

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:												
City: NEW CASTLE						State: PA			Zip Code: 16101			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2021	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	2	2021				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	19	2021		11	22	2021				
A. Amount Brought Forward From Last Report						\$ 12,935.95						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 940.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 13,875.95						
D. Total Expenditures (From Schedule III)						\$ 444.87						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 13,431.08						
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>10/19/2021</u> To: <u>11/22/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 40.00

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)	\$ 600.00
TOTAL for the Reporting Period (3)	\$ 600.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 150.00

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.)	\$ 1,090.00
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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
	From: To:

DATE				AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
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
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From: <u>10/19/2021</u> To: <u>11/22/2021</u>

DATE					AMOUNT		
Full Name of Contributor ZAMA FOR GOVERNOR				MO	DAY	YEAR	\$ 100.00
Mailing Address				11	18	2021	
City	EAST STROUDSBURG	State	PA				
Full Name of Contributor MUESER FOR CONGRESS				MO	DAY	YEAR	\$ 100.00
Mailing Address				11	18	2021	
City	HUDSON	State	WI				
Full Name of Contributor CHARLIE FOR GOVERNOR				MO	DAY	YEAR	\$ 100.00
Mailing Address				11	18	2021	
City	HARRISBURG	State	PA				

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>10/19/2021</u> To: <u>11/22/2021</u>
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			DATE			AMOUNT		
Full Name of Contributor MCSWAIN FOR GOVERNOR			MO	DAY	YEAR	\$ 300.00		
Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City ALEXANDRIA</td> <td style="border: none;">State VA</td> <td style="border: none;">Zip Code (Plus 4) 22314</td> </tr> </table>			City ALEXANDRIA	State VA	Zip Code (Plus 4) 22314		11	18
City ALEXANDRIA	State VA	Zip Code (Plus 4) 22314						
Employer Name			Occupation					
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)		

Full Name of Contributor JEFFREY A. BARTOS			MO	DAY	YEAR	\$ 300.00		
Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City MERION STATION</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 190661217</td> </tr> </table>			City MERION STATION	State PA	Zip Code (Plus 4) 190661217		11	18
City MERION STATION	State PA	Zip Code (Plus 4) 190661217						
Employer Name			Occupation					
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 600.00

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 LAWRENCE COUNTY REPUBLICAN COMMITTEE	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</u>
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			DATE	AMOUNT		
Full Name			MO	DAY	YEAR	
FIVE FILLIES FARM			11	18	2021	\$ 40.00
Mailing Address						
City NEW WILMINGTON	State PA	Zip Code (Plus 4) 161421414				
Receipt Description REFUND CK NO-557-BALANCE LEFT ON SECURITY DEPOSIT CHECK #1002						

Full Name			MO	DAY	YEAR	
FIVE FILLIES FARM			11	18	2021	\$ 110.00
Mailing Address						
City NEW WILMINGTON	State PA	Zip Code (Plus 4) 161421414				
Receipt Description RETURNED CHECK #1010 DEDUCTED FROM SECURITY DEPOSIT CHECK #1002						

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

PAGE TOTAL
\$ 150.00

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>10/19/2021</u> To: <u>11/22/2021</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)		\$	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:
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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				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	Reporting Period
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From <u>10/19/2021</u> To: <u>11/22/2021</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FIRST NATIONAL BANK				
Mailing Address	10	18	2021	\$ 10.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Description of Expenditure DEPOSIT SLIPS	
To Whom Paid	MO	DAY	YEAR	
UNITED STATES POSTAL SERVICE				
Mailing Address	10	19	2021	\$ 8.56
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure MAIL STATE REPORT CK NO. 1013	
To Whom Paid	MO	DAY	YEAR	
TAMMY CRAWFORD FOR REGISTER & RECORDER LAWRENCE COUNTY				
Mailing Address	10	27	2021	\$ 100.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure POLITICAL CK NO. 1014	
To Whom Paid	MO	DAY	YEAR	
JERRY HERMANN				
Mailing Address				\$ 326.31
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure INVOICE-960041707 WIX.COM LTD CK NO. 1015	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 444.87

