### **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 2008	329				port ed B		CAND	IDAT	E	C	сомм	IITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	END	S OF	JOHN L	AWRE	NCE								
Street Address:	PO BOX 331																	
City:	WEST GROVE				State:			PA	PA			Zip Cod	le: 19	9390				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	; <b>-</b>	2.		BO DAY P PRIMARY		- 3			AMENDMENT REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pri	E	5.	30 DA		POST	- 6	. <b>X</b>		TERMINATION REPORT?		Yes	No	~	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2016					NG METH CHECK (					PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF EL	EC1	TION		District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	1	YEAR	R						
								1	1	8	2	2016		(SEE IN	ISTRUCTI	ONS FOR (	CODES)	
	Receipts and	МО	DAY	YEAR	₹			МО	DAY	1	YEAF	R	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		10 25	2	016	Т	0	1	1	28	2	2016						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			1	6,193	3.68						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	: I)	\$			1	.0,480	0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			2	26,673	3.68						
D. Total Expend	ditures (From Sch	edule II	I)	\$						2	2,036	5.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line (	C)			\$				4,637	7.68						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	()	\$			21,148.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				6,000	0.00			•			
				AFF	ID/	\VI	T SE	CTION										
	s a Committee rep	-	_						=	-		_						
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached scl	1edule:	s file	d on	paper	or by elec	tronic	med	ium, ar	re to t	he best o	f my kno	wledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of	i	20							Signature of Person St				1 Submit	ting Rep	oort		
	Signatu	re					- -						Prin	ted Name	e			
My Commission Ex	•												Emai	il				
	мо	D	AY	YR						Area	Code		Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	l sign	her	е.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has	not vic	olate	d any p	orovisi	ons of the	e act of J	une 3,1	937 (P.L	. 1333,	l
Sworn to and subsc	ribed before me this											Si	gnature o	f Candid	ate			
	day of 						_		_				Printe	d Name				
	Signature						_											
My Commission Exp	_												Ema	il				
	МО	D	AY	YR	ł		-		Arc	ea Co	de		Da	ytime T	elephon	ne Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JOHN LAWRENCE	From:	10/25/20	1 <u>16</u> <b>To</b> :	11/28/2016
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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pag			\$	10,480.00

#### **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 Commi	Name of Filing Committee or Candidate				Reporting Period						
				Fro	om:		То	:			
			1			DATE			AMOUNT		
Full Name of Contribution	ng Committee				мо	DAY	YEAR				
Mailing Address								\$	0.00		
City		State	Zip Code (Plus 4	1)							

PAGE TOTAL
0.00

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

#### **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.

(Exclud	le contributions fro	m political commi	ittee	es re <sub>l</sub>	oorted	in Part	A)	
Name of Filing Committee	or Candidate		Repo	rting P	eriod			
			From	ı:		To	<b>)</b> :	
					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			
FRIENDS OF JOHN LAWRENCE			From:	10/2	25/2016	То:	11/28/2016
				DA	TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
COMM TO ELECT BRIAN ELLIS							<b>\$</b> 300.00
Mailing Address 103 DEER RUN RD				11	28	2016	
City BUTLER	State	Zip Cod	e (Plus 4)	]	-5		
	PA	16001					
Full Name of Contributing Committee				мо	DAY	YEAR	
ABBOTT LABORATORIES PAC							<b>\$</b> 500.00
Mailing Address 100 ABBOTT PARK R	D			11	28	2016	
City ABBOTT PARK	State	Zip Cod	e (Plus 4)				
	IL	60064					
Full Name of Contributing Committee		-		мо	DAY	YEAR	
PA MEDICAL PAC				MO	DAT	TEAR	<b>\$</b> 250.00
Mailing Address PO BOX 8820				11	28	2016	
City HARRISBURG	State	Zip Cod	e (Plus 4)	]	20	2010	
	PA	17105					
Full Name of Contributing Committee				мо	DAY	VEAD	
ENERGY TRANSFER PAC				МО	DAY	YEAR	\$ 500.00
Mailing Address 400 W 15TH ST				11	28	2016	300.00
City AUSTIN	State	Zip Cod	e (Plus 4)	**	20	2010	
	TX	78701					
Full Name of Contributing Committee						1	
GENESIS HEALTHCARE PAC				МО	DAY	YEAR	<b>\$</b> 250.00
Mailing Address 101 E STATE ST				11	28	2016	230.00
City KENNETT SQUARE	State	Zip Cod	e (Plus 4)	**	20	2010	
	PA	19348					
Full Name of Contributing Committee		•		МО	l DAY	VEAD	
PA COMM FOR AFFORDABLE HOUSING				МО	DAY	YEAR	<b>\$</b> 500.00
Mailing Address 2509 N FRONT ST				11	28	2016	300.00
City HARRISBURG	State	Zip Cod	e (Plus 4)	1 **	20	2010	
	PA	17110					

