### **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 20	08329			Rep File			CANI	OID	OATE		COM	1ITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	Committee, Can	didate or L	obbyist:		FRIE	ND	S OF	JOHN L	A۷	VRENC	Œ							
Street Address:																		
City:	WEST GRO	VE						State:		PA			Zip Cod	le: 19	390			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	- 2	2.	30 DA PRIMA		PC	OST-	3. <b>X</b>		AMENDM REPORT?		Yes	√ No	)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5	5.	30 DA		PC	OST-	6.		TERMINA REPORT?		Yes	No	)	<b>\</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2024		FILING METHO ( ) CHECK O					_			PAPER		$\checkmark$	DISKI	TTE	
Name of Office S	Sought by Cand	idate:						DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour	
								МО		DAY	YE	AR		<u> </u>				
								1	.1		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		МО	DAY	YEAR				МО		DAY	YE	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s trom:		4 9	20	024	Т	0		5	1	.3	2024						
A. Amount Bro	ught Forward F	rom Last I	Report				\$				26,7	755.50						
B. Total Moneta	ary Contributio	ns And Re	ceipts (Fron	n Sche	dule	I)	\$			8,470.51								
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$				35,2	226.01						
D. Total Expenditures (From Schedule III)							\$				24,1	.67.93						
E. Ending Cash	Balance (Subt	ract Line D	From Line	C)			\$				11,0	58.08						
F. Value Of In-	Kind Contributi	ons Receiv	ed (From S	Schedul	le II	)	\$					0.00						
G. Unpaid Debt	s And Obligation	ons (From	Schedule I\	<b>/</b> )			\$					0.00						
				AFF	IDA	VI	ΓSE	CTIO	١									
PART I - If this is			_						-	-		_						
I swear (or affirm) correct and comple		including th	e attached sc	neaules	stilea	on	paper	or by ele	ctro	onic me	earum	, are to t	ne best o	r my knov	rieage	and bei	ier , tr	ue
Sworn to and subs	cribed before me day of	this	20						-		s	ignature	of Perso	n Submitt	ing Rep	ort		
	Sign	ature					-		-				Print	ted Name				
My Commission Ex	cpires						_		-				Emai	il				
	МО		AY	YR						Are	a Cod	le	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a c	andidate's	authorized	l Comm	nitte	e, C	andid	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende		of my know	ledge and bel	ief this	politi	ical	comm	ittee has	no	t violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	133	3,
Sworn to and subsc	ribed before me t day of	his	20									Si	ignature o	of Candida	te			_
							-		•				Printe	d Name				-
My Commission Exp	Signatu	re					-		Email					_				
, commission Exp							_											_
	МО		PAY	YR						Area	Code		Da	ytime Te	lephor	e Numi	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JOHN LAWRENCE	From:	4/9/202	<u>4</u> To:	5/13/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	100.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	250.00
All Other Contributions (Part B)			\$	250.00
TOTAL for the Reporting	Period	(2)	\$	500.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	7,350.00
All Other Contributions (Part D)			\$	520.51
TOTAL for the Reporting	) Period	(3)	\$	7,870.51
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	d enter am ge, Item B.	ount )	\$	8,470.51

#### **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		
FRIENDS OF JOHN LAWRENCE	From:	4/9/2024	То:	5/13/2024
		DATE		AMOUNT

Full Name of Contributing Committee				DAY	YEAR	
INDEPENDENCE PAC				27(1	/ (1)	
Mailing Address				25	2024	<b>\$</b> 250.00
City	State	Zip Code (Plus 4)	4	25	2024	

**PAGE TOTAL** 250.00

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

### 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** 

FRIENDS OF JOHN LAWRENCE

From:  $\frac{4/9/2024}{}$  To:

DATE

5/13/2024

AMOUNT

Full Name of Contributor JAY HOWES					DAY	YEAR	
Mailin	Mailing Address						<b>\$</b> 250.00
City	MIDDLETOWN	State	Zip Code (Plus 4)	4	18	2024	
		PA	17057				

