# **Campaign Finance Report**

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

Filer Identificat	ion 800	0661			Repo		CAND	IDATE		СОМІ	MITTEE	✓	LOB	BYIST		
Number : Name of Filing	Committee, Candi	date or l	obbyist:		Filed	-	COUNTY I		τραν		AITTEE					
Nume of Filing					LAWK											
Street Address:																
City:	NEW CASTLE						State:	PA			<b>Zip Code:</b> 16105					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D PRIN	DAY 1ARY	POST-	POST- 3. <b>X</b>			AMENDMENT REPORT?		No	D N	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	ay pri	E- 5.	30 D ELEC	DAY CTION	6.		TERMIN REPORT		Yes	No	<sup>D</sup>		
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 2019	)			ING METH				PAPER		$\checkmark$	DISK	TTE	
Name of Office	Sought by Candid	ate <sup>,</sup>					DATE C	OF ELE	СТІО	N	District	Office	Par	ty Code		у
							мо	DAY	YE	AR	Number	Code			Code	
									5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts and	мо	DAY	YEAF	2		мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditure	s from:		5 7	7 2	019	то	e	5 1	10	2019						
A. Amount Bro	ought Forward Fro	om Last F	Report	l		9	\$ 		10,2	233.68						
B. Total Monet	tary Contributions	And Red	eipts (Fro	m Sche	dule I)	) <u> </u>	\$		0.00							
C. Total Funds	a Available (Sum C	Of Lines A	and B)			9	\$			0.00						
D. Total Exper	nditures (From Sc	hedule II	<b>I</b> )			9	\$		10,2	233.68						
E. Ending Casl	h Balance (Subtra	ct Line D	From Line	C)			\$		8	00.00	_					
F. Value Of In	-Kind Contributio	ns Receiv	red (From S	Schedu	le II)		\$		9,4	33.68						
G. Unpaid Deb	ts And Obligation	s (From	Schedule I	V)		9	\$			0.00						
				AFF	IDAV	'IT SI	ECTION									
	is a Committee re															l
I swear (or affirm correct and comp	ı) that this report, in lete.	cluding th	e attached so	chedule	s filed o	n pape	r or by elect	tronic me	edium	, are to	the best o	of my knov	vledge	and bel	ief , tru	e,
Sworn to and sub	scribed before me th day of	is	20						S	ignatur	e of Perso	n Submitt	ing Rej	oort		-
	Signat	ure				_					Prin	ted Name				-
My Commission E	-										Ema	il				-
	мо	D	AY	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber		-
Part II- If this is	a report of a car	ndidate's	authorized	d Comr	nittee,	Candi	date shall	sign he	ere.							
I swear (or affirm No 320) as amend	) that to the best of led.	my knowl	edge and be	lief this	s politica	il comi	nittee has r	not violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,	,
Sworn to and subscribed before me this										s	ignature	of Candida	ite			-
day of 20											Drint	ad Name				-
	Signature							Printed Name								
My Commission Ex	-										Ema	hil				-
	мо	D	AY	YF	Ł	_		Area	Code		D	aytime Te	elephor	e Numb	per	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary	Faye			
Name of Filing Committee or Candidate	Reporting	g Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>5/7/201</u>	<u>.9</u> To:	<u>6/10/2019</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Rep	oorting 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 Rep	oorting 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 Rep	oorting Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From P	art E)			
TOTAL for the Rep	oorting Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (/ totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Co			\$	0.00

## 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 Committee or Candidate				orting I	Period			
				From: To:				
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

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. (Exclude contributions from political committees reported in Part A)								
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, Detailed Summary Page, Section 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					
						То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							<b>]</b> *	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				Reporting Period					
Fro				n:		Т	То:		
				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#	<b>AGE TOTAL</b> 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 Candidate			Reporting Period						
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.0	00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·								
		_	<b>.</b>					PAGE TOTAL	
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Sec				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 Period								
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>5/7/2019</u> <b>To:</b>	<u>6/10/2019</u>						
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 PAR	TF)								
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 Period					
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b>]</b> \$	0.0	)0
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	le,	P	AGE TOTAL	_
						\$	0.0	0

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

Name of Filing Committee or Candidate				porting I	Period		
						То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address			-				<b>\$</b> 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor		•		Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Nam	Name of Filing Committee or Candidate				ng Period					
LAWI	LAWRENCE COUNTY REPUBLICAN COMMITTEE					7/2019	То:	<u>6/10/2019</u>		
					DATE AM					
To Whom Paid					DAY	YEAR				
VINNIE'S PIZZA Mailing Address					13	2019	\$	500.00		
City         ELLWOOD CITY         State         Zip Code (Plus 4)					tion of Exp	enditure				
		PA	16117	MEET T	HE CANDI	DATES NI	GHT IN	I ELLWOOD CITY		
To WI	hom Paid			мо	DAY	YEAR				
LAWR	RENCE WILLIAM									
Mailir	ng Address			5	14	2019	\$	300.00		
City	NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
PA 16101					GN CONTR	RIBUTION	I			
Γ								PAGE TOTAL		
Entei	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	800.00		