Campaign Finance Report

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

										_							
Filer Identificat Number :	ion 8	000661				Report Filed B		CANDI	DATE		сомм	IITTEE	✓	LOBI	BYIST		
Name of Filing (Committee, Car	ndidate o	or Lob	byist:		LAWREN	ICE C	OUNTY R	EPUBLI	ICAN C	СОММ	ITTEE					
Street Address:	1027 OLD	PRINCE	TON F	ROAD													
City:	NEW CAS	ΓLE						State:	PA			Zip Cod	le: 16	101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDA RIMARY	Y PRE		30 DA PRIM		POST-	3.		AMENDM REPORT?		Yes	No		\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDA LECTION	Y PRE		30 DA		POST- 6.			TERMINA REPORT?		Yes	No		\checkmark
report type)	Pe) ANNUAL REPORT 7. X Year 2022 FILING METHOD () CHECK ON									PAPER		\checkmark	DISKE	TTE			
Name of Office	Sought by Cano	lidate:						DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	Coun Code	
								мо	DAY	YEA	R						
								11		8 2	2022		(SEE INS	STRUCTI	ONS FOR	CODES)	,
Summary of		d MC	C	DAY	YEAR	1		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		11	29	2	022 T	0	12	3	1 2	2022						
A. Amount Bro	ught Forward	From Las	st Rep	ort			\$			25,37	1.45						
B. Total Monet	ary Contributio	ons And I	Receip	ots (From	n Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sun	n Of Line	es A ar	nd B)			\$			25,37	1.45						
D. Total Expen	ditures (From	Schedule	e III)				\$			33	3.45						
E. Ending Cash	Balance (Sub	tract Line	e D Fro	om Line (C)		\$			25,338	8.00						
F. Value Of In-	Kind Contribut	ions Rec	eived	(From S	chedu	le II)	\$			(0.00						
G. Unpaid Deb	ts And Obligati	ons (Fro	om Sch	nedule IV	')		\$			(0.00						
					AFF	IDAVI	Γ SE	CTION									
PART I - If this i																	
I swear (or affirm correct and compl		, including	g the at	ttached scl	hedules	s filed on p	paper	or by elect	ronic me	dium, a	re to t	he best of	f my knov	vledge	and beli	ef , trı	Je'
Sworn to and subs	scribed before me day of	e this	2	0						Sigi	nature	of Perso	n Submitt	ing Rep	oort		-
							-					Print	ted Name	1			-
My Commission E	-	nature										Emai					-
,	мо		DAY		YR		-		Are	a Code			e Teleph	one Nu	mber		-
Part II- If this is	a report of a	candidat	e's au	thorized	Comn	nittee, Ca	andid	ate shall	sian he	re.							f
I swear (or affirm) No 320) as amend) that to the best								-		provisi	ons of the	e act of Ju	une 3,1	937 (P.L	. 1333	3,
Sworn to and subse	cribed before me	this									si	gnature o	of Candida	ate			-
	day of		2	.0								J					_
							-					Printe	d Name				
My Commission Exp	Signat pires	ure										Emai	il				-
	мо		DAY		YR				Area C	Code		Da	aytime Te	elephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pa	ge			
Name of Filing Committee or Candidate	Reporting	g Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>11/29/20</u>	<u>22</u> To:	<u>12/31/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Report	ing 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 Report	ing 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 Report	ing Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part	E)			
TOTAL for the Report	ing Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover			\$	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 Commit	Reporting Period						
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing	g Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of P	art A on Schedule I, Detaile	ed Summary Page, Sec	tion 2.			\$	0.00

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

PAGE 3

\$

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 Candidat	e		Rep	orting P	eriod				
			Fro	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Candidate			Reporting	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 C	andidate		Report	ting Perio	bd				
					From: To:				
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		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	bd	
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>11/29/2022</u> то:	<u>12/31/2022</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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Period			
				From:			
				DATE		АМС	DUNT
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 Sche	dule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAG	E TOTAL
Section 2.					4	;	0.00

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

Name of Filing Committee or Candidate						oorting P	eriod			
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	ion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule	II. In-Kind C	ontributions De	tailed	PAGE TOTAL
Summary Page, Section 3.	,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
LAWRENCE COUNTY REPUBLICAN COMMITTEE			From	<u>11/29/2022</u> To:			<u>12/31/2022</u>
			DATE				AMOUNT
To Whom Paid FIRST NATIONAL DISCOUNT			мо	DAY	YEAR		
Mailing Address 3200 WILMINGTON ROAD			12	12	2022	\$	33.45
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Description of Expenditure BANK CHARGES 39300983523944				
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	33.45