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 80	00661				Repor Filed E		CANI	DIDA	TE		COM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	lidate or L	.obbyist	t:	L	AWRE	NCE C	COUNTY	REP	UBL	ICAN	COMM	IITTEE					
Street Address:	3001 WILM	INGTON F	ROAD															
City:	NEW CASTI	_E						State:	PA	4			Zip Cod	le: 16	105			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FI PRIMA	RIDAY RY	PRE-	2. X	30 DA		POS	ST-	3.		AMENDMENT REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FF	RIDAY ION	PRE-	5.	30 DA		POS	ST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPO	RT 7.	Year 2	2021				NG MET					PAPER	√	DISK	ETTE		
Name of Office S	ought by Candi	date:	-			_		DATE	OF I	ELEC	TIO	N	District Number	Office Code	Pai	rty Cod	Cour	
								МО	D	AY	YE	AR						
								1	.1		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	/ Y	/EAR			МО	D	AY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		3	30	20	21 T	0		5		3	2021						
A. Amount Bro	ught Forward Fi	rom Last F	Report				\$				14,0	17.65						
B. Total Moneta	ary Contribution	ıs And Red	ceipts (I	From S	Sched	ule I)	\$					50.00						
C. Total Funds	Available (Sum	Of Lines A	A and B))			\$				14,0	67.65						
D. Total Expend	ditures (From S	chedule II	(I)				\$				7	37.50						
E. Ending Cash	Balance (Subtr	act Line D	From L	ine C))		\$				13,3	30.15						
F. Value Of In-	Kind Contribution	ns Receiv	red (Fro	m Sch	nedule	e II)	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedu	le IV)			\$					0.00		,				
					AFFI	DAVI	T SE	CTIO	١									
PART I - If this is				_					=	-		_		e •	.1		:-e	
I swear (or affirm) correct and comple		ncluaing th	e attacne	ea scne	eaules	riiea on	paper	or by ele	ctron	ic me	aium,	are to t	ne best o	r my knov	vieage	and be	ier, tr	ue
Sworn to and subs	cribed before me t day of	this	20								S	ignature	of Perso	n Submitt	ing Re	port		
	Signa	ature					-						Prin	ted Name				-
My Commission Ex	pires						_		_				Emai	il				
	МО	D	AY		YR					Are	a Cod	e	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a ca	andidate's	author	ized C	ommi	ittee, C	andid	ate sha	II sig	n he	re.							
I swear (or affirm) No 320) as amende		of my knowl	edge and	d belief	thisp	oolitical	comm	ittee has	not v	violat	ed an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me th	nis	20						_			s	ignature o	of Candida	ite			_
							-		_				Printe	d Name				-
	Signatu	re					-											_
My Commission Exp	ires												Ema	il				
	мо	D	AY		YR		-		_	Area C	ode		Da	ytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	3/30/202	<u>1</u> To:	5/3/2021
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)			\$	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	J 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			\$	50.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 0.00

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 o	r Candidate		Rep Fro	oorting P m:	eriod	To):	
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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

PAGE TOTAL\$ 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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>3/30/2021</u> To:	<u>5/3/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO)R	
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period					
					Fro	m:		То	:			
							DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period				
LAWRENCE COUNTY REPUBLIC	CAN COMMITTEE		From	<u>3/30</u>	0/2021	То:	5/3/2021	
		l		DATE			AMOUNT	
To Whom Paid SHERRY PATTON			мо	DAY	YEAR			
Mailing Address 189 PATTO	N LANE		1	20	2021	\$	172.50	
City EDINBURG	State	Zip Code (Plus 4)		otion of Exp				
	PA	16116	VAN RE	ENTED FOR	R ELECTION	ON DAY		
To Whom Paid COPY SHOP				DAY	YEAR			
Mailing Address 3132 WILMINGTON ROAD SUITE 3				20	2021	\$	100.00	
City NEW CASTLE	State	Zip Code (Plus 4)	-	otion of Exp		!		
	PA	16105	RED W	AVE SLIPS				
To Whom Paid CUSTOM FLAG AND POLE SHO	Р		мо	DAY	YEAR			
Mailing Address 411 E. LON	G AVENUE		1	21	2021	\$	3,000.00	
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	otion of Exp	oenditure	1		
	PA	16101	FLAG F	OR WOME	N FOR TE	RUMP		
To Whom Paid NORTHWEST CAUCUS			мо	DAY	YEAR			
Mailing Address 10990 LIVERMORE ROAD			2	8	2021	\$	165.00	
State Zip Code (Plus 4)			Descrip	otion of Exp	enditure			
	PA 16335			DUES FOR 2021				
							PAGE TOTAL	
Enter Grand Total of Expend	ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					.	2 427 50	

3,437.50