# **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 8000	0661			Repor	+	CAND	IDATE		СОМІ	MITTEE		LOB	BYIST	
Number :					Filed I	By:						•			
Name of Filing	Committee, Candid	ate or L	obbyist:		LAWRE	NCE	COUNTY	REPUBL	LICAN		1ITTEE				
Street Address:	1														
City:	NEW CASTLE						State:	PA			Zip Co	<b>de:</b> 16	107-7	333	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>X</b>		DAY MARY	POST-	3.		AMENDI REPORT		Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 D ELEC	DAY CTION	POST-	6.		TERMIN REPORT		Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024				ING METH				PAPER		$\checkmark$	DISKE	TTE
Name of Office	 Sought by Candida	te:					DATE	OF ELE	СТІО	N	District Number	Office	Par	ty Code	County Code
	5 7						мо	DAY	YE	AR	rtuinber	coue			coue
							1	1	5	2024	i	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YI	EAR	FC	DR OFFIC	E USE	ONLY	
Expenditure	s from:		3 5	2	024 <b>T</b>	Ο		4	8	2024					
A. Amount Bro	ought Forward From	n Last R	eport			5	\$		6,8	331.80					
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	9	\$		3,0	00.00					
C. Total Funds	Available (Sum Of	f Lines A	and B)			9	\$		9,8	331.80					
D. Total Exper	nditures (From Sch	edule II	I)				\$		2,3	82.40					
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)			\$		7,4	49.40					
F. Value Of In	-Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$			0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		9	\$			0.00					
				AFF	IDAVI	T SI	ECTION								
PART I - If this	is a Committee rep	ort, trea	surer sign	here.	If this is	s a Ca	andidate i	report, o	candi	date sig	gn here.				
I swear (or affirm correct and comp	<ol> <li>that this report, incl lete.</li> </ol>	luding the	e attached so	hedule	s filed on	pape	r or by elec	tronic m	edium	, are to	the best o	of my knov	ledge	and beli	ef , true
Sworn to and sub	scribed before me this dav of	5	20						s	Gignatur	e of Perso	n Submitt	ing Rep	oort	
						_					Drin	ited Name			
My Commission E	Signatu	re				_									
	MO	D	AY	YR		_		Ar	ea Coc	le	Ema Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, C	Candi	date shal	l sign h	ere.		-				
I swear (or affirm No 320) as amend	) that to the best of n led.	ny knowl	edge and bel	ief this	political	com	nittee has	– not viola	ited an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me this									s	ignature	of Candida	te		
	day of					_					Printe	ed Name			
	Signature					-									
My Commission Ex	pires										Ema	hil			
	мо	D	AY	YR	1	_		Area	Code		D	aytime Te	lephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LAWRENCE COUNTY REPUBLICAN COMMITTEE From: <u>3/5/2024</u> **To:** 4/8/2024 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 3,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 3,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 3,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidat	e		Rep	orting I	Period		
			From	m:		То	
		·			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 Sche	dule I, Detailed Sun	nmary Page, Se	ection	12.			\$ 0.00

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an ng per	aggreg iod.			rom
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

### PAGE 5

# 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	g Period				
LAWRENCE COUNTY REPUBLICAN COM	MITTEE		From:	<u>3/</u>	<u>′5/2024</u>	То:		<u>4/8/2024</u>
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
MIKE KELLY FOR CONGRESS				_			\$	3,000.00
Mailing Address				1	31	2024		,
City LYNDORA	State	Zip Cod	e (Plus 4)		51	2024		
	PA	16045						
		_	<b>.</b>	_				PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Sur	nmary Pa	age, Sectio	n 3.			\$	3,000.00

## 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			Rep	orting Pe	riod			
			Froi	n:		Т	):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
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			Report	ing Perio	d			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$ 0.0	00
Mailing Address								
City	State	Zip Code (	Plus 4)					
Receipt Description	·							
		_	<b>.</b>				PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 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 Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	<u>3/5/2024</u> <b>To:</b>	<u>4/8/2024</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,		\$	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:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b>]</b> \$	0.0	)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

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

Name of Filing Committee or Candidate			Rep	porting I	Period		
			Fro	m:		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	ation		
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-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporti	ng Period			
LAWRENCE COUNTY REPUBLICAN CO	MMITTEE		From	<u>3/!</u>	5/2024	То:	<u>4/8/2024</u>
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
FIRST NATIONAL ANK							
Mailing Address			1	10	2024	\$	48.85
City HERMITAGE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16148	BANK F	EES			
<b>To Whom Paid</b> JOAN CONTI			мо	DAY	YEAR		
Mailing Address			12	27	2023	\$	75.89
City NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure				
PA 16105			COSTCO PIES FOR FALL 2023 DINNE			NER	
To Whom Paid DOCUPOST LLC		мо	DAY	YEAR			
DOCUPOST LLC		MO		TLAK			
Mailing Address		1	29	2024	\$	200.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
			MAILIN	gs for me	ETING N	IOTIFIC	ATIONS
To Whom Paid			мо	DAY	YEAR		
WALMART							
Mailing Address			1	26	2024	\$	22.82
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	РА	16101	WATER	BOTTLES A G EVENT	ND CREA	AMER PE	TITION
To Whom Paid			мо	DAY	YEAR		
WIX.COM							
Mailing Address			1	30	2024	\$	29.68
City State Zip Code (Plus 4		Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			WEBSI	E PHONE I	LINE		
To Whom Paid	Whom Paid		мо	DAY	YEAR		
FIRST NATIONAL BANK	T NATIONAL BANK						
Mailing Address			2	12	2024	\$	54.45
City HERMITAGE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16148	BANK F	EE			

								PAGE 12
To Whom Paid				мо	DAY	YEAR		
NORTHWEST CA	UCUS							
Mailing Address				2	3	2024	\$	165.00
City MEADVIL	LE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	16335	NORTH	WEST CAU	CUS DUE	S	
To Whom Paid				мо	DAY	YEAR		
WIX.COM								
Mailing Address				2	29	2024	\$	29.68
City		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
				WEBSIT	E PHONE	LINE		
To Whom Paid				мо	DAY	YEAR		
FIRST NATIONAL	BANK			МО				
Mailing Address				3	11	2024	\$	34.4
City HERMITA	\GE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	16148	BANK F	EES			
To Whom Paid				мо	DAY	YEAR		
SAM'S CLUB				МО				
Mailing Address				3	18	2024	\$	41.90
City YOUNGS	TOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		ОН	44512	COPY P	APER FOR	OFFICE		
To Whom Paid				мо	DAY	YEAR		
WIX.COM				MO		TEAR		
Mailing Address				4	1	2024	\$	29.68
City		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
				WEBSIT	E PHONE	LINE		
To Whom Paid		-	-		DAY	VEAD		
TECH WORKS MA	ANAGEMENT			мо	DAY	YEAR		
Mailing Address				3	27	2024	\$	1,650.00
City NEW CAS	STLE	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	I	
		PA	16101	RENT O	FFICE FEB	-APR 202	24	
								PAGE TOTAL
Enter Grand To	tal of Expenditures o	on Page 1, Report C	over Page, Item D	•			\$	2,382.40
								2,302.40