

Campaign Finance Report

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

Filer Identification Number :		8000661		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: LAWRENCE COUNTY REPUBLICAN COMMITTEE												
Street Address: 3001 WILMINGTON ROAD												
City: NEW CASTLE						State: PA			Zip Code: 16105			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE				PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	5	2019				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	22	2019		11	25	2019				
A. Amount Brought Forward From Last Report						\$			6,123.36			
B. Total Monetary Contributions And Receipts (From Schedule I)						\$			4,217.00			
C. Total Funds Available (Sum Of Lines A and B)						\$			10,340.36			
D. Total Expenditures (From Schedule III)						\$			955.00			
E. Ending Cash Balance (Subtract Line D From Line C)						\$			9,385.36			
F. Value Of In-Kind Contributions Received (From Schedule II)						\$			0.00			
G. Unpaid Debts And Obligations (From Schedule IV)						\$			0.00			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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 subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY 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: <u>10/22/2019</u> To: <u>11/25/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 1,917.00

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)	\$ 300.00
TOTAL for the Reporting Period (2)	\$ 300.00

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)	\$ 2,000.00
TOTAL for the Reporting Period (3)	\$ 2,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 4,217.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	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 Candidate	Reporting Period
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From: <u>10/22/2019</u> To: <u>11/25/2019</u>

				DATE			AMOUNT	
Full Name of Contributor ARLENE MARTING					MO	DAY	YEAR	\$ 75.00
Mailing Address 276 GEORGE WASHINGTON ROAD					11	1	2019	
City VOLANT		State PA	Zip Code (Plus 4) 16156					

Full Name of Contributor			MO	DAY	YEAR	\$	225.00
DIANNE PAPA							
Mailing Address			10	27	2019		
234 E. NORTHVIEW AVENUE							
City	NEW CASTLE	State	Zip Code (Plus 4)				
		PA	16105				

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

PAGE TOTAL
\$ 300.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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 LAWRENCE COUNTY REPUBLICAN COMMITTEE	Reporting Period From: <u>10/22/2019</u> To: <u>11/25/2019</u>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
LYNNE RYAN						
Mailing Address 1504 HIGHLAND AVENUE			11	2	2019	\$ 500.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor			MO	DAY	YEAR	
PAULA PRENTICE						
Mailing Address 3173 MATTHEWS ROAD			10	31	2019	\$ 500.00
City EDINBURG	State PA	Zip Code (Plus 4) 16116				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor			MO	DAY	YEAR	
MARK KAUFMAN						
Mailing Address 120 E. WASHINGTON STREET			10	16	2019	\$ 500.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101				
Employer Name BUTZ FLORIST			Occupation OWNER			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		
120 E. WASHINGTON STREET		NEW CASTLE	PA	16101		

Full Name of Contributor DANIEL VOGLER				MO	DAY	YEAR	\$ 500.00
Mailing Address 3011 ELDOGOR LANE				10	31	2019	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105					
Employer Name LAWRENCE COUNTY				Occupation COMMISSIONER			
Employer Mailing Address/Principal Place of Business 430 COURT STREET			City NEW CASTLE		State PA	Zip Code (Plus 4) 16101	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2,000.00

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 Period	
LAWRENCE COUNTY REPUBLICAN COMMITTEE		From: <u>10/22/2019</u> To: <u>11/25/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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	
	From:	To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL
							\$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate LAWRENCE COUNTY REPUBLICAN COMMITTEE	Reporting Period From <u>10/22/2019</u> To: <u>11/25/2019</u>
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				DATE	AMOUNT	
To Whom Paid			MO	DAY	YEAR	
NEW CASTLE NEWS						
Mailing Address 27 N. MERCER STREET			10	23	2019	\$ 955.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure AD FOR FALL DINNER			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 955.00

