

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:												
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.	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. X	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			
		10	22	2024		11	25	2024				
A. Amount Brought Forward From Last Report						\$ 4,573.52						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,744.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 7,317.52						
D. Total Expenditures (From Schedule III)						\$ 1,253.34						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 6,064.18						
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

Name of Filing Committee or Candidate	Reporting Period
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From: <u>10/22/2024</u> To: <u>11/25/2024</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)	\$ 244.00
TOTAL for the Reporting Period (2)	\$ 244.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 2,500.00

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.)	\$ 2,744.00
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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
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
Full Name of Contributor				
WILLIAM FITTS				
Mailing Address				
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	MO 10 DAY 17 YEAR 2024	\$ 100.00
Full Name of Contributor				
ANTHONY REPEP				
Mailing Address				
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	MO 10 DAY 22 YEAR 2024	\$ 50.00
Full Name of Contributor				
BRIAN SWISHER				
Mailing Address				
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	MO 10 DAY 23 YEAR 2024	\$ 94.00

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

PAGE TOTAL

\$ 244.00

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 of Filing Committee or Candidate	Reporting Period
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,500.00
REPUBLICAN PARTY OF PA				10	15	2024	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101	
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
PEOPLE TO ELECT BROOKS				11	4	2024	
Mailing Address							
City	GREENVILLE	State	PA	Zip Code (Plus 4)		16125	

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

PAGE TOTAL
\$ 2,500.00

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	\$ 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.

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	\$	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.

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		Reporting Period	
LAWRENCE COUNTY REPUBLICAN COMMITTEE		From: <u>10/22/2024</u> To: <u>11/25/2024</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:
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			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.						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	\$ 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

Name of Filing Committee or Candidate	Reporting Period
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
CARRIE HAHN				
Mailing Address	10	15	2024	\$ 85.50
City VOLANT	State PA	Zip Code (Plus 4) 16156	Description of Expenditure PAPER CUPS /INK FOR MIB	
To Whom Paid	MO	DAY	YEAR	
WALMART				
Mailing Address	10	28	2024	\$ 15.81
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure TAPE, CUPS,BUNS FOR OFFICE	
To Whom Paid	MO	DAY	YEAR	
COPY SHOP				
Mailing Address	9	19	2024	\$ 521.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Description of Expenditure FALL BOOKLET PRINTING	
To Whom Paid	MO	DAY	YEAR	
JUDY MARTWINSKI				
Mailing Address	10	28	2024	\$ 159.99
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure STAMPS FOR MIB CHASE	
To Whom Paid	MO	DAY	YEAR	
JUDY MARTWINSKI				
Mailing Address	10	28	2024	\$ 120.78
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure ENVELOPES FOR MIB CHASE	
To Whom Paid	MO	DAY	YEAR	
CARRIE HAHN				
Mailing Address	10	28	2024	\$ 37.07
City VOLANT	State PA	Zip Code (Plus 4) 16156	Description of Expenditure ENVELOPES FOR MIB CHASE	

To Whom Paid USPS			MO	DAY	YEAR	\$ 292.00
Mailing Address			10	30	2024	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16108	Description of Expenditure STAMPS FOR MIB CHASE			

To Whom Paid STAMPS.COM			MO	DAY	YEAR	\$ 21.19
Mailing Address			11	8	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure ACCOUNT FEE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,253.34

