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 8000	0661				port ed B		CA	NDI	DATE		COM	AITTEE	Y	LUB	Dil		
Name of Filing C	ommittee, Candid	late or L	obbyist:		LAW	VREI	NCE C	OUN	ΓY R	EPUBL	ICAN	COMM	IITTEE					
Street Address:	PO BOX 7333	3						•										
City:	NEW CASTLE							State	e:	PA			Zip Co	de: 16	107-7	7333		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		P	POST-	3.		AMENDMENT REPORT?		Yes	N)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2025					NG ME CHEC					PAPER		/	DISK	ETTE	
Name of Office S	- Sought by Candida	te:						DAT	ΕO	F ELE	CTIO	N	District Number	Office Code	Pa	rty Code	Cour	
								МО		DAY	YE	AR						
									11		4	2025		(SEE IN	STRUCT	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	YI	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		4 1	. 2	025	Т	0		5		5	2025						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				4,6	04.83						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				4,6	04.83						
D. Total Expend	ditures (From Sch	edule II	I)				\$				1,6	50.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				2,9	54.83						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00						
								CTIO										
I swear (or affirm)	that this report, inc	-	_							-		_		f my knov	wledge	and bel	ief , tr	ue
correct and comple	cribed before me thi	s											of Perso	- C., b	ina Da			_
-	day of		_ 20				-					ignature	or Perso	ii Subiiiit	illig Ke	рогс		
	Signatu	ire					_						Prin	ted Name	•			
My Commission Ex	·						_		•				Ema	il				
	МО		AY	YR							ea Coc	e	Daytin	ie Teleph	one Nu	ımber		닉
	a report of a can that to the best of					•				_				4 - 4 7		027 (D	422	
No 320) as amende	ed.	ny knowi	edge and bei	ier this	рош	ticai	comm	ittee n	ias n	ot viola	teu an	y provis	ions or th	e act or J	une 3,1	.937 (P.	L. 133	<u>,</u>
Sworn to and subsc	ribed before me this day of		20									s	ignature (of Candida	ate			
	_		_				_						Printe	d Name				_
My Commission Exp	Signature ires												Ema	il				-
	МО	D	AY	YR	l		-			Area	Code		D	aytime T	elepho	ne Num	oer	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	1			
Name of Filing Committee or Candidate	Reporting	g Period		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From:	4/1/202	<u>5</u> To:	<u>5/5/2025</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Candi	ame of Filing Committee or Candidate		Reporting Period						
		F	rom:		То	ŧ			
		•		DATE			AMOUNT		
Full Name of Contributing Committee	2		МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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.

(Exclus	de contributions no	in pontical comm	itte	es rep	or teu	ili Pait	~)	
Name of Filing Committee	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To) :	
		•			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, Detailed Summary Page, Section 2.

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	me of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	age, Sectio	n 3.			\$	(0.00

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 of Filing Committee or Candidate	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	0.00

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 Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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:	4/1/2025 To:	<u>5/5/2025</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 Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
	ter Grand Total of Part F on Schedule II, In-Kind Contributions De			ailed Summary Page,			PAGE TOTAL	
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
LAWRENCE COUNTY REPUBLICAN COMMITTEE	From	4/1/2025	То:	<u>5/5/2025</u>

				DATE		AMOUNT	
To Whom Paid			мо	DAY	YEAR		
TECHWORKS MANAGEMENT			М		ILAK		
Mailing Address 3 E WASHINGTON ST			3	1	2025	\$	1,650.00
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101	RENT JA	AN, FEB, M	AR 2025		
							PAGE TOTAL
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							1,650.00