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 8000	661			Rep File			CA	NDI	DATE		COM	MITTEE	Y	LUB	D1131		
Name of Filing C	Committee, Candid	ate or L	obbyist:		LAW	'REN	ICE C	OUN	TY R	EPUBL	ICAN	COMM	1ITTEE					
Street Address:																		
City:	NEW CASTLE							State	e:	PA			Zip Co	de: 16	105			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		P	POST-	3.		AMENDN REPORT		Yes	No)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	≣- 5	5.	30 DA		P	POST-	6. X		TERMIN/ REPORT		Yes	No)	√
report type)	ANNUAL REPORT	7.	Year 2020					ILING METHOD () CHECK ONE					PAPER		$ \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:	•					DAT	ΈΟ	F ELE	CTIC	N	District Number	Office Code	Pa	rty Code	Cour	
								МО		DAY	YI	EAR		•	•			
									11		3	2020		(SEE IN:	STRUCT	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR	R .			МО		DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	s trom:		10 20) 2	020	Т	<u> </u>		11	:	23	2020						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				12,4	491.67						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				12,	491.67						
D. Total Expend	ditures (From Sch	edule II	I)				\$				1,0	80.94						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				11,4	10.73	-					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule I\	/)			\$					0.00						
				AFF	IDA	VI	ΓSE	CTI	NC									
I swear (or affirm)	s a Committee rep) that this report, incl	-	_							-		_		f my knov	wledge	and beli	ef , tr	ue
correct and comple	ete. scribed before me this											_						_
	day of	•	20				_				S	Signature	of Perso	n Submitt	ting Re	port		
	Signatu	re					-						Prin	ted Name	•			
My Commission Ex	·						_		•				Ema	il				
	МО		AY	YR							ea Coo	le	Daytin	e Teleph	one Nu	ımber		닉
	a report of a cand					•				_			: 6 b b	+£ 1-	2 1	027 (D.I	122	
No 320) as amende	ed.	ily Kilowi	euge and bei	iei tilis	politi	icai	Comm	ittee i	ias iii	OL VIOIA	teu ai	iy provis	ions or th	e act of J	une 3,1	.937 (P.I	133	_
Sworn to and subsc	ribed before me this day of		20									s	ignature (of Candida	ate			
	<u> </u>						-						Printe	d Name				-
My Commission Exp	Signature pires						-						Ema	il				-
	МО	D	AY	YR	!		-			Area	Code		D	aytime T	elepho	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	10/20/202	<u>0</u> To:	11/23/2020
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	\$	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 Candidate				Reporting Period						
		F	rom:		То	ŧ				
		•		DATE			AMOUNT			
Full Name of Contributing Committee	Full Name of Contributing Committee				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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	Rep	orting P	eriod						
			From: To) :		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
			- 1				l		
Mailing Address							\$	0.00	
Mailing Address City	State	Zip Code (Plus 4)				\$	0.00	

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

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:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page				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				Reporting Period							
				Fron	n:		1	Го:			
					D	ATE			AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	2	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zi	ip Cod	e (Plus 4))
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umm	ary Page,	Section	on 3.				P	AGE TOTA	L
								\$		C	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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Pe	riod								
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>10/20/2020</u> To:	11/23/2020							
. 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	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				Reporting Period					
						To				
				DATE			AMOUNT			
Full Name of Contributor				DAY	YEAR					
Mailing Address						7 \$		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 Sun	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				Reporting 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	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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candi	me of Filing Committee or Candidate							
Name of Filing Committee or Candi	uate		Report	ing Period				
LAWRENCE COUNTY REPUBLICAN	COMMITTEE		From	10/2	0/2020	То:	11/23/2020	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
DEBBIE SUNSERI			MO		ILAK			
Mailing Address			11	18	2020	\$	92.91	
City NEW CASTLE	State	Zip Code (Plu	(4) Descri	ption of Exp	enditure			
	BASKE	TS FOR WO	MEN FOR	R TRUMP	RALLY			
To Whom Paid	мо	DAY	YEAR					
RELIABLE LUMBER			1 = 1 \					
Mailing Address			11	18	2020	\$	269.63	
City NEW CASTLE	State	Zip Code (Plu	(4) Descri	ption of Exp	enditure			
	PA	16101	STAKE	S FOR SIGN	NS			
To Whom Paid			МО	DAY	YEAR			
R NESBITT PORTABLE TOILET S			110					
Mailing Address			11	18	2020	\$	254.40	
City NEW CASTLE	State	Zip Code (Plu	(4) Descri	ption of Exp	enditure	•		
	PA	16101	WOME	N FOR TRU	MP RALLY	,		
To Whom Paid			МО	DAY	YEAR			
COPY SHOP			110					
Mailing Address			11	18	2020	\$	200.00	
City NEW CASTLE State Zip Code (Plus 4)			(4) Descri	Description of Expenditure				
PA 16105				AVE SIGNS	<u> </u>			

			1.1.2.							
	To Whom Paid NEW CASTLE AGWAY				DAY	YEAR				
Mailir	Mailing Address				18	2020	\$		264.00	
City	NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	16101	_	BALES FO	r women	N FOR	TRUMP TO		
				·	•			PAGE TO	TAL	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

\$ 1,080.94