

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: PO BOX 331												
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.	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. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	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	8	2016				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	25	2016		11	28	2016				
A. Amount Brought Forward From Last Report						\$ 16,193.68						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 10,480.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 26,673.68						
D. Total Expenditures (From Schedule III)						\$ 22,036.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 4,637.68						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 21,148.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 6,000.00						

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>10/25/2016</u> To: <u>11/28/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 180.00

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)	\$ 3,300.00
All Other Contributions (Part D)	\$ 7,000.00
TOTAL for the Reporting Period (3)	\$ 10,300.00

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.)	\$ 10,480.00
---	--------------

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>10/25/2016</u> To: <u>11/28/2016</u>
--	--

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 300.00
COMM TO ELECT BRIAN ELLIS				11	28	2016	
Mailing Address 103 DEER RUN RD							
City BUTLER	State PA	Zip Code (Plus 4) 16001					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
ABBOTT LABORATORIES PAC				11	28	2016	
Mailing Address 100 ABBOTT PARK RD							
City ABBOTT PARK	State IL	Zip Code (Plus 4) 60064					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
PA MEDICAL PAC				11	28	2016	
Mailing Address PO BOX 8820							
City HARRISBURG	State PA	Zip Code (Plus 4) 17105					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
ENERGY TRANSFER PAC				11	28	2016	
Mailing Address 400 W 15TH ST							
City AUSTIN	State TX	Zip Code (Plus 4) 78701					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
GENESIS HEALTHCARE PAC				11	28	2016	
Mailing Address 101 E STATE ST							
City KENNETT SQUARE	State PA	Zip Code (Plus 4) 19348					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PA COMM FOR AFFORDABLE HOUSING				11	28	2016	
Mailing Address 2509 N FRONT ST							
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
PA BANKERS PAC			11	28	2016	
Mailing Address 3897 N FRONT ST						
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				

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

PAGE TOTAL	
\$	3,300.00

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 FRIENDS OF JOHN LAWRENCE	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
--	--

				DATE			AMOUNT
Full Name of Contributor JOHN LAWRENCE				MO 10	DAY 27	YEAR 2016	\$ 6,000.00
Mailing Address 12 BRAMBLE LN							
City WEST GROVE	State PA	Zip Code (Plus 4) 19390					
Employer Name HOUSE OF REPS				Occupation LEGISLATOR			
Employer Mailing Address/Principal Place of Business MAIN CAPITOL			City HARRISBURG		State PA	Zip Code (Plus 4)	
Full Name of Contributor BRIAN CAMPBELL				MO 11	DAY 28	YEAR 2016	\$ 1,000.00
Mailing Address 75 THOMPSON RD							
City COCHRANVILLE	State PA	Zip Code (Plus 4) 19330					
Employer Name BEILER - CAMPBELL				Occupation BROKER			
Employer Mailing Address/Principal Place of Business 402 BAYARD RDSTE 100			City KENNETT SQ		State PA	Zip Code (Plus 4) 19348	

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

PAGE TOTAL
\$ 7,000.00

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>10/25/2016</u> To: <u>11/28/2016</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)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 21,148.00
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.)			\$ 21,148.00

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

Name of Filing Committee or Candidate	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JOHN LAWRENCE	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
REPUBLICAN PARTY OF PENNA					
Mailing Address 112 STATE ST	10	28	2016		
City HARRISBURG					
State PA					
Zip Code(Plus 4) 17101					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
				CAMPAIGN LIT AND POSTAGE	
Full Name of Contributor	MO	DAY	YEAR		
REPUBLICAN PARTY OF PENNA					
Mailing Address 112 STATE ST	10	28	2016		
City HARRISBURG					
State PA					
Zip Code(Plus 4) 17101					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
				CAMPAIGN LIT AND POSTAGE	
Full Name of Contributor	MO	DAY	YEAR		
REPUBLICAN PARTY OF PENNA					
Mailing Address 112 STATE ST	11	10	2016		
City HARRISBURG					
State PA					
Zip Code(Plus 4) 17101					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
				CAMPAIGN LIT AND POSTAGE	
Full Name of Contributor	MO	DAY	YEAR		
REPUBLICAN PARTY OF PENNA					
Mailing Address 112 STATE ST	11	10	2016		
City HARRISBURG					
State PA					
Zip Code(Plus 4) 17101					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
				CAMPAIGN LIT AND POSTAGE	

Full Name of Contributor REPUBLICAN PARTY OF PENNA			MO	DAY	YEAR	\$ 5,380.00
Mailing Address 112 STATE ST			11	10	2016	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101				
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution CAMPAIGN LIT AND POSTAGE	

Full Name of Contributor REPUBLICAN PARTY OF PENNA			MO	DAY	YEAR	\$ 2,656.00
Mailing Address 112 STATE ST			11	10	2016	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101				
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution CAMPAIGN LIT AND POSTAGE	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 21,148.00
--	--	--	--	--	--------------------------------

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JOHN LAWRENCE	From <u>10/25/2016</u> To: <u>11/28/2016</u>

DATE				AMOUNT		
To Whom Paid BB&T BANK			MO	DAY	YEAR	\$ 36.00
Mailing Address PO BOX 819			10	26	2016	
City WILSON	State NC	Zip Code (Plus 4) 27894	Description of Expenditure RETURNED ITEM FEE			
To Whom Paid HRCC			MO	DAY	YEAR	\$ 22,000.00
Mailing Address PO BOX 11787			10	25	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure DONATION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 22,036.00

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>10/25/2016</u> To: <u>11/28/2016</u>
--	--

				DATE			Outstanding Balance of Debt
Name of Creditor JOHN LAWRENCE				MO	DAY	YEAR	\$ 6,000.00
Mailing Address 12 BRAMBLE LANE				10	27	2016	
City WEST GROVE		State PA	Zip Code (Plus 4) 19350	Description of Debt LOAN			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 6,000.00
--	---