PAGE TOTAL

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

250.00

#### **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	Name of Filing Committee or Candidate Report				ng Period				
FRIEN	DS OF JOHN LAWRENCE			From:	<u>4</u> /	<u>/9/2024</u>	То:	<u>5/:</u>	13/2024
					DA	TE		АМ	OUNT
Full Na	ame of Contributing Committee				мо	DAY	YEAR		
FRIEN	IDS OF TIM ONEAL							\$	1,000.00
Mailin	g Address				4	25	2024		·
City	HARRISBURG	<b>State</b> PA	<b>Zip Cod</b> 17112	e (Plus 4)					
Full Na	ame of Contributing Committee	•	•		мо	DAY	YEAR		
PA DE	NTAL PAC				MO	DAT	TEAR	\$	1,000.00
Mailin	g Address				4	25	2024		1,000100
City	HARRISBURG	State	Zip Cod	e (Plus 4)	+	23	2024		
		PA	17105						
	ame of Contributing Committee E MORRIS GOV COMM S&LFI	<u> </u>			МО	DAY	YEAR		
	g Address							\$	350.00
City	PHILA	State	Zin Cod	e (Plus 4)	4	25	2024		
J.,	THE	PA	19103						
Full Na	ame of Contributing Committee				мо	DAY	YEAR		
PAA-P	PAC					2711	1 = 111	\$	1,000.00
Mailin	g Address				4	25	2024		
City	HARRISBURG	State	Zip Cod	e (Plus 4)					
		PA	17105						
	ame of Contributing Committee MARK PAC				мо	DAY	YEAR	\$	500.00
Mailin	g Address				4	25	2024		300.00
City	CAMP HILL	State	Zip Cod	e (Plus 4)	"	23	2024		
		PA	17089						
Full Na	ame of Contributing Committee				МО	DAY	YEAR		
PA-TH	IA-PAC				140	DAT	ILAK	\$	500.00
Mailin	g Address				4	25	2024		222.30
City	BENSALEM	State	Zip Cod	e (Plus 4)			2027		
		PA	19020						

