# **Campaign Finance Report**

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

Filer Identificat	ion 2022	2C1204			Repo		CANE	DIDATE	<b>√</b>	СС	OMMITTE	E	LOB	BYIST			
Number : Name of Filing (	Committee, Candic	late or L	obbvist:		<b>Filed</b>	-	/RENCE										
Street Address:																	
City:							State:				Zip Cod	<b>Zip Code:</b> 19390					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST-	3.			AMENDMENT REPORT?		No	<b>^</b>		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY CTION	POST-	POST- 6.		TERMINATION REPORT?		Yes	No	· 🗸		
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022				FILING METHOD ( ) CHECK ONE						$\checkmark$	DISKE	TTE		
Name of Office S	L Sought by Candida	te:					DATE	OF ELE	СТІС	N	District Number	Office Code	Par	ty Code	County		
			мо	DAY	YI	EAR	13	STH	REF	•							
REPRESENTATIVE IN THE GENERAL ASSEMBLY							1	1	8	2022	l	(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY			
Expenditures	s from:		11 29	2	022	го	1	2	31	2022							
A. Amount Bro	ught Forward Fro	m Last R	leport			\$	5			0.00							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	4	\$		0.00								
C. Total Funds	Available (Sum O	f Lines A	and B)			4	\$			0.00							
D. Total Expen	ditures (From Sch	edule II	1)			4	\$			0.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		4	5			0.00							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	4	\$			0.00							
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			5			0.00							
				AFF	IDAV	IT SE	ECTION	J									
PART I - If this i	s a Committee rep	ort, trea	asurer sign	here.	If this i	s a Ca	ndidate	report,	candi	date sig	gn here.						
I swear (or affirm correct and compl	) that this report, inc ete.	luding the	e attached sc	hedules	s filed or	1 paper	or by ele	ctronic n	nedium	, are to	the best of	f my knov	vledge	and beli	ef , true		
Sworn to and subs	scribed before me thi	S							5	Signatur	e of Persor	n Submitt	ing Rep	oort			
	day of 					_											
	Signatu	ıre				_					Print	ed Name					
My Commission E			• • •								Emai						
	МО		AY	YR	_	_	_	A	rea Coo	le	Daytim	e Teleph	one Nu	mber	_		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Candio	date sha	ll sign h	ere.								
I swear (or affirm) No 320) as amend	) that to the best of ed.	my knowl	edge and beli	ief this	politica	l com	nittee has	not viola	ated ar	ıy provis	ions of the	e act of Ju	ine 3,1	937 (P.I	1333,		
Sworn to and subso	cribed before me this day of		20							S	ignature o	f Candida	ite				
						_					Printe	d Name					
	. Signature					_					Emai						
My Commission Exp	bires										cmai	•					
	мо	D	AY	YR	1	_		Area	Code		Da	iytime Te	elephor	e Numb	er		

# SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Period							
JOHN A LAWRENCE	From:	<u>11/29/202</u>	2 <u>2</u> To:	<u>12/31/2022</u>			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
			-				
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	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 Candida	te		Rep	orting P	eriod				
			Fror	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	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 Period						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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				
Fro				From:			То:	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 0.00

### 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	Name of Filing Committee or Candidate			Reporting Period					
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·								
		_	<b>.</b>					PAGE TOT	AL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	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 Perio	d	
JOHN A LAWRENCE	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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting	Period	·			
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period					
						То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							<b>\$</b> 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 0.00		

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period				
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				tion of Exp	enditure				
Enter Grand Total of Exponditures	on Page 1. Penert (	Cover Bage Item [	<b>`</b>				PAGE TOTAL		
Enter Grand Total of Expenditures of	JII Page 1, Report C	lover Page, menn i				\$	0.00		