

# 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: 1027 OLD PRINCETON ROAD										
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	
				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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From: <u>10/19/2021</u> To: <u>11/22/2021</u>

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 300.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 300.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 600.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 600.00

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

<b>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.)</b>	\$ 1,090.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LAWRENCE COUNTY REPUBLICAN COMMITTEE	<b>From:</b> <u>10/19/2021</u> <b>To:</b> <u>11/22/2021</u>

<b>DATE</b>	<b>AMOUNT</b>
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Full Name of Contributor ZAMA FOR GOVERNOR			MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 343			11	18	2021	
City EAST STROUDSBURG	State PA	Zip Code (Plus 4) 183010343				

Full Name of Contributor MUESER FOR CONGRESS				MO	DAY	YEAR	\$ 100.00
Mailing Address P.O. BOX 183				11	18	2021	
City HUDSON	State WI	Zip Code (Plus 4) 54016					

Full Name of Contributor CHARLIE FOR GOVERNOR				MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 11624				11	18	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 171081625					

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

<b>PAGE TOTAL</b>
\$ 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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  LAWRENCE COUNTY REPUBLICAN COMMITTEE	<b>Reporting Period</b>  <b>From:</b> <u>10/19/2021</u> <b>To:</b> <u>11/22/2021</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
MCSWAIN FOR GOVERNOR							
<b>Mailing Address</b> 228 S. WASHINGTON ST. SUITE 115				11	18	2021	\$      300.00
<b>City</b> ALEXANDRIA	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22314					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

Full Name of Contributor				MO	DAY	YEAR	
JEFFREY A. BARTOS							
<b>Mailing Address</b> 239 WINDING WAY				11	18	2021	\$      300.00
<b>City</b> MERION STATION	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190661217					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

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

<b>PAGE TOTAL</b>
\$      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.**

<b>Name of Filing Committee or Candidate</b>  LAWRENCE COUNTY REPUBLICAN COMMITTEE	<b>Reporting Period</b>  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						
Mailing Address 503 WAUGH AVE			11	18	2021	\$ 40.00
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 FIVE FILLIES FARM			MO	DAY	YEAR	
Mailing Address 503 WAUGH AVE			11	18	2021	\$ 110.00
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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
LAWRENCE COUNTY REPUBLICAN COMMITTEE		From: <u>10/19/2021</u> To: <u>11/22/2021</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From <u>10/19/2021</u> To: <u>11/22/2021</u>

DATE				AMOUNT
<b>To Whom Paid</b> FIRST NATIONAL BANK	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1718 WILMINGTON ROAD	10	18	2021	\$ 10.00
<b>City</b> NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16105	<b>Description of Expenditure</b> DEPOSIT SLIPS	
<b>To Whom Paid</b> UNITED STATES POSTAL SERVICE	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 151 CASCADE STREET	10	19	2021	\$ 8.56
<b>City</b> NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16101	<b>Description of Expenditure</b> MAIL STATE REPORT CK NO. 1013	
<b>To Whom Paid</b> TAMMY CRAWFORD FOR REGISTER & RECORDER LAWRENCE COUNTY	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 735 ROSEPOINT ROAD	10	27	2021	\$ 100.00
<b>City</b> NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16101	<b>Description of Expenditure</b> POLITICAL CK NO. 1014	
<b>To Whom Paid</b> JERRY HERMANN	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 184 CALVERT LANE				\$ 326.31
<b>City</b> NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16101	<b>Description of Expenditure</b> INVOICE-960041707 WIX.COM LTD CK NO. 1015	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b> \$ 444.87