PA									,
CHAMBER PAC   Mailing Address   State   PA   17101   PA   25   2024   PA	Full N	lame of Contributing Committee			МО	DAY	VEAD		
Mailing Address	CHAM	IBER PAC			МО	DAY	TEAR	•	E00 00
State   Zip Code (Plus 4)   17101	Mailir	ng Address			1	25	2024	] *	300.00
Full Name of Contributing Committee PARRISBURG  Full Name of Contributing Committee FARMER PAC  Tip Code (Plus 4) 17110  Full Name of Contributing Committee 7-PAC PA SOC. OF ANESTHESIOLOGIST  Mailing Address  City MEDIA  State Zip Code (Plus 4) 19063  Full Name of Contributing Committee FARMER PAC  Tip Code (Plus 4) 19063  Full Name of Contributing Committee FARMER PAC  Tip Code (Plus 4) 17033  Full Name of Contributing Committee FARMER PAC  Full Name of Contributing Committee FARMER PAC  Full Name of Contributing Committee FARMER PAC  Full Name of Contributing Committee HERSHEY PAC  Mailing Address  City HERSHEY  State Zip Code (Plus 4) 17033  Full Name of Contributing Committee Mo DAY YEAR  \$ 500.00  \$ 500.00  Full Name of Contributing Committee Mailing Address  City HERSHEY  State Zip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  City FAIRLESS HILLS  State Zip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  Tip Code (Plus 4) 17033  Full Name of Contributing Committee SGA PAC  Ma	City	HARRISBURG	State	Zip Code (Plus 4)	1 4	25	2024		
PA BANKERS PAC			PA	17101					
PA BANKERS PAC   Mailing Address   State   PA   17110   State   PA   17110   PA   25   2024   PA   25   20	Full N	ame of Contributing Committee			MO	DAY	YFAR		
Mailing Address   State   PA   17110   PA   25   2024   PARRISBURG   PA   17110   PA   PA   PA   PA   PA   PA   PA   P	PA BA	ANKERS PAC				5711	12711	\$	500.00
City   HARRISBURG   State   Zip Code (Plus 4)   17110	Mailir	ng Address			1	25	2024	]	
Full Name of Contributing Committee 7-PAC PA SOC. OF ANESTHESIOLOGIST  Mo DAY YEAR 7-PAC PA SOC. OF ANESTHESIOLOGIST  Mo DAY YEAR 25 2024  Full Name of Contributing Committee FARMER PAC  Mo DAY YEAR 7-PAC PA SOC. OF ANESTHESIOLOGIST  TO DAY YEAR 7-PAC PA SOC. OF ANESTHESIOLOGIST  TO DAY YEAR 7-PAC PA SOC. OF ANESTHESIOLOGIST  MO DAY YEAR 7-PAC PAC PAC PAC PAC PAC PAC PAC PAC PAC	City	HARRISBURG	State	Zip Code (Plus 4)	]	23	2024		
7-PAC PA SOC. OF ANESTHESIOLOGIST    Mailing Address   August			PA	17110					
Mailing Address	Full N	ame of Contributing Committee			мо	DAY	YEAR		
State   PA   19063   PA   25   2024	7-PA	C PA SOC. OF ANESTHESIOLOGIST	-					\$	500.00
City         MEDIA         State PA         Zip Code (Plus 4) 19063         MO         DAY         YEAR         \$ 500.00           Full Name of Contributing Committee FARMER PAC         MO         DAY         YEAR         \$ 500.00           Mailing Address         MO         DAY         YEAR         \$ 500.00           Full Name of Contributing Committee HERSHEY PAC         MO         DAY         YEAR         \$ 500.00           Mailing Address         State PA         Zip Code (Plus 4) 17033         4         25         2024         \$ 500.00           Full Name of Contributing Committee           SGA PAC         MO         DAY         YEAR         \$ 500.00           Mailing Address         MO         DAY         YEAR         \$ 500.00           Mailing Address         City FAIRLESS HILLS         State         Zip Code (Plus 4)         4         25         2024	Mailir	ng Address			4	25	2024		
Full Name of Contributing Committee FARMER PAC  Mo DAY YEAR  \$ 500.00  Mailing Address  City CAMP HILL  State PAC  MO DAY YEAR  \$ 500.00  Mailing Address  City HERSHEY PAC  Mo DAY YEAR  \$ 500.00  Full Name of Contributing Committee HERSHEY PAC  Mo DAY YEAR  \$ 500.00  Mailing Address  City HERSHEY  Mo DAY YEAR  \$ 500.00  Full Name of Contributing Committee HERSHEY PAC  Mo DAY YEAR  \$ 500.00  Full Name of Contributing Committee SGA PAC  Mo DAY YEAR  \$ 500.00  Full Name of Contributing Committee SGA PAC  Mo DAY YEAR  \$ 500.00  Full Name of Contributing Committee SGA PAC  Mo DAY YEAR  \$ 500.00	City	MEDIA	State	Zip Code (Plus 4)					
FARMER PAC  Mo DAY YEAR  \$ 500.00  Mailing Address  City CAMP HILL  State PAC  PA  17033  Full Name of Contributing Committee  HERSHEY PAC  Mo DAY YEAR  \$ 500.00  Mailing Address  City HERSHEY  State PAC  PA  17033  Full Name of Contributing Committee  HERSHEY PAC  Mo DAY YEAR  \$ 500.00  Mo DAY  YEAR  \$ 500.00  Mo DAY  YEAR  \$ 500.00  Mo DAY  YEAR  \$ 500.00  Mo DAY  YEAR  \$ 500.00  Full Name of Contributing Committee  SGA PAC  Mo DAY  YEAR  \$ 500.00			PA	19063					
FARMER PAC    Mailing Address   Addr	Full N	ame of Contributing Committee			мо	DAY	YEAR		
City   CAMP HILL   State   Zip Code (Plus 4)   17033	FARM	ER PAC						<b>\$</b>	500.00
City CAMP HILL  State   Zip Code (Plus 4)   17033  Full Name of Contributing Committee   HERSHEY PAC   MO   DAY   YEAR   500.00    Mailing Address   Zip Code (Plus 4)   17033   25   2024  Full Name of Contributing Committee   State   PA   17033   MO   DAY   YEAR   500.00    Full Name of Contributing Committee   SGA PAC   MO   DAY   YEAR   500.00    Mailing Address   4   25   2024   2024   25   2024	Mailir	ng Address			4	25	2024		
Full Name of Contributing Committee HERSHEY PAC  Mailing Address City HERSHEY PA  State Zip Code (Plus 4) PA  17033  Full Name of Contributing Committee SGA PAC  Mo DAY YEAR \$ 500.00  Mailing Address  4 25 2024  \$ 500.00  Mailing Address 4 25 2024	City	CAMP HILL	State	Zip Code (Plus 4)	] '	23	2021		
HERSHEY PAC  Mailing Address  City HERSHEY  PA  State PA  17033  Full Name of Contributing Committee SGA PAC  Mo  DAY  YEAR  25  2024  Full Name of Contributing Committee SGA PAC  Mo  DAY  YEAR  \$ 500.00  A 25  City FAIRLESS HILLS  State  Zip Code (Plus 4)  4  25  2024  \$ 500.00			PA	17033					
HERSHEY PAC	Full N	ame of Contributing Committee			MO	DAY	VFΔR		
Mailing Address  City HERSHEY State PA 17033  Full Name of Contributing Committee SGA PAC  Mailing Address  City FAIRLESS HILLS State Zip Code (Plus 4)  State 2	HERS	HEY PAC			1-10	JA.	ILAK	\$	500.00
City HERSHEY  State PA  17033  Full Name of Contributing Committee SGA PAC  Mo DAY  YEAR \$ 500.00  Mailing Address  City FAIRLESS HILLS  State  Zip Code (Plus 4) 17033  ### 25 2024	Mailir	ng Address			1	25	2024		
Full Name of Contributing Committee SGA PAC  Mailing Address City FAIRLESS HILLS  State  MO DAY YEAR  \$ 500.00	City	HERSHEY	State	Zip Code (Plus 4)	]	23	2024		
SGA PAC  Mailing Address  City FAIRLESS HILLS  State  MO DAY YEAR  \$ 500.00			PA	17033					
SGA PAC         \$ 500.00           Mailing Address         4         25         2024           City         FAIRLESS HILLS         State         Zip Code (Plus 4)         25         2024	Full Name of Contributing Committee				MO	DAY	VEAR		
Mailing Address  City FAIRLESS HILLS  State  Zip Code (Plus 4)  4 25 2024	SGA PAC						LAK	<b>\$</b>	500.00
City FAIRLESS HILLS State Zip Code (Plus 4)	Mailing Address			1	25	2024		- , 0	
PA 19030		FAIDLECC LILLC	State	7in Code (Plus 4)	]	23	2024		
	City	FAIRLESS HILLS	State	Zip code (Fids 4)					

