

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 : 2023C0169		Report Filed By :	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: SHAWN MCLAUGHLIN										
Street Address:										
City:			State:	Zip Code: 17502						
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.X	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	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	19	2023	TO	10	23	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)				\$		0.00				
D. Total Expenditures (From Schedule III)				\$		34,830.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		0.00				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
SHAWN MCLAUGHLIN	From: <u>9/19/2023</u> To: <u>10/23/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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 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 Period (3)	\$ 0.00

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.)	\$ 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
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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 Candidate	Reporting Period
	From: _____ To: _____

	DATE	AMOUNT
--	-------------	---------------

Full Name of Contributor	MO	DAY	YEAR	AMOUNT			
Mailing Address				\$ 0.00			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
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 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	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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 SHAWN MCLAUGHLIN	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</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	
Mailing Address				\$ 0.00
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		
Mailing Address				\$	0.00
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

Name of Filing Committee or Candidate	Reporting Period
SHAWN MCLAUGHLIN	From <u>9/19/2023</u> To: <u>10/23/2023</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
ACTION PA - LANCASTER CHAPTER	6	28	2023	\$ 40.00
Mailing Address PO BOX 29				
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure EVENT ATTENDANCE	
To Whom Paid ELANCO REPUBLICAN COMMITTEE	8	17	2023	\$ 250.00
Mailing Address 110 SUNSET ROAD				
City NEW HOLLAND	State PA	Zip Code (Plus 4) 17557	Description of Expenditure EVENT ATTENDANCE	
To Whom Paid HEMPFIELD REPUBLICAN COMMITTEE	8	24	2023	\$ 250.00
Mailing Address 1429 AMBERLY STREET				
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure EVENT ATTENDANCE	
To Whom Paid REPUBLICAN COMMITTEE OF LANCASTER COUNTY	9	15	2023	\$ 300.00
Mailing Address 2260 ERIN COURT				
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure CONTRIBUTION	
To Whom Paid REPUBLICAN COMMITTEE OF LANCASTER COUNTY	10	4	2023	\$ 10,000.00
Mailing Address 2260 ERIN COURT				
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure CONTRIBUTION	

To Whom Paid FRIENDS OF CHRISTOPHER			MO	DAY	YEAR	
Mailing Address PO BOX 13			10	5	2023	
City STEVENS	State PA	Zip Code (Plus 4) 17578	Description of Expenditure CONTRIBUTION			
To Whom Paid LANCASTER CITY REPUBLICAN COMMITTEE			MO	DAY	YEAR	
Mailing Address 2260 ERIN COURT			10	7	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure EVENT ATTENDANCE			
To Whom Paid REPUBLICAN COMMITTEE OF LANCASTER COUNTY			MO	DAY	YEAR	
Mailing Address 2260 ERIN COURT			10	9	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure CONTRIBUTION			
To Whom Paid ACTION OF PA - LANCASTER CHAPTER			MO	DAY	YEAR	
Mailing Address PO BOX 29			10	14	2023	
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure EVENT ATTENDANCE			
To Whom Paid LS REPUBLICAN COMMITTEE			MO	DAY	YEAR	
Mailing Address PO BOX 46			10	15	2023	
City STRASBURG	State PA	Zip Code (Plus 4) 17579	Description of Expenditure EVENT ATTENDANCE			
To Whom Paid FRIENDS OF AMBER MARTIN			MO	DAY	YEAR	
Mailing Address 430RED HILL ROAD			10	16	2023	
City PEQUEA	State PA	Zip Code (Plus 4) 17565	Description of Expenditure EVENT ATTENDANCE			

To Whom Paid FRIENDS OF ANNE COOPER			MO	DAY	YEAR	
Mailing Address 541 KSER RD			10	19	2023	\$ 100.00
City LITITZ	State PA	Zip Code (Plus 4) 17543	Description of Expenditure EVENT ATTENDANCE			
To Whom Paid REPUBLICAN COMMITTEE OF LANCASTER COUNTY			MO	DAY	YEAR	
Mailing Address 2260 ERIN COURT			10	23	2023	\$ 13,000.00
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure CONTRIBUTION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 34,830.00

