

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 : 20230128		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT SHAWN MCLAUGHLIN											
Street Address:											
City: LANCASTER				State: PA		Zip Code: 17601					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2023	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	7	2023				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					3	28	2023				TO
					5	1	2023				
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		5,505.00				
D. Total Expenditures (From Schedule III)					\$		0.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		5,505.00				
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
COMMITTEE TO ELECT SHAWN MCLAUGHLIN	From: <u>3/28/2023</u> To: <u>5/1/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 780.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 525.00
All Other Contributions (Part B)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 725.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,000.00
All Other Contributions (Part D)	\$ 2,000.00
TOTAL for the Reporting Period (3)	\$ 4,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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.)	\$ 5,505.00
---	-------------

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			
COMMITTEE TO ELECT SHAWN MCLAUGHLIN				From: <u>3/28/2023</u> To: <u>5/1/2023</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 100.00
FRIENDS OF ANDREW SPADE			4	7	2023	
Mailing Address						
City LITITZ	State PA	Zip Code (Plus 4) 17543				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 100.00
FRIENDS OF ANN HESS			4	17	2023	
Mailing Address						
City LANCASTER	State PA	Zip Code (Plus 4) 17601				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 75.00
FRIENDS OF BRYANT GLICK			4	20	2023	
Mailing Address						
City LEOLA	State PA	Zip Code (Plus 4) 17540				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
SUPPORTERS OF DAVE ZIMMERMAN			4	17	2023	
Mailing Address						
City EAST EARL	State PA	Zip Code (Plus 4) 17519				

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

PAGE TOTAL
\$ 525.00

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 COMMITTEE TO ELECT SHAWN MCLAUGHLIN	Reporting Period From: <u>3/28/2023</u> To: <u>5/1/2023</u>
---	---

DATE					AMOUNT		
Full Name of Contributor LAWRENCE ROSKOS				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	3	2023	
City	ELIZABETHTOWN	State	PA				
Full Name of Contributor R KEITH VOGT				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	17	2023	
City	MOUNT JOY	State	PA				

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

PAGE TOTAL
\$ 200.00

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 COMMITTEE TO ELECT SHAWN MCLAUGHLIN	Reporting Period From: <u>3/28/2023</u> To: <u>5/1/2023</u>
---	---

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
JAM FOR PA				4	12	2023	
Mailing Address							
City	LANCASTER	State	PA	Zip Code (Plus 4)		17601	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
FRIENDS OF RAY D'AGOSTINO				4	12	2023	
Mailing Address							
City	LANCASTER	State	PA	Zip Code (Plus 4)		17608	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
FRIENDS OF JOSH PARSONS				4	17	2023	
Mailing Address							
City	LANCASTER	State	PA	Zip Code (Plus 4)		17601	

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

PAGE TOTAL
\$ 2,000.00

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 COMMITTEE TO ELECT SHAWN MCLAUGHLIN	Reporting Period From: <u>3/28/2023</u> To: <u>5/1/2023</u>
---	---

				DATE			AMOUNT
Full Name of Contributor STUART K RADNOVIC				MO	DAY	YEAR	\$ 500.00
Mailing Address				4	17	2023	
City LITITZ	State PA	Zip Code (Plus 4) 17543					
Employer Name RETIRED / NONE				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
Full Name of Contributor RICK RODGERS				MO	DAY	YEAR	\$ 500.00
Mailing Address				4	5	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17602					
Employer Name RODGERS AND ASSOCIATES				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business			City LANCASTER		State PA	Zip Code (Plus 4) 17601	
Full Name of Contributor DAVID HOLLINGER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				3	31	2023	
City DENVER	State PA	Zip Code (Plus 4) 17517					
Employer Name FAMILY PLACE PROPERTIES LP				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business			City DENVER		State PA	Zip Code (Plus 4) 17517	

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

PAGE TOTAL
\$ 2,000.00

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	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 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 Period	
COMMITTEE TO ELECT SHAWN MCLAUGHLIN		From: <u>3/28/2023</u> To: <u>5/1/2023</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:
---------------------------------------	--

			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	

