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	20180	C1214				port ed B		CAN	DII	DATE	√	СС	MMITTEE		LOBE	BYIST		
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist:		JOH	HN LA	AWRE	NCE									•	
Street Address:																			
City:									State:					Zip Code	: 19	390			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		\
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND FRIDA' ELECTION	Y PRE	≣-	5. X	30 DA ELECT		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		\
report type)	ANNUAL R	EPORT	7.	Year 2018					IG MET CHECK					PAPER		/	DISKE	TTE	
Name of Office S	ought by C	andidat	:e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	- 								МО		DAY	YEA	R	13	STH	REP			
REPRESENTATI	VE IN THE	GENEK	AL ASS	EMBLY						11		6 2	2018		(SEE INS	TRUCTIO	ONS FOR (CODES)
Summary of		and	МО	DAY	YEAR	R.			МО		DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 18	2	018	T	0		10	2	22 2	2018						
A. Amount Bro	ught Forwa	rd From	ı Last R	eport				\$					0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,650.57																			
C. Total Funds Available (Sum Of Lines A and B) \$ 1,650.57																			
D. Total Expenditures (From Schedule III) \$ 1,150.57																			
E. Ending Cash Balance (Subtract Line D From Line C) \$ 500.00																			
F. Value Of In-	Kind Contri	butions	Receive	ed (From So	chedu	le I	I)	\$				(0.00						
G. Unpaid Debt	s And Oblig	gations	(From S	chedule IV)			\$				(0.00						
	AFFIDAVIT SECTION																		
PART I - If this is	a Committ	tee repo	ort, trea	surer sign l	here. I	If th	nis is	a Can	didate	re	port, c	andida	te sig	ın here.					
I swear (or affirm) correct and comple		port, incl	ıding the	attached sch	nedules	s file	ed on	paper (or by el	ectr	onic me	edium, a	re to t	the best of i	my know	ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before day of	e me this		20								Sig	nature	of Person	Submitti	ng Rep	ort		-
		Sianatuu						<u>-</u>		•				Printe	d Name				-
My Commission Ex		Signatur	е							-				Email					-
	м	0	D/	ΑY	YR			-		•	Are	ea Code		Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted any _l	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		me this											s	ignature of	Candida	te			-
	day of — —							-						Printed	Name				-
	Sig	gnature						-		_				······eu					_
My Commission Exp	_	-												Email					
		мо	D/	AY	YR	1		•			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary 1 age									
Name of Filing Committee or Candidate	Reporting	Period							
JOHN LAWRENCE	From:	9/18/201	<u>8</u> To:	10/22/2018					
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)			\$	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)			\$	1,650.57					
All Other Contributions (Part D)			\$	0.00					
TOTAL for the Reporting	Period	(3)	\$	1,650.57					
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,650.57					

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	r Candidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	nmittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

Full Name of Contributor	rom:	DATE	To	0:	
Full Name of Contributor		DATE			
Full Name of Contributor					AMOUNT
	мо	DAY	YEAR		
Mailing Address				\$	0.00
City State Zip Code (Plus 4)					

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						
JOHN	LAWRENCE			From:	9/1	8/2018	То:	10/22/2018	
					DA	TE		AMOUNT	
Full N	ame of Contributing Committee				мо	DAY	YEAR		
FRIEN	IDS OF JOHN LAWRENCE							\$ 500	.00
Mailin	g Address				9	10	2018		
City	WESTGROVE	State	Zip Cod	e (Plus 4)					
		PA	19390						
Full N	ame of Contributing Committee				мо	DAY	YEAR		
FRIEN	IDS OF JOHN LAWRENCE							\$ 128	.75
Mailin	g Address				9	21	2018		
City	WESTGROVE	State	Zip Cod	e (Plus 4)					
		PA	19390						
Full N	ame of Contributing Committee				мо	DAY	YEAR		
FRIEN	IDS OF JOHN LAWRENCE							\$ 85	.84
Mailin	g Address				9	21	2018		
City	WESTGROVE	State	Zip Cod	e (Plus 4)					
		PA	19390						
Full N	ame of Contributing Committee				мо	DAY	YEAR		
FRIEN	IDS OF JOHN LAWRENCE							\$ 91	.31
Mailin	g Address				9	10	2018		
City	WESTGROVE	State	Zip Cod	e (Plus 4)					
		PA	19390						
Full N	ame of Contributing Committee				мо	DAY	YEAR		
FRIEN	IDS OF JOHN LAWRENCE							\$ 56	.15
Mailin	g Address	T			9	21	2018		
City	WESTGROVE	State	Zip Cod	e (Plus 4)					
		PA	19390						
Full N	ame of Contributing Committee				мо	DAY	YEAR		
FRIEN	NDS OF JOHN LAWRENCE							\$ 39	.77
Mailin	g Address				9	21	2018		
City	WESTGROVE	State	Zip Cod	e (Plus 4)					
l		l DA	10200		1		1	l	

