

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 :		2008329		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JOHN LAWRENCE												
Street Address:												
City: WEST GROVE						State: PA		Zip Code: 19390				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2020	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	3	2020				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		3	10	2020		5	18	2020				
A. Amount Brought Forward From Last Report						\$ 5,068.59						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,450.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 8,518.59						
D. Total Expenditures (From Schedule III)						\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 8,518.59						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 451.99						
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
FRIENDS OF JOHN LAWRENCE	From: <u>3/10/2020</u> To: <u>5/18/2020</u>

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

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 2,800.00
TOTAL for the Reporting Period (3)	\$ 3,300.00

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.)	\$ 3,450.00
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<div> <div> PART A</div> <div> CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div> \$50.01 TO \$250.00</div> <div> 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.</div> </div>							
Name of Filing Committee or Candidate				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	<div>\$</div> <div>0.00</div>
Mailing Address							
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 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
FRIENDS OF JOHN LAWRENCE	From: <u>3/10/2020</u> To: <u>5/18/2020</u>

DATE				AMOUNT
Full Name of Contributor				
SHARON B JOHNSON				
Mailing Address				
City WEST GROVE	State PA	Zip Code (Plus 4) 19390	MO 4 DAY 22 YEAR 2020	\$ 100.00

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

PAGE TOTAL
\$ 100.00

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
FRIENDS OF JOHN LAWRENCE	From: <u>3/10/2020</u> To: <u>5/18/2020</u>

DATE				AMOUNT
Full Name of Contributing Committee				
ABBOTT LAB EMPLOYEE PAC				\$ 500.00
Mailing Address				
City	State	Zip Code (Plus 4)		
ABBOTT PARK	IL	60064	4 23 2020	

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

PAGE TOTAL
\$ 500.00

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 FRIENDS OF JOHN LAWRENCE	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor JOANNE LAWRENCE				MO	DAY	YEAR	\$ 500.00
Mailing Address City KEMBLESVILLE State PA Zip Code (Plus 4) 19347				5	18	2020	
Employer Name RETIRED				Occupation			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Full Name of Contributor REBECCA CORBIN				MO	DAY	YEAR	\$ 1,000.00
Mailing Address City DOWNINGTOWN State PA Zip Code (Plus 4) 19335				3	2	2020	
Employer Name RETIRED				Occupation			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Full Name of Contributor FRANK MANFREDI				MO	DAY	YEAR	\$ 500.00
Mailing Address City KENNETT SQ State PA Zip Code (Plus 4) 19348				1	30	2020	
Employer Name MANFREDI COLD STORAGE				Occupation OWNER			
Employer Mailing Address/Principal Place of Business				City KENNETT SQ		State PA	Zip Code (Plus 4) 19348
Full Name of Contributor BRUCE BOOK & KATHY BOOK				MO	DAY	YEAR	\$ 500.00
Mailing Address City QUARRYVILLE State PA Zip Code (Plus 4) 17566				3	11	2020	
Employer Name HOUSE OF REPRESENTATIVES				Occupation OFFICE MANAGER			
Employer Mailing Address/Principal Place of Business				City WEST GROVE		State PA	Zip Code (Plus 4)

Full Name of Contributor JUDITH GAWLIKOWSKI			MO 2	DAY 15	YEAR 2020	\$ 300.00
Mailing Address						
City WEST GROVE	State PA	Zip Code (Plus 4) 19390				
Employer Name PENN MEDICINE			Occupation NURSE PRACTIONER			
Employer Mailing Address/Principal Place of Business		City WEST GROVE	State PA	Zip Code (Plus 4) 19390		

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

PAGE TOTAL
\$ 2,800.00

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:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
FRIENDS OF JOHN LAWRENCE		From: <u>3/10/2020</u> To: <u>5/18/2020</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 451.99
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.)			\$ 451.99

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:
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			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 FRIENDS OF JOHN LAWRENCE	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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				DATE	AMOUNT
Full Name of Contributor JOHN LAWRENCE				MO	\$ 451.99
Mailing Address				DAY	
City WEST GROVE	State PA	Zip Code(Plus 4) 19390	YEAR		
Employer of Contributor PA HOUSE OF REPS				Occupation STATE REP	
Employer Mailing Address/Principal Place of Business		City WEST GROVE	State PA	Zip Code(Plus 4)	Description of Contribution POST CARDS
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 451.99

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From _____ To: _____
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DATE				AMOUNT		
To Whom Paid			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