Full Name of Contributing Committee			мо	DAY	YEAR	
PA BANKERS PAC			140	DAI	ILAK	\$ 1,000.00
Mailing Address 3897 N FRONT ST			11	28	2016	_,
City HARRISBURG	State	Zip Code (Plus 4)			2010	
	PA	17110				

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

**PAGE TOTAL \$** 3,300.00

## 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				Rep	Reporting Period					
FRIENDS OF JOHN LAWRENCE				Fror	n:	10/25/2	<u>016</u> To	:	11/28/2016	
					D/	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	6,000.00	
JOHN LAWRENCE								<b>1</b> *	0,000.00	
Mailing Address 12 BRAMBLE LN					10	27	2016	1		
City WEST GROVE	State	Zip	Code (Plus	4)						
	PA	19	390							
Employer Name HOUSE OF REPS					Occupat	ion	LEGISLA	ATOR		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plus 4)	
MAIN CAPITOL			HARRISBU	JRG		PA				
Full Name of Contributor					мо	DAY	YEAR	\$	1 000 00	
BRIAN CAMPBELL					1.0			_] *	1,000.00	
Mailing Address 75 THOMPSON RD					11	28	2016			
City COCHRANVILLE	State	Zip	Code (Plus	4)		20	2010			
	PA	19	330							
Employer Name BEILER - CAMPBELL					Occupat	ion	BROKEF	<u> </u>		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plus 4)	
402 BAYARD RDSTE 100			KENNETT	SQ		PA		1934	8	
			_						PAGE TOTAL	
Enter Grand Total of Part C on Scheo	iule I, Detailed Su	umm	nary Page,	Section	on 3.			<b>•</b>	7,000.00	