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

**PAGE TOTAL \$** 7,350.00

### 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	ame of Filing Committee or Candidate				Reporting Period						
FRIE	FRIENDS OF JOHN LAWRENCE				From: 4/9/2024			<u>024</u> <b>T</b>	4 <b>To</b> : 5/13/2024		
				DATE AMOUNT							
Full N	ame of Contributor					МО	DAY	YEAR	,	\$	F20 F1
CURTIS MASON							27.1.			<b>.</b>	520.51
Mailin	ng Address					4	19	202	₄╽		
City	WEST GROVE	State	Zi	ip Code (Plus	4)		15	202	٦ 		
		l <sub>PA</sub>	1 19	9390							
Emplo	oyer Name BEER CAN INC					Occupat	ion	CEO			
Emplo	oyer Mailing Address/Principal I	Place of Business		City			State		Z	Zip Code	e (Plus 4)
Enter	Grand Total of Part C on Sc	hedule I, Detailed	Sumr	mary Page,	Section	on 3.			\$	P/	<b>AGE TOTAL</b> 520.51

## 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	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (I	Plus 4)						
Receipt Description	•	•			•	•			
Futor Count Total of Boot	Fan Cabadula I Batailad	I Comment Dane	Castian	4				PAGE TOTAL	
Enter Grand Total of Part	e on Schedule I, Detalled	Summary 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								
FRIENDS OF JOHN LAWRENCE	From:	4/9/2024 <b>To</b> :	<u>5/13/2024</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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	ame of Filing Committee or Candidate				Reporting Period				
		1	From:			To:			
		<u>.</u>		DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						<b> </b>		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:		•	•	•		•			
					-				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions De				mary Pag	ge,		PAGE TOTA	AL	
Section 2.						\$		0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period					
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From		То:		
			DATE				AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00