

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 8000661		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>			
<b>Name of Filing Committee, Candidate or Lobbyist:</b> LAWRENCE COUNTY REPUBLICAN COMMITTEE											
<b>Street Address:</b> PO BOX 7333											
<b>City:</b> NEW CASTLE					<b>State:</b> PA		<b>Zip Code:</b> 16107-7333				
<b>TYPE OF REPORT</b>  (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	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>					<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
					11	5	2024				
<b>Summary of Receipts and Expenditures from:</b>					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
					10	22	2024				<b>TO</b>
					11	25	2024				
<b>A. Amount Brought Forward From Last Report</b>					\$		4,573.52				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$		2,744.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$		7,317.52				
<b>D. Total Expenditures (From Schedule III)</b>					\$		1,253.34				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$		6,064.18				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$		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>10/22/2024</u> To: <u>11/25/2024</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>	\$ 244.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 244.00

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

<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>	\$ 2,744.00
---	-------------



## 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)**

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

				DATE			AMOUNT
Full Name of Contributor WILLIAM FITTS				MO 10	DAY 17	YEAR 2024	\$ 100.00
Mailing Address 51 VALHALLA DR							
City NEW CASTLE		State PA	Zip Code (Plus 4) 16105				
Full Name of Contributor ANTHONY REPEP				MO 10	DAY 22	YEAR 2024	\$ 50.00
Mailing Address 4726 ELLWOOD RD							
City NEW CASTLE		State PA	Zip Code (Plus 4) 16101				
Full Name of Contributor BRIAN SWISHER				MO 10	DAY 23	YEAR 2024	\$ 94.00
Mailing Address 748 COTTAGE GROVE							
City NEW CASTLE		State PA	Zip Code (Plus 4) 16105				

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

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LAWRENCE COUNTY REPUBLICAN COMMITTEE	<b>From:</b> <u>10/22/2024</u> <b>To:</b> <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 112 STATE ST						
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 108 WOODFIELD DR						
City GREENVILLE	State PA	Zip Code (Plus 4) 16125				

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

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

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

<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  From: <span style="float: right;">To:</span>
---------------------------------------	--

			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>10/22/2024</u> To: <u>11/25/2024</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 RECIEVED - 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <div style="display: flex; justify-content: space-between;"> <span><b>From:</b></span> <span><b>To:</b></span> </div>
--	--

			DATE			AMOUNT
<b>Full Name of Contributor</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<div style="display: flex; align-items: center; justify-content: flex-end;"> <span style="margin-right: 10px;">\$</span> <span>0.00</span> </div>
<b>Mailing Address</b>						
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>				
<b>Description of Contribution:</b>						
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>						<div style="text-align: right; padding-bottom: 5px;"><b>PAGE TOTAL</b></div> <div style="display: flex; align-items: center; justify-content: flex-end;"> <span style="margin-right: 10px;">\$</span> <span>0.00</span> </div>

**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 994 INDIAN RUN RD	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 2501 W STATE ST	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 3132 WILMINGTON RD	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 193 BIG RUN CREEK RD	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 193 BIG RUN CREEK RD	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 994 INDIAN RUN RD	10	28	2024	\$ 37.07
City VOLANT				
State PA				
Zip Code (Plus 4) 16156				
Description of Expenditure				
ENVELOPES FOR MIB CHASE				

<b>To Whom Paid</b> USPS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 292.00
<b>Mailing Address</b> 435 CASCADE ST			10	30	2024	
<b>City</b> NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16108	<b>Description of Expenditure</b> STAMPS FOR MIB CHASE			

  

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

  

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