Full Name of Contributing Committee						
FRIENDS OF JOHN LAWRENCE			МО	DAY	YEAR	\$ 12.18
Mailing Address			9	10	2018	12.13
City WESTGROVE	State	Zip Code (Plus 4)]	10	2010	
	PA	19390				
				<u> </u>	<u>. </u>	•
Full Name of Contributing Committee		!	МО	DAY	VEAR	
Full Name of Contributing Committee FRIENDS OF JOHN LAWRENCE			МО	DAY	YEAR	\$ 736.57
		1				\$ 736.57
FRIENDS OF JOHN LAWRENCE	State	Zip Code (Plus 4)	MO 9	DAY 21	YEAR 2018	\$ 736.57

 $\label{lem:constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$

PAGE TOTAL \$ 1,650.57

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	Name of Filing Committee or Candidate					riod					
	From: To: DATE AMC MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Cipal Place of Business City State Zip Code (Plus 4)										
					D	ATE			Α	MOUNT	
Full Name of Contributor					МО	DAY	YEA	ıR	\$		0.00
Mailing Address											
City	State Zip Code (Plus 4)			s 4)							
Employer Name					Occupation						
Employer Mailing Address/Principal Plac	ce of Business		City		•	State		7	Zip Cod	de (Plus 4	•)
Enter Grand Total of Part C on Sche	inter Grand Total of Part C on Schedule I, Detailed Summary Page, S								F	PAGE TOT	AL
								\$			0.00

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:			То:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	•			•	•	•	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	Summer Base S	! !	4				PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	Summary Page, Se	ection	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	d	
JOHN LAWRENCE	From:	<u>9/18/2018</u> To:	10/22/2018
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					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 Det						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						
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Place of Business City			′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
JOHN LAWRENCE	From	9/18/2018	То:	10/22/2018

					DATE			AMOUNT		
To Whom Paid				мо	DAY	YEAR				
STAPLES				МО	DAI	ILAK				
Mailing Address					11	2018	\$	128.75		
City KENNET	T SQ	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 19348					ENVELOPES & amp; SUPPLIES					
To Whom Paid					DAY	YEAR				
PARADO CX						TEAR				
Mailing Address					18	2018	\$	85.84		
City KENNET	T SQ	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	19348	WINE F	OR FUNDR	AISER				
To Whom Paid				мо	DAY	YEAR				
ACME										
Mailing Address				9	18	2018	\$	91.31		
City AVONDA	ALE	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	19311	FOOD F	OR FUNDR	AISER				
To Whom Paid				мо	DAY	YEAR				
FINE WINE &am	np; GOOD SPIRITS									
Mailing Address				9	18	2018	\$	56.15		
City AVONDA	ALE	State	Zip Code (Plus 4)	Description of Expenditure						
PA 19311				WINE FOR FUNDRAISER						
To Whom Paid				мо	DAY	YEAR				
TALULAS TABLE										
Mailing Address				9	17	2018	\$	39.77		
City KENNET	T SQ	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
		PA	19348	FOOD F	OR FUNDR	AISER				
To Whom Paid					DAY	YEAR				
STAPLES										
Mailing Address					17	2018	\$	12.18		
City KENNET	T SQ	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	19348	OFFICE	SUPPLIES					

To Whom Paid			мо	DAY	VEAD		
STAPLES	МО	DAY	YEAR				
Mailing Address				29	2018	\$	736.57
City KENNETT SQ	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	PA	19348	OFFICE	SUPPLIES	ONER		
							PAGE TOTAL
Enter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D				\$	PAGE TOTAL 1,150.57
Enter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D				\$	
Enter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D	•			\$	
Enter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D				\$	
Enter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D				\$	
Enter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D				\$	