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 :		Rep File			CANI	DID	ATE		СОММ	IITTEE	✓	LOBBYIST						
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		LAW	/REN	NCE C	OUNTY	' RE	PUBL	ICAN	COMM	ITTEE					
Street Address:	3015 WILMIN	GTON R	OAD															
City:	NEW CASTLE							State:		PA			Zip Cod	le: 16	5105			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		PC	OST-	3.		AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- !	5.	30 DA		PC	OST-	6. X		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7.	Year 2015					NG MET CHECK					PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	_					DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	, , , , , , , , , , , , , , , , , , , ,							МО		DAY	YE	AR	Number	code			couc	
								1	11		3	2015		(SEE IN	STRUCTI	ONS FOR O	ODES)	
	Receipts and	МО	DAY	YEAR	2			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 20	2	015	Т	0	1	11	2	23	2015						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				6,4	91.92						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	sche	dule	I)	\$					70.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				6,5	61.92						
D. Total Expen	ditures (From Sch	edule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtract	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 IV	')			\$					0.00			1			
				AFF	IDA	VI	T SE	CTIO	V									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If thi	is is	a Car	ndidate	rep	oort, c	andid	late sig	n here.					
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	attached sc	hedule	s filed	d on	paper	or by ele	ectro	onic me	edium,	are to t	he best o	f my kno	wledge	and belie	ef , tru	1 e
Sworn to and subs	cribed before me this day of	•	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		_
			_				- -		-				Prin	ted Name	e			-
My Commission Ex	Signatu cpires	re							_				Ema	il				-
	мо	D	AY	YR			_		-	Are	a Cod	e	Daytim	e Teleph	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comr	nitte	e, C	andid	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	s no	t violat	ed an	y provisi	ons of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this											Si	gnature o	of Candid	ate			-
	day of						_						Printe	d Name				-
	Signature						-		_									_
My Commission Exp	_								_				Ema	il				
	МО	D	AY	YR	t .		-		•	Area (Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	te Reporting Period						
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	10/20/20	<u>15</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) 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			\$	70.00			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting				
				From: To				
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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)

Name of Fining Committee of Candidate			Rep							
F				From: To				0:		
					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	me of Filing Committee or Candidate		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 Candidate			Reporting Period						
		Fron	n:		То	То:			
			D/	ATE		АМ	OUNT		
			МО	DAY	YEAR				
Mailing Address City State Zip Code (Plus 4)						\$	0.00		
State	Zip Code (Plus	s 4)							
			Occupat	tion					
e of	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ımmary Page,	Section	on 3.				GE TOTAL 0.00		
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code		

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	bd			
			From:			To:		
				D	ATE		AM	OUNT
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			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	iod	
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>10/20/2015</u> To:	11/23/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	ame of Filing Committee or Candidate				Re	porting	Period				
					Fro	m:		То	То:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.								0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (lame of Filing Committee or Candidate					Reporting Period					
						То:					
				DATE			AMOUNT				
To Whom Paid				DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				