

# 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 : 8000661		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: LAWRENCE COUNTY REPUBLICAN COMMITTEE											
Street Address: PO BOX 7333											
City: NEW CASTLE					State: PA		Zip Code: 16107-7333				
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 2024	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	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		3	5	2024		4	8	2024			
A. Amount Brought Forward From Last Report					\$ 6,831.80						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,000.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 9,831.80						
D. Total Expenditures (From Schedule III)					\$ 2,382.40						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 7,449.40						
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 3,000.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 3,000.00

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

<b>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.)</b>	\$ 3,000.00
---	-------------

<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						
						PAGE TOTAL
						\$ 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LAWRENCE COUNTY REPUBLICAN COMMITTEE	<b>From:</b> <u>3/5/2024</u> <b>To:</b> <u>4/8/2024</u>

DATE				AMOUNT
Full Name of Contributing Committee				
MIKE KELLY FOR CONGRESS				
Mailing Address				
PO BOX 476				
City	State	Zip Code (Plus 4)		
LYNDORA	PA	16045		
		1	31	2024
				\$ 3,000.00

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

<b>PAGE TOTAL</b>
\$ 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	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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.

<b>PAGE 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	Reporting Period
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

				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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
LAWRENCE COUNTY REPUBLICAN COMMITTEE		From: <u>3/5/2024</u> To: <u>4/8/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
---------------------------------------	--

			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.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From <u>3/5/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT		
To Whom Paid FIRST NATIONAL ANK			MO	DAY	YEAR	\$ 48.85
Mailing Address 4140 E STATE ST			1	10	2024	
City HERMITAGE	State PA	Zip Code (Plus 4) 16148	Description of Expenditure BANK FEES			
To Whom Paid JOAN CONTI			MO	DAY	YEAR	\$ 75.89
Mailing Address 310 E EUCLID AVE			12	27	2023	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Description of Expenditure COSTCO PIES FOR FALL 2023 DINNER			
To Whom Paid DOCUPOST LLC			MO	DAY	YEAR	\$ 200.00
Mailing Address			1	29	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure MAILINGS FOR MEETING NOTIFICATIONS			
To Whom Paid WALMART			MO	DAY	YEAR	\$ 22.82
Mailing Address 2501 W STATE ST			1	26	2024	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure WATERBOTTLES AND CREAMER PETITION SIGNING EVENT			
To Whom Paid WIX.COM			MO	DAY	YEAR	\$ 29.68
Mailing Address			1	30	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure WEBSITE PHONE LINE			

To Whom Paid FIRST NATIONAL BANK			MO	DAY	YEAR	\$ 54.45
Mailing Address 4140 E. STATE ST			2	12	2024	
City HERMITAGE	State PA	Zip Code (Plus 4) 16148	Description of Expenditure BANK FEE			

To Whom Paid NORTHWEST CAUCUS			MO	DAY	YEAR	\$ 165.00
Mailing Address 10990 LIVERMORE ROAD			2	3	2024	
City MEADVILLE	State PA	Zip Code (Plus 4) 16335	Description of Expenditure NORTHWEST CAUCUS DUES			

To Whom Paid WIX.COM			MO	DAY	YEAR	\$ 29.68
Mailing Address			2	29	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure WEBSITE PHONE LINE			

To Whom Paid FIRST NATIONAL BANK			MO	DAY	YEAR	\$ 34.45
Mailing Address 4140 E STATE ST			3	11	2024	
City HERMITAGE	State PA	Zip Code (Plus 4) 16148	Description of Expenditure BANK FEES			

To Whom Paid SAM'S CLUB			MO	DAY	YEAR	\$ 41.90
Mailing Address 6361 SOUTH AVE			3	18	2024	
City YOUNGSTOWN	State OH	Zip Code (Plus 4) 44512	Description of Expenditure COPY PAPER FOR OFFICE			

To Whom Paid WIX.COM			MO	DAY	YEAR	\$ 29.68
Mailing Address			4	1	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure WEBSITE PHONE LINE			

<b>To Whom Paid</b> TECH WORKS MANAGEMENT			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 3 E WASHINGTON ST			3	27	2024	
<b>City</b> NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16101	<b>Description of Expenditure</b> RENT OFFICE FEB-APR 2024			\$ 1,650.00
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 2,382.40

