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 8000	661			Repo Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST	
	Committee, Candida	ate or Lo	obbvist:			-		L OUNTY F		ICAN						
Street Address:	3001 WILMIN		-													
City:	NEW CASTLE							State:	PA			Zip Co	de: 16	105		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA		POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	Ξ- 5.		0 DA		POST-	6. X		TERMIN REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2018					IG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Candidat	te:						DATE O	FELE	СТІС	N	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YI	AR					
								11		6	2018]	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:	1	LO 23	2	018	тс)	11		26	2018					
A. Amount Bro	ught Forward From	n Last R	eport				\$			2,3	L03.55					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$			17,3	330.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			19,4	433.55					
D. Total Expen	ditures (From Sche	edule II	I)				\$			1,4	46.97					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			17,9	86.58					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$				0.00					
				AFF	IDA	/IT	SE	CTION								
PART I - If this i	s a Committee repo	ort, trea	surer sign	here.	If this	is a	Can	didate re	eport, o	andi	date sig	gn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedule	s filed o	on pa	aper o	or by elect	ronic m	edium	, are to	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20							5	ignatur	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_						Prin	ted Name			
My Commission E	xpires											Ema	il			
	МО	D	AY	YR					Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee,	Car	ndida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	al c	ommi	ittee has n	ot viola	ted an	y provis	ions of th	e act of Jı	ine 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me this day of		20								s	ignature (of Candida	ite		
												Printe	ed Name			
My Commission Exp	Signature											Ema	il			
	мо	D/	AY	YR	1				Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LAWRENCE COUNTY REPUBLICAN COMMITTEE From: <u>10/23/2018</u> **To:** 11/26/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 4,030.00 **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)** 2,200.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 2,200.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 10,100.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 10,100.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 1,000.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 17,330.00 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						
						•			
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 4)									
							Γ	PAGE TOTAL	

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

0.00

\$

PAGE 3

Use this Part to i	\$! itemize all o 50.01 to \$2	PART B R CONTRI 50.01 TO \$250.00 other contribution 250.00 in the rep om political comm) 1s with a orting pe	n aggreg riod.			from
Name of Filing Committee or Candid	late		Reporting	Period			
LAWRENCE COUNTY REPUBLICAN	COMMITTEE		From:	<u>10/23/</u>	<u>11/26/2018</u>		
			·	DATE			AMOUNT
Full Name of Contributor ROBERT DELSIGNORE (AD)			мо	DAY	YEAR		
Mailing Address 481 E. MAITLAN				\$	75.00		
	State	Zip Code (Plus 4)	10	19	2018		
NEW CASTLE	РА	16105					
Full Name of Contributor LESLIE BUCCI (AD)	мо	DAY	YEAR				
Mailing Address 437 LAWNVIEW	Mailing Address 437 LAWNVIEW AVENUE					\$	100.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105) 10	24	2018		
Full Name of Contributor LAWRENCE COUNTY SOCIAL SERVIC	ES (AD)		мо	DAY	YEAR		
Mailing Address 241 W. GRANT S	TREET					\$	100.00
City NEW CASTLE	State	Zip Code (Plus 4)) 10	19	2018		
	РА	16101					
Full Name of Contributor ANGELO PAPA (AD)			мо	DAY	YEAR		
Mailing Address 318 HIGHLAND A	AVENUE					\$	100.00
City NEW CASTLE	State PA	Zip Code (Plus 4)) 10	15	2018		
Full Name of Contributor ROBERT DELSIGNORE			мо	DAY	YEAR		
Mailing Address 481 MAITLAND L	iling Address 481 MAITLAND LANE					\$	75.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105) 10	26	2018		

						3
Full Name of Contributor			NO	DAY	YEAR	
DAN VOGLER			мо	DAT	TEAR	
Mailing Address 3011 ELDOG	OR LANE					\$ 75.00
City NEW CASTLE	State	Zip Code (Plus 4)	10	18	2018	
	PA	16105				
Full Name of Contributor DONNA SMARRELLI			мо	DAY	YEAR	
Mailing Address 1110 CHAPIN	N ROAD					\$ 125.00
City NEW CASTLE	State	Zip Code (Plus 4)	10	24	2018	
NEW CASTLE	PA	16105				
Full Name of Contributor VIRGINIA HAMILTON		мо	DAY	YEAR		
Mailing Address 307 E. NORTHVIEW AVENUE						\$ 75.00
City NEW CASTLE	State	Zip Code (Plus 4)	10	22	2018	
	PA	16105				
Full Name of Contributor LYNNE RYAN			мо	DAY	YEAR	
Mailing Address P.O. BOX 860	06					\$ 150.00
City NEW CASTLE	State	Zip Code (Plus 4)	10	26	2018	
	PA	16107				
Full Name of Contributor ELDER VOGEL FOR SENATE			мо	DAY	YEAR	
Mailing Address 489 GLEN ED	DEN ROAD					\$ 150.00
City ROCHESTER	State	Zip Code (Plus 4)	10	23	2018	
	PA	15074				
Full Name of Contributor			мо	DAY	YEAR	
Mailing Address 117 JAMES STREET						
117 JAMES S	IREEI					\$ 100.00
117 JANES S	State	Zip Code (Plus 4)	10	24	2018	\$ 100.00
III/ JANES S		Zip Code (Plus 4) 16142	- 10	24	2018	\$ 100.00

