Campaign Finance Report

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

Filer Identification 8000661 Number :					Rep File			CANI	DID	DATE		СОМ	IITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		LAW	'REN	NCE C	COUNTY	' RE	EPUBL	ICAN	COMM	ITTEE					
Street Address:	3001 WILMIN	GTON R	OAD															
City:	NEW CASTLE							State:		PA			Zip Cod	le: 16	5105			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA		P	OST-	3.		AMENDMENT Yes No REPORT?				•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY	/ PRE	Ē- 5	5.	30 DA							Yes	No		\	
report type)	ANNUAL REPORT	7. X	Year 2018						G METHOD CHECK ONE					PAPER / DIS			TTE	
Name of Office S	Sought by Candida	te:	-					DATE	OF	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО		DAY	YE	AR	Number	code			Coue	
								1	1		6	2018		(SEE IN	STRUCTI	ONS FOR O	ODES))
	Receipts and	МО	DAY	YEAR	R			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:	1	11 27	2	018	Т	0	1	12	3	31	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				17,9	986.58						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				17,9	86.58						
D. Total Expenditures (From Schedule III) \$									7,0	79.55								
E. Ending Cash Balance (Subtract Line D From Line C)							\$				10,9	07.03						
F. Value Of In-	Kind Contributions	Receive	ed (From Sc	hedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00			•			
				AFF	IDA	VI	T SE	CTIO	V									
	a Committee rep	•																
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	attached sch	edule	s filed	l on	paper	or by ele	ectro	onic me	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this day of	•	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		_
							- -		-				Prin	ted Name	e			-
My Commission Ex	Signatu pires	re							-				Ema	il				-
	мо	DA	AY	YR			_		-	Are	a Cod	e	Daytim	e Teleph	none Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	II s	ign he	re.							
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 subsc	ribed before me this											Si	gnature o	of Candid	ate			-
	day of		_ 20				-						Drinto	d Name				_
	Signature						-						Fillite	u Haine				
My Commission Exp	-								_				Ema	il				_
	МО	D	AY	YR			•			Area Code Daytime Telephone Number							⁻	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	11/27/20	<u>18</u> To:	12/31/2018				
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)			\$	0.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting) Period	(3)	\$	0.00				
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	is Part to itemize onl vith an aggregate valu							
Name of Filing Commit	Name of Filing Committee or Candidate Rep			porting				
			From: To) :		
		<u> </u>			DATE			AMOUNT
Full Name of Contributing	g Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	•			•	-		

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

PAGE TOTAL \$0.00

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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate			Reporting Period					
				From: To					
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

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

PAGE TOTAL \$ 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	nme of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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.)

lame of Filing Committee or Candidate		Reporting Period							
			From:				То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 4)									
Employer Name		•		Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	PAGE TOTAL 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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 Peri	od						
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>11/27/2018</u> To:	12/31/2018					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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	ame of Filing Committee or Candidate				Reporting Period					
			From:			To:				
				DATE			AMOUNT			
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		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 l	Period				
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Deta Summary Page, Section 3.				etaile	ed				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporting Period						
LAWRENCE COUNTY REPUBLICAN COMMITTEE				11/2	7/2018	То:	12/31/2018		
		DATE			AMOUNT				
To Whom Paid WES BANCO			мо	DAY	YEAR				
Mailing Address 3360 WILMINGTON ROAD				3	2018	\$	58.15		
City NEW CASTLE State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	<u>'</u>			
PA 16105				S					

	PA	16105	CHECKS						
To Whom Paid CRANE ROOM GRILLE			мо	DAY	YEAR				
Mailing Address 3009 WILMINGTON	ROAD		12	20	2018	\$	7,021.40		
City NEW CASTLE State PA 2ip Code (Plus 4) 16105				Description of Expenditure FALL DINNER INVOICE					
							PAGE TOTAL		

1	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$ 7,079.55