### **Campaign Finance Report**

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

											_			_			
Filer Identificati Number :	on	2023	C0169				port ed B		CAND	DATE	<b>~</b>	co	MMITTEE		LOBI	BYIST	
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		SHA	AWN	MCLA	UGHLIN	l							
Street Address:																	
City:									State:				Zip Code	: 17	502		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	<b>~</b>
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	E-	5. <b>X</b>	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	<b>/</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2023					IG METH CHECK C				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	ought by	/ Candidat	te:						DATE (	)F ELE	CTI	ON	District Number	Office Code	Par	ty Code	County Code
	,								МО	DAY	,	YEAR	Number	code			coue
									11		7	2023		(SEE INS	TRUCTI	ONS FOR C	CODES)
Summary of		s and	МО	DAY	YEAR	2			МО	DAY	,	YEAR	FOR	OFFIC	E USE	ONLY	
Expenditures	from:			9 19	2	023	Т	0	10	)	23	2023					
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport				\$				0.00					
B. Total Moneta	ary Contr	ibutions <i>l</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																	
D. Total Expend	ditures (I	From Sche	edule II	I)				\$			34	,830.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$				0.00		'			
					AFF	·ID/	AVI	ΓSE	CTION								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport,	can	didate sig	jn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (	or by elec	tronic m	ediu	ım, are to t	the best of	my know	/ledge	and belie	ef , true
Sworn to and subs	cribed before day of	ore me this		20								Signature	of Person	Submitt	ing Rep	ort	
	<u> </u>	Signatu	re					-					Printe	d Name			
My Commission Ex	cpires							_					Email				
		мо	D	AY	YR					Ar	ea C	ode	Daytime	Telepho	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		ne best of m	ıy knowle	edge and beli	ef this	poli	tical	commi	ittee has i	not viola	ted	any provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc		re me this										s	ignature of	Candida	te		
	day of —							-					Printed	Name			
	:	Signature						-									
My Commission Exp													Email				
	_	МО	D	AY	YR	ł		•		Area	Cod	e	Day	time Te	lephon	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SHAWN MCLAUGHLIN	From:	9/19/202	<u>3</u> To:	10/23/2023
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 an 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	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Com	mittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

### **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.

Name of Filing Com	nittee or Candidate		Reporting	Period			
			From:		Т	o:	
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	tor		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I						PAGE TOTAL

#### **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:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							<b>-</b>   \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

### 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	1			Repo	orting Pe	riod			
				Fron	n:		To	):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

## 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		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	od						
SHAWN MCLAUGHLIN	From:	<u>9/19/2023</u> <b>To:</b>	10/23/2023					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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,	<u> </u>	\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car				Reporting Period				
			From:			To	:	
				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:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
SHAWN MCLAUGHLIN	From	9/19/2023	То:	10/23/2023

<u> </u>									
					DATE			AMOUNT	
To Wh	om Paid			МО	DAY	YEAR			
ACTIO	ON PA - LANCASTER CHAPTER			MO		ILAK			
Mailin	g Address			6	28	2023	\$	40.00	
City	ELIZABETHTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17022	EVENT .	ATTENDAN	ICE			
To Wh	om Paid			мо	DAY	YEAR			
ELANG	CO REPUBLICAN COMMITTEE			140		ILAK			
Mailin	g Address			8	17	2023	\$	250.00	
City	NEW HOLLAND	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17557	EVENT A	ATTENDAN	ICE			
To Wh	om Paid			мо	DAY	YEAR			
HEMP	FIELD REPUBLICAN COMMITTEE			MO		ILAK			
Mailin	g Address			8	24	2023	\$	250.00	
City LANCASTER State Zip Code (Plus 4)				Descrip	tion of Exp	enditure			
		PA	17601	EVENT .	ATTENDAN	ICE			
To Wh	om Paid			мо	DAY	YEAR			
REPU	BLICAN COMMITTEE OF LANCAST	TER COUNTY		1.10		1 Z / LIX			
Mailin	g Address			9	15	2023	\$	300.00	
City	LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17601	CONTRIBUTION					
To Wh	om Paid			мо	DAY	YEAR			
REPU	BLICAN COMMITTEE OF LANCAST	TER COUNTY		140		ILAK			
Mailin	g Address			10	4	2023	\$	10,000.00	
City	LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17601	CONTRI	IBUTION				
To Wh	om Paid			МО	DAY	YEAR			
FRIEN	IDS OF CHRISTOPHER			1.10		LAIN			
Mailin	g Address			10	5	2023	\$	250.00	
City STEVENS State Zip Code (Plus 4)			1) Description of Expenditure						
		PA	17578	CONTRI	IBUTION				
		•	-	-					

								FAGL 12
To Whom Paid					DAY	YEAR		
LANCASTER CITY REPUBLICAN COMMITTEE								
Mailing Address					7	2023	\$	250.00
City	LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA 17601			EVENT ATTENDANCE				
To Whom Paid					DAY	YEAR		
REPUBLICAN COMMITTEE OF LANCASTER COUNTY						IZAK		
Mailing Address					9	2023	\$	10,000.00
City	LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17601	CONTRI	BUTION			
To Whom Paid				мо	DAY	YEAR		
ACTION OF PA - LANCASTER CHAPTER						ILAK		
Mailing Address					14	2023	\$	40.00
City	ELIZABETHTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17022	EVENT A	ATTENDAN	ICE		
To Whom Paid				мо	DAY	YEAR		
LS REPUBLICAN COMMITTEE				MO	DAI	ILAK		
Mailing Address				10	15	2023	\$	250.00
City	STRASBURG State Zip Code (Plus 4)			Description of Expenditure				
	PA 17579				EVENT ATTENDANCE			
To Whom Paid				мо	DAY	YEAR		
FRIENDS OF AMBER MARTIN				MO	DAT	IEAR		
Mailing Address				10	16	2023	\$	100.00
City	PEQUEA	State	Zip Code (Plus 4)	Descrip	enditure			
		PA	17565	EVENT ATTENDANCE				
To Whom Paid				мо	DAY	YEAR		
FRIENDS OF ANNE COOPER				140		ILAK		
Mailing Address				10	19	2023	\$	100.00
City	LITITZ	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17543	EVENT A	ATTENDAN	ICE		
To Whom Paid					DAY	VEAD		
REPUBLICAN COMMITTEE OF LANCASTER COUNTY				МО	DAY	YEAR		
Mailing Address					23	2023	\$	13,000.00
City	LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
		PA	17601	CONTRIBUTION				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL
Enter	Grand Total of Expendit	ures on Page 1, Rep	port Cover Page, Item D	).			\$	34,830.00
							<u> </u>	J <del>-1</del> ,030.00