Campaign Finance Report

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

Filer Identificat Number :	ion 2(08329			Repor Filed I		CANDI	DATE	CON	IMITTEE	✓	LOB	BYIST	
Name of Filing	Committee, Can	didate or L	obbyist:			-	JOHN LA	WRENC	E					
Street Address:	PO BOX 33	31												
City:	WEST GRO	VE					State:	PA		Zip Co	de: 19	390		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	- 2.	30 D/ PRIM		POST-	3.	AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA						6. X		TERMINATION REPORT?		No	\checkmark
report type)							NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Cand	idate:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
						11 6 2018 (s					(SEE IN	(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and MO DAY YEAR							мо	DAY	YEAR	F	OR OFFIC	CE USE	ONLY	
Expenditures from: 10 23 2018						0	11	2	6 201	8				
A. Amount Bro	ought Forward F	rom Last R	eport			\$			5,706.3	9				
B. Total Monet	ary Contributio	ns And Rec	eipts (Fror	n Sche	dule I)	\$	\$ 0.00							
C. Total Funds	Available (Sum	Of Lines A	and B)			\$	5		5,706.3	9				
D. Total Expen	ditures (From S	Schedule II	I)			\$	5		3,576.10	כ				
E. Ending Cash	n Balance (Subt	ract Line D	From Line	C)		\$	5		2,130.29)				
F. Value Of In-	Kind Contributi	ons Receiv	ed (From S	Schedu	le II)	\$	5		50,470.00)				
G. Unpaid Deb	ts And Obligatio	ons (From S	Schedule I	V)		\$	\$ 0.00							
				AFF	IDAVI	T SE	CTION							
PART I - If this i	s a Committee	report, trea	surer sign	here.	If this is	a Ca	ndidate re	eport, ca	andidate s	ign here.				
I swear (or affirm correct and compl		including the	e attached so	chedules	s filed on	paper	or by elect	ronic me	dium, are to	o the best o	of my knov	wledge	and beli	ef , true
Sworn to and sub	scribed before me day of	this	20						Signatu	re of Perso	on Submitt	ting Rep	oort	
	Sign	ature				_				Prii	nted Name			
My Commission E	-					_				Ema	ail			
	MO	D	AY	YR				Area	a Code	Daytir	ne Teleph	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authorized	l Comn	nittee, C	Candid	late shall	sign he	re.					
I swear (or affirm) No 320) as amend		of my knowle	edge and bel	lief this	political	comm	nittee has n	ot violate	ed any prov	isions of th	ne act of Ju	une 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me t day of	his	20							Signature	of Candida	ate		
	day or 20									Print	ed Name			
My Commission Ex	Signatu	ire				_				Ema	ail			
,						_								
	мо	D	AY	YR				Area C	ode	0	Daytime To	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF JOHN LAWRENCE From: <u>10/23/2018</u> **To:** 11/26/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	e		Reporting Period					
			From:	:		То		
		·			DATE			AMOUNT
Full Name of Contributing Committee			м	10	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.							\$	0.00

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					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, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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 Ca	ndidate		Report	ing Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description				I	1	1		
			.				PAGE TOT	AL
Enter Grand Total of Part E on	Schedule I, Detailed	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 Perio	d	
FRIENDS OF JOHN LAWRENCE	From:	<u>10/23/2018</u> To:	<u>11/26/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	50,470.00
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, 1		\$	50,470.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
Fr						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

PAGE 10

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

Name of Filing Committee or Candidate				Re	porting	Period			
FRIENDS OF JOHN LAWRENCE				Fro	om:	<u>10/23/201</u>	<u>8</u> To: <u>11/26/2018</u>		<u>11/26/2018</u>
						DATE			AMOUNT
Full Name of Contributor REPUBLICAN PARTY OF PA					мо	DAY	YEAR		22,000,00
Mailing Address 112 STATE ST					11	. 15	2018	\$	23,000.00
City HARRISBURG	State PA		Zip Code(Plus 4) 17101						
Employer of Contributor			•		Occup	pation			
Employer Mailing Address/Principal Plac	e of Business	Ci	ty	Stat	e Zi	p Code(Plus 4)		-	n of Contribution
Full Name of Contributor REPUBLICAN PARTY OF PA				мо	DAY	YEAR			
Mailing Address 112 STATE ST					11	. 2	2018	\$	22,110.00
City HARRISBURG	State PA		Zip Code(Plus 4) 17101						
Employer of Contributor			<u>I</u>		Occup	pation			
Employer Mailing Address/Principal Plac	e of Business	Ci	ty	Stat	e Zi	p Code(Plus 4)) Description of Contribution CAMPAIGN LIT AND POSTAGE		
Full Name of Contributor REPUBLICAN PARTY OF PA					мо	DAY	YEAR		
Mailing Address 112 STATE ST					11	. 2	2018	\$	5,360.00
City HARRISBURG	State PA		Zip Code(Plus 4) 17101						
Employer of Contributor			•		Occup	oation			
Employer Mailing Address/Principal Place of Business City					e Zi	p Code(Plus 4)	1	•	n of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions I Summary Page, Section 3.					ed				PAGE TOTAL 50,470.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
FRIENDS OF JOHN LAWRENCE			From	<u>10/23</u>	<u>3/2018</u>	То:	<u>11/26/2018</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
MCCLAFFERTY PRINTING			мо					
Mailing Address 1600 N SCOTT ST			10	31	2018	\$	413.00	
City WILMINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	DE	19806	POSTCA	RDS				
To Whom Paid USPS			мо	DAY	YEAR			
Mailing Address 127 BALTIMORE PIK	E		11	1	2018	\$	1,000.00	
City NOTTINGHAM	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	1		
	PA	19362	STAMPS	STAMPS				
To Whom Paid US POSTAL SERVICE			мо	DAY	YEAR			
Mailing Address 19 N BRIDGE ST			11	1	2018	\$	1,000.00	
City CHRISTIANA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17509	STAMPS	6				
To Whom Paid LIGHTHOUSE YOUTH CENTER			мо	DAY	YEAR			
Mailing Address 245 COMMERCE ST			11	8	2018	\$	85.00	
City OXFORD	State	Zip Code (Plus 4)	Descrip	 tion of Exp	enditure			
	PA	19363	DINNER					
To Whom Paid PROFORMA			мо	DAY	YEAR			
Mailing Address PO BOX 640814			11	10	2018	\$	378.10	
City CINCINNATI	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure	1		
	ОН	45264	BALLOC	NS				
To Whom Paid AD PRO			мо	DAY	YEAR			
Mailing Address PO BOX 150			11	15	2018	\$	600.00	
City KELTON	State	Zip Code (Plus 4)	Descript	L tion of Exp	enditure	I		
	PA	19346	Description of Expenditure NEWSPAPER AD 10/31					

To Whom Paid US POSTAL SERVI	9 Whom Paid S POSTAL SERVICE				DAY	YEAR		
Mailing Address	215 E LOCUST STRE	ET		11	2	2018	\$	100.00
City OXFORD	ity OXFORD State Zip Code (Plus 4) Description of Expenditure							
		PA		STAMPS	5			
	1 . 6 F	- D (D (C						PAGE TOTAL
Enter Grand Tota	al of Expenditures o	n Page 1, Report C	over Page, Item D.				\$	3,576.10