Full Name of Cont	ributor				DAY	VEAD	
JIM ADAMS				мо	DAY	YEAR	
Mailing Address	100 SOUTH THIRD	STREET					\$ 125.00
City EVANS CI	TY	State	Zip Code (Plus 4)	10	25	2018	
		PA	16033				
Full Name of Cont ELECT PARKE WE				мо	DAY	YEAR	
Mailing Address	304 MERCER ROAD)					\$ 150.00
City GREENVI		State	Zip Code (Plus 4)	10	21	2018	
GREENVI		PA	16125				
Full Name of Cont DOM MARZANO	ributor			мо	DAY	YEAR	
Mailing Address	200 GREENRIDGE	DRIVE					\$ 100.00
City NEW CAS	TLE	State	Zip Code (Plus 4)	10	22	2018	
		PA	16105				
Full Name of Cont CHRIS MITSOS	ributor			мо	DAY	YEAR	
Mailing Address	109 LUDWIG ROAD)					\$ 100.00
City NEW CAS	TLE	State	Zip Code (Plus 4)	10	19	2018	
		PA	16105				
Full Name of Cont CLAUDIA NELSO		PA	16105	мо	DAY	YEAR	
		PA	16105	мо	DAY		\$ 100.00
CLAUDIA NELSO	N 319 HOLLY LANE	PA State	16105 Zip Code (Plus 4)	мо 10	DAY 22		\$ 100.00
CLAUDIA NELSO	N 319 HOLLY LANE					YEAR	\$ 100.00
CLAUDIA NELSO	N 319 HOLLY LANE TLE	State	Zip Code (Plus 4)			YEAR	\$ 100.00
CLAUDIA NELSON Mailing Address City NEW CAS	N 319 HOLLY LANE TLE	State PA	Zip Code (Plus 4)	10	22	YEAR 2018	\$ 100.00
CLAUDIA NELSON Mailing Address City NEW CAS Full Name of Cont HOWARD LENT Mailing Address	N 319 HOLLY LANE TLE tributor 3505 OLD PITTSBU	State PA	Zip Code (Plus 4)	10	22	YEAR 2018	
CLAUDIA NELSO Mailing Address City NEW CAS Full Name of Cont HOWARD LENT Mailing Address	N 319 HOLLY LANE TLE tributor 3505 OLD PITTSBU	State PA JRGH ROAD	Zip Code (Plus 4) 16105	- 10 MO	22 DAY	YEAR 2018 YEAR	

Full Name of Contributor KEN JONES			мо	DAY	YEAR	
Mailing Address 511 MONTGO	MERY AVENUE					\$ 100.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16102	10	22	2018	
Full Name of Contributor TERVO MASONRY (AD)	мо	DAY	YEAR			
Mailing Address 117 JAMES S	TREET State PA	Zip Code (Plus 4) 16142	10	24	2018	\$ 100.00
Full Name of Contributor FIBERCON INTERNATIONAL (AD)			мо	DAY	YEAR	
Mailing Address 100 SOUTH T	State	Zip Code (Plus 4)	10	25	2018	\$ 125.00
Full Name of Contributor	PA	16033				
PAULA PRENTICE			мо	DAY	YEAR	
Mailing Address 3173 MATTHEWS ROAD						\$ 100.00
City EDINBURG	State PA	Zip Code (Plus 4) 16116	10	14	2018	

PAGE TOTAL

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

2,200.00

\$

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 Can	didate		Reporting) Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary 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		
LAWRENCE COUNTY REPUBLICAN COM	MITTEE			Fron	n:	<u>10/23/2</u>	<u>018</u> To	: <u>11/26/2018</u>
					DA	ATE		AMOUNT
Full Name of Contributor DAVID BARENSFELD					мо	DAY	YEAR	
Mailing BOX 889 Address								\$ 5,000.00
City ELLWOOD CITY	StateZip Code (Plus 4)PA16117			4)	10	18	2018	
Employer Name ELLWOOD QUALITY S	TEEL				Occupat	c ion	WNER	
Employer Mailing Address/Principal Place of City Business					State		Zip Code (Plus 4)	
Full Name of Contributor MIKE KELLY FOR CONGRESS					мо	DAY	YEAR	
Mailing P.O. BOX 476 Address								\$ 600.00
City LYNDORA	State PA	Zip 160	Code (Plus)45	4)	10	23	2018	
Employer Name UNITED STATES CON	GRESS	I			Occupation CONGRESSMAN			
Employer Mailing Address/Principal Plac Business	e of		City		I	State		Zip Code (Plus 4)
Full Name of Contributor JOHN MILES					мо	DAY	YEAR	
Mailing 154 KEYSTONE DRIVE Address	Ē							\$ 1,000.00
City NEW CASTLE State Zip Code (Plus - PA 16105			4)	10	26	2018		
Employer Name STEELITE INTERNATIONAL				Occupat	c ion	WNER		
Employer Mailing Address/Principal Plac Business	e of		City		-	State		Zip Code (Plus 4)

