

Campaign Finance Report

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

Filer Identification Number :		2008329		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JOHN LAWRENCE												
Street Address:												
City: WEST GROVE						State: PA			Zip Code: 19390			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2018		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	6	2018				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		3	27	2018		4	30	2018				
A. Amount Brought Forward From Last Report						\$			3,362.68			
B. Total Monetary Contributions And Receipts (From Schedule I)						\$			5,900.00			
C. Total Funds Available (Sum Of Lines A and B)						\$			9,262.68			
D. Total Expenditures (From Schedule III)						\$			265.00			
E. Ending Cash Balance (Subtract Line D From Line C)						\$			8,997.68			
F. Value Of In-Kind Contributions Received (From Schedule II)						\$			100.00			
G. Unpaid Debts And Obligations (From Schedule IV)						\$			500.00			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JOHN LAWRENCE	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL 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)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 150.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,750.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 5,750.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 5,900.00
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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 Candidate	Reporting Period
FRIENDS OF JOHN LAWRENCE	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 150.00
JOSEPH FECONDO				
Mailing Address				
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	2 6 2018	

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

PAGE TOTAL
\$ 150.00

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 FRIENDS OF JOHN LAWRENCE	Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>
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				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
PA CHIROPRACTIC ASSOC PAC						
Mailing Address				3	15	2018
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17102
						\$ 250.00
Full Name of Contributing Committee				MO	DAY	YEAR
ELI LILLY PAC						
Mailing Address				2	19	2018
City	INDIANAPOLIS	State	IN	Zip Code (Plus 4)		46285
						\$ 250.00
Full Name of Contributing Committee				MO	DAY	YEAR
BRAVO PAC						
Mailing Address				2	2	2018
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101
						\$ 250.00
Full Name of Contributing Committee				MO	DAY	YEAR
FRIENDS OF MARTIN CAUSER						
Mailing Address				2	6	2018
City	BRADFORD	State	PA	Zip Code (Plus 4)		16701
						\$ 250.00
Full Name of Contributing Committee				MO	DAY	YEAR
CU PAC						
Mailing Address				2	2	2018
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17110
						\$ 250.00
Full Name of Contributing Committee				MO	DAY	YEAR
EXELON PAC						
Mailing Address				2	12	2018
City	WASHINGTON	State	DC	Zip Code (Plus 4)		20001
						\$ 500.00

Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
FARMER PAC			2	16	2018	
Mailing Address						
City	CAMP HILL	State	PA	Zip Code (Plus 4)	17001	
Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
AQUA H2O PAC			2	2	2018	
Mailing Address						
City	BRYN MAWR	State	PA	Zip Code (Plus 4)	19010	
Full Name of Contributing Committee			MO	DAY	YEAR	\$1,000.00
PAA PAC			1	24	2018	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17105	
Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
BIKE PAC			1	30	2018	
Mailing Address						
City	MECHANICSBURG	State	PA	Zip Code (Plus 4)	17055	
Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
CPA PAC			2	5	2018	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	
Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
PECO PAC			2	1	2018	
Mailing Address						
City	PHILA	State	PA	Zip Code (Plus 4)	19103	
Full Name of Contributing Committee			MO	DAY	YEAR	\$500.00
PA BAR PAC			1	29	2018	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	
Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
PPL PEOPLE FOR GOOD GOVT			1	31	2018	
Mailing Address						
City	ALLENTOWN	State	PA	Zip Code (Plus 4)	18101	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PENNA BANKERS PAC			2	21	2018	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17110	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
UPAC			2	23	2018	
Mailing Address						
City	CAMP HILL	State	PA	Zip Code (Plus 4)	17001	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PA MEDICAL PAC			2	8	2018	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17105	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 5,750.00

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: To:
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			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE 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	Reporting Period
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
FRIENDS OF JOHN LAWRENCE		From: <u>3/27/2018</u> To: <u>4/30/2018</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	100.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	100.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate FRIENDS OF JOHN LAWRENCE	Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
JOHN LAWRENCE						\$ 100.00
Mailing Address						
City WEST GROVE	State PA	Zip Code (Plus 4) 19390	3	6	2018	
Description of Contribution: FILING FEE						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 100.00

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SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate FRIENDS OF JOHN LAWRENCE	Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>
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				DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$ 500.00
JOHN LAWRENCE							
Mailing Address							
City	WEST GROVE	State	PA	Zip Code (Plus 4)	19390	Description of Debt	
						CAMPAIGN LOAN	

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 500.00
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