kilowi | suge and ber | ici tilis | politi | cai | comm | ittee i | 143 11 | | teu an | iy provis | 10113 01 111 | e act of 5 | ane 3,1 | .557 (1.1. | 133. | <u>"</u> |
| SWORN TO AND SUBSC | ribed before me this day of | | 20 | | | | | | | | | S | ignature (| of Candida | ate | | | |
| | | | | | | | - | | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature pires | | | | | | - | | | | | | Ema | il | | | | - |
| | МО | D. | AY | YR | | | • | | | Area | Code | | D | aytime T | elepho | ne Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|--------------|------------|
| LAWRENCE COUNTY REPUBLICAN COMMITTEE | From: | 10/20/201 | <u>5</u> To: | 11/23/2015 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 70.00 |
| 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 | 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 | Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | J Period | (4) | \$ | 0.00 |
| | · | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 70.00 |

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 | | | | Period | | |
|---------------------------------------|-------|-------------------|------|--------|------|----------------|
| | | F | rom: | | То | : |
| | | · | | 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.

PAGE TOTAL
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)

| (EXCID | ac contributions from | in ponticui comin | 1000 | CS I C | por teu | in raic | ~ <i>)</i> | |
|--------------------------|-----------------------|-------------------|------|----------|---------|---------|------------|------------|
| Name of Filing Committe | e or Candidate | | Repo | orting P | eriod | | | |
| | | | Fron | n: | | 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.

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 | | | 0.00 | |
| Mailing Address | | | | | | | - \$ | | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOT | AL | |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary 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 Candidate | | | | Reporting Period | | | | | |
|---------------------------------------|-------------------------|----------------------------|---|--|--|---|--|--|--|
| F | | | | | From: To: | | | | |
| | | | | D | ATE | | | AMOUNT | |
| | | | | мо | DAY | YEAR | \$ | 0.00 | |
| | | | | | | | | | |
| State | Zi | p Code (Plus | s 4) | | | | | | |
| | | | | Occupa | tion | | | | |
| ce of Business | | City | | | State | | Zip | Code (Plus 4) | |
| dule I, Detailed | Sumn | mary Page, | Section | on 3. | | | \$ | PAGE TOTAL 0.00 | |
| | State ce of Business | State Zi ce of Business | State Zip Code (Plus ce of Business City | State Zip Code (Plus 4) ce of Business City | From: MO State Zip Code (Plus 4) Occupa | From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State | State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3. | From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip | |

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 Peri | od | | | |
|---------------------------------------|---------------------------|-----------------|-------------|----------|-----|------|----------|------------|
| | | | From: | | | To: | | |
| | | ' | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | 1 | | | | | <u> </u> | |
| | - C | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section | 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 Perio | od | |
|--|-----------------|------------------------------|-------------------|
| LAWRENCE COUNTY REPUBLICAN COMMITTEE | From: | <u>10/20/2015</u> To: | <u>11/23/2015</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 Candid | Reporting Period | | | | | | |
|--|------------------|-------------------|---------|----------|------|-------------|------------|
| | From: To: | | | | | | |
| | | - | | DATE | | | AMOUNT |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | 7 \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | • | - | • | • | | • | |
| | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail | | | led Sum | mary Pag | ge, | | PAGE TOTAL |
| Section 2. | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | | |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|--|
| | | | | | From: To: | | | | l . | | |
| | | | | | | DATE | | | AMOUN | т | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 | |
| City | State | | Zip Code(Plus 4) | | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi _l | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion | |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL | |
| Summary Page, Section 3. | | | | | | | | | | 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporti | | | | | | |
|---------------------------------------|---------------------|--------------------|------------|-------------|----------|----|------------|
| | From | | | То: | | | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| Enter Crand Total of Evnanditures | on Dogg 1 Donowh (| Cover Dage Item F | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditures | on Page 1, Report C | Lover Faye, Item L | , . | | | \$ | 0.00 |