# 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:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (I	Plus 4)				
Receipt Description	•	•			•	•	
Futor Count Total of Boot	Fan Cabadula I Batailad	I Comment Dane	Castian	4			PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page,	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 Per	iod	
FRIENDS OF JOHN LAWRENCE	From:	<u>10/25/2016</u> <b>To:</b>	<u>11/28/2016</u>
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)	\$	21,148.00
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,	•	\$	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			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting P	eriod		
FRIENDS OF JOHN LAWRENCE				Fror	m:	10/25/201	<u>6</u> To:	11/28/2016
						DATE		AMOUNT
Full Name of Contributor					мо	DAY	YEAR	
REPUBLICAN PARTY OF PENNA				_				\$ 5,080.00
Mailing Address 112 STATE ST					10	28	2016	3,000.00
City HARRISBURG	State		Zip Code(Plus 4)					
	PA		17101					
Employer of Contributor				•	Occupa	tion		
Employer Mailing Address/Principal Plac	e of Business	Cit	ty S	State	Zip (	Code(Plus 4)	Descri	otion of Contribution
							CAMPA	AIGN LIT AND POSTAGE
Full Name of Contributor REPUBLICAN PARTY OF PENNA			·		мо	DAY	YEAR	
Mailing Address 112 STATE ST					10	28	2016	<b>\$</b> 1,476.00
City HARRISBURG	State		Zip Code(Plus 4)					
Thursdore	PA		17101					
Employer of Contributor					Occupa	tion		
Employer Mailing Address/Principal Plac	e of Business	Cit	tv s	State		Code(Plus 4)	Descri	otion of Contribution
			,			,	1	IGN LIT AND POSTAGE
Full Name of Contributor		<u> </u>	<u> </u>		мо	DAY	YEAR	
REPUBLICAN PARTY OF PENNA				-	11	10	2016	<b>\$</b> 1,476.00
Mailing Address 112 STATE ST	ı		Т		11	10	2010	
City HARRISBURG	State		Zip Code(Plus 4)					
	PA		17101					
Employer of Contributor		_			Occupa			
Employer Mailing Address/Principal Plac	e of Business	Cit	ty S	State	Zip (	Code(Plus 4)		otion of Contribution NIGN LIT AND POSTAGE
Full Name of Contributor		<u> </u>			МО	DAY	YEAR	
REPUBLICAN PARTY OF PENNA					1-10	DAI	ILAK	
					11	10	2016	\$ 5,080.00
Mailing Address 112 STATE ST								
Mailing Address 112 STATE ST  City HARRISBURG	State		Zip Code(Plus 4)					
	<b>State</b> PA		Zip Code(Plus 4) 17101					
					Occupa	tion		
City HARRISBURG	PA	Cit	17101	State		tion Code(Plus 4)	Descri	otion of Contribution

Full Name of Contributor				мо	DAY	YEAR	
REPUBLICAN PARTY OF PENNA				1-10	DAI	ILAK	
Mailing Address 112 STATE S	ST			11	10	2016	\$ 5,380.00
City HARRISBURG	State	Zip Code(Plus 4)					
	PA	17101					
Employer of Contributor	tion						
Employer Mailing Address/Princ	ipal Place of Business	City	State	Zip (	Code(Plus 4)	Descri	ption of Contribution
			CAMPA	AIGN LIT AND POSTAGE			
Full Name of Contributor				мо	DAY	YEAR	
REPUBLICAN PARTY OF PENNA				140	DAI	ILAK	
Mailing Address 112 STATE S	ST			11	10	2016	\$ 2,656.00
City HARRISBURG	State	Zip Code(Plus 4)					
	PA	17101					
Employer of Contributor	-	•		Occupa	tion		
Employer Mailing Address/Princ	ipal Place of Business	City	State	Zip	Code(Plus 4)	Descri	ption of Contribution
						CAMPA	AIGN LIT AND POSTAGE
		•					
Enter Grand Total of Part G	on Schodulo II. In Ki	nd Contributions D					PAGE TOTAL

22,036.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
FRIENDS OF JOHN LAWRENCE			From <u>10/25/2016</u>		<u>5/2016</u>	То:	11/28/2016		
				DATE					
To Whom Paid BB&T BANK				DAY	YEAR				
Mailing Address PO BOX 819				26	2016	\$	36.00		
City WILSON	State	Zip Code (Plus 4)	Description of Expenditure						
	NC	27894	RETURNED ITEM FEE						
To Whom Paid HRCC				DAY	YEAR				
Mailing Address PO BOX 11787			10	25	2016	\$	22,000.00		
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17108	DONATION						
							PAGE TOTAL		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

# 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			Reporting Period						
FRIENDS OF JOHN LAWRENCE				<u>10/25/2016</u> <b>To:</b>			<u>11/28/2016</u>		
·				DATE				Outstanding Balance of Debt	
Name of Creditor  JOHN LAWRENCE				мо	DAY	YEAR			
Mailing Address 12 BRAMBLE LANE				10	27	2016	\$	6,000.00	
City WEST GROVE	State	Zip Code (P	lus 4)	LOAN					
	PA	19350							
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	6,000.00	