Full Name of Contributor ROBERT PRESTON			мо	DAY	YEAR	
Mailing 1500 WILMINGTON R Address	OAD					\$ 1,500.00
City NEW CASTLE	State	Zip Code (Plus 4)	10	23	2018	
	PA	16105				
Employer Name PRESTON MOTORS			Occupat	c ion C	WNER	
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip Code (Plus 4)
Full Name of Contributor			мо	DAY	YEAR	
ROBERT BRUCE			-			
Mailing 510 SHENANGO STOP	P ROAD		10		2010	\$ 1,500.00
City NEW CASTLE	State	Zip Code (Plus 4)	10	26	2018	
	PA	16101				
Employer Name BRUCE & amp; MERRI	LEES	•	Occupat	cion C	WNER	
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip Code (Plus 4)
Full Name of Contributor						
FLEMING STEEL (AD)			мо	DAY	YEAR	
Mailing 2739 PULASKI ROAD						\$ 500.00
City NEW CASTLE	State	Zip Code (Plus 4)	10	26	2018	
	РА	16105				
Employer Name FLEMING STEEL			Occupat	c ion C	WNER	
Employer Mailing Address/Principal Plac Business	e of	City	1	State		Zip Code (Plus 4)
			2			PAGE TOTAL
Enter Grand Total of Part C on Sche	uule 1, Detailed S	ummary Page, Secti	υΠ 3.			\$ 10,100.00

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 O	Candidate		Reportin	ig Perio	d			
LAWRENCE COUNTY REPUBL	ICAN COMMITTEE		From:		10/23/201	<u>8</u> To:	: <u>11/26/2018</u>	
		ł		D	ATE			AMOUNT
Full Name MIKE KELLY FOR CONGRESS				мо	DAY	YEAR		
Mailing Address P.O. BOX	Mailing Address P.O. BOX 476						\$	1,000.00
City LYNDORA	State PA	Zip Code (Plu 16045	ıs 4)	10	25	2018		
Receipt Description HE R	ETURNED A CAMPAIGN (CONTRIBUTION SO I	HAD TO	VOID T	HE CHECK	FROM	остс	BER
Enter Grand Total of Part E o	er Grand Total of Part E on Schedule I, Detailed Summary Page,					ſ		PAGE TOTAL
	in Schedule I, Detailed	Summary Fage, Se		•			\$	1,000.00

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	
LAWRENCE COUNTY REPUBLICAN COMMITTEE	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	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	RTF)		
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 Candidate			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Reporting Period							
				From: T			То:	То:			
						DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor						Occupat	tion				
Employer Mailing Address/Principal Place of City Business			State		Zip 4)	Zip Code(Plus 4)		Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
LAWRENCE COUNTY REPUBLICAN COMMITTEE			From	<u>10/23</u>	<u>3/2018</u>	То:	<u>11/26/2018</u>	
				DATE			AMOUNT	
To Whom Paid PAULA PRENTICE			мо	DAY	YEAR			
Mailing Address 3173 MATTHEWS ROAD			11	9	2018	\$	100.99	
City EDINBURG	State PA	Zip Code (Plus 4) 16116		Description of Expenditure REIMB FOR FALL DINNER [TIONS	
To Whom Paid COPY SHOP			мо	DAY	YEAR			
Mailing Address 3447 WILMINGTON ROAD			11	9	2018	\$	992.00	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Description of Expenditure FALL DINNER PROGRAM					
To Whom Paid HENRY KARKI			мо	DAY	YEAR			
Mailing Address 681 WALNUT	T RUN LANE		11	21	2018	\$	51.94	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure REIMB FOR WENDELL AUGUST FORGE PLATE FOR DINNER					
To Whom Paid PAULA PRENTICE			мо	DAY	YEAR			
Mailing Address 3173 MATTH	IEWS ROAD		11	21	2018	\$	202.04	
City EDINBURG	State PA	Zip Code (Plus 4) 16116	Description of Expenditure REIMB FALL DINNER DECORATIONS AND PENS					
To Whom Paid CHUCK AND/OR LINDA SONNTA	łG		мо	DAY	YEAR			
Mailing Address 5150 OLD ROUTE 422			10	22	2018	\$	100.00	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		Description of Expenditure REIMB FOR PENS FOR FALL DINNER				
Enter Grand Total of Expendi	itures on Page 1. Re	port Cover Page Item (PAGE TOTAL	
	Rules on Fage 1, Re	port cover rage, item i				\$	1,446.97	