Campaign Finance Report

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

Filer Identificati Number :	on	2020	C0722				port		CAND	IDATE	√	CO	MMITTEE		LOBE	BYIST		
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		JOH	IN L	AWRE	NCE									
Street Address:																		
City:									State:				Zip Code	e: 19	390			
TYPE OF REPORT	6TH TUES PRE-PRIN	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	~	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		POST-	6.		TERMINATION Yes Ne REPORT?					
report type)	ANNUAL	. REPORT	7.	Year 2020					NG METH CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Cought by	/ Candidat	:e:						DATE ()F ELE	CTI	ON	District Office Party Code Number Code					
									МО	DAY	Y	'EAR	13	STH	REP	'	Code	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		3	2020		(SEE INS	TRUCTIO	ONS FOR	CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	Y	/EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			3 10	2	020	Т	0	5	5	18	2020						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				451.99						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	oligations	(From S	chedule IV)			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	cand	idate sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elec	tronic m	ediur	n, are to t	the best of	my know	/ledge	and beli	ef , true	
Sworn to and subs	cribed bef day of	ore me this		20								Signature	of Person	Submitt	ing Rep	ort		
	_	Signatur	·e					- -					Printe	ed Name				
My Commission Ex	pires							_					Email					
		мо	D	AY	YR					Ar	ea Co	de	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has ı	not viola	ted a	ny provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,	l
Sworn to and subsc		re me this										s	ignature of	Candida	te			
-	day of —							_					Printed	Name				
		Signature						-										
My Commission Exp	ires												Email					
	_	мо	D	AY	YR	l		_		Area	Code		Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JOHN LAWRENCE	From:	<u>3/10/202</u>	<u>:0</u> To:	5/18/2020
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 an 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

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 Candida	te		Reporting	Period			
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

Name of Filing Comm	nittee or Candidate	Re	porting I	Period			
		Fre	om:		To	o:	
		l		DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						1	
	I						PAGE TOTAL

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	me of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		A	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR			0.00		
Mailing Address							- \$		0.00		
City	State	Zip Cod	e (Plus 4)								
								PAGE TOT	AL		
Enter Grand Total of Part C on School	dule 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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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 Perio	od	
JOHN LAWRENCE	From:	3/10/2020 To :	<u>5/18/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 Car	lame of Filing Committee or Candidate Re					Reporting Period					
	From: To:										
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						7 \$	C	0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•		•					
					-						
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL				
Section 2.						\$	0	.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

451.99

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	Reportir						
JOHN LAWRENCE			From	<u>3/10</u>	0/2020	То:	<u>5/18/2020</u>
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
FEDEX OFFICE			110				
Mailing Address S MAIN ST			2	1	2020	\$	451.99
City NEWARK	State	Zip Code (Plus 4)	Descript	ion of Exp	enditure		
	DE		POSTCA	RDS			
Enter Grand Total of Expenditures	on Page 1, R	eport Cover Page, Item [) .				PAGE TOTAL