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 2008 | 3329 | | | | port ed B | | CANDI | NDIDATE COMMITTEE V LOBBYIST | | | | | | | | |
|--|---------------------------------|-------------|------------------------|-------|-------|--------------|----------------|-------------|------------------------------|--------|------------|--------------------|----------------------------|----------------------|-----------|----------|----------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | | Frie | nds | of Joh | n Lawre | nce | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | KEMBLESVILI | _E | | | | | | State: | PA | | | Zip Cod | ie: 19 | 19347-0113 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - [| 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. X | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA ELECT | | | | | | TERMINATION Yes No REPORT? | | | | / |
| report type) | ANNUAL REPORT | 7. | Year 2010 | | | | | IG METH | | | | PAPER D | | | DISKE | TTE | |
| Name of Office S | Sought by Candida | ite: | • | | | | | DATE C | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Coun | |
| | | | | | | | | МО | DAY | YE | AR | | STH | REF |) | 15 | |
| REPRESENTATI | VE IN THE GENE | RAL ASS | EMBLY | | | | | 11 | | 2 | 2010 | | (SEE IN | STRUCTI | ONS FOR (| ODES) | 1 |
| | Receipts and | МО | DAY Y | EAR | | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | s trom: | | 1 1 | 20 | 010 | Т | 0 | 9 | | 13 | 2010 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From S | Sche | dule | ı) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | | 0.00 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) \$ 0.00 | | | | | | | | | | | | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sch | edul | le II | [) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | | | | |
| | | | , | ٩FF | IDA | ٩VI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign he | re. I | [f th | is is | a Can | didate r | eport, o | candio | late sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached sche | dules | filed | d on | paper o | or by elect | tronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , tru | ıe |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Re _l | oort | | _ |
| | Signati | ıre | | | | | - - | | | | | Prin | ted Name | • | | | _ |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | |
| | МО | D. | AY | YR | | | | | Are | ea Cod | e | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized Co | omn | iitte | e, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of led. | ny knowle | edge and belief | this | polit | tical | commi | ittee has r | ot viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | ribed before me this | | | | | | | | - | | s | ignature o | of Candid | ate | | | - |
| | day of | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission F | Signature | | | | | | - | | | | | Ema | il | | | | _ |
| My Commission Exp | | | | | | | _ | | | | | | | | | | _ |
| | МО | D | AY | YR | | | - | | Area | Code | | Da | aytime T | elephor | ne Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|----------|--------------|-----------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| Friends of John Lawrence | From: | 1/1/201 | <u>0</u> To: | 9/13/2010 |
| 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 | y 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 | y 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 an 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 Candida | Reporting | Reporting Period | | | | | |
|-------------------------------------|-----------|-------------------|-------|------|------|----|--------|
| | | | From: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | 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.

| | or Candidate | | Rep | orting P | eriod | | | |
|--------------------------|--------------|-------------------|-----|----------|-------|------|----|------------|
| | | | Fro | m: | | Te | o: | |
| | | , | | | 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 | Reporting | Period | | | | | | |
|---------------------------------------|----------------------|----------|-------------|------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | Þ | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | • | PAGE TOTAL |
| Enter Grand Total of Part C on Schee | dule I, Detailed Sun | nmary Pa | 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 | Rep | orting Pe | riod | | | | | | |
|--|---------------------|----------------|---------|------------|----------|------|--------|--------------------|--|
| Fr | | | | | rom: To: | | | | |
| | | | | D | ATE | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | 7 | | |
| City | State | Zip Code (Plus | s 4) | | | | | | |
| Employer Name | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip Co | ode (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ımmary 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 | | | | ing Peri | od | | | | |
|---------------------------------------|---------------------------|--------------------|------------|----------|-----|------|----|------------|--|
| | | | From: | | | To: | | | |
| | | | | E | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | | |
| City | State | Zip Code (Pl | us 4) | | | | | | |
| Receipt Description | ' | | | | | | | | |
| Futor Count Total of Dout | Fan Cahadula I Datailad | I Commence Dance C | ` ! | 4 | | | ı | PAGE TOTAL | |
| Enter Grand Total of Part | e on Schedule 1, Detailed | i Summary Page, S | 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 Perio | od | |
|--|-----------------|----------------------------|-----------|
| Friends of John Lawrence | From: | <u>1/1/2010</u> To: | 9/13/2010 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTOR | ł . | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| 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 | Reporting Period | | | | | | | |
|---------------------------------|----------------------|------------------------|---------|---------|------|-------------|------------|------|
| | | From: | | To | То: | | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | C | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | | • | • | | | | |
| | | | | | - | | | |
| Enter Grand Total of Part F o | n Schedule II, In-Ki | nd Contributions Detai | led Sum | mary Pa | ge, | | PAGE TOTAL | |
| Section 2. | | | | | | \$ | 0 | .00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | | Period | | | | | |
|--|---------------------------------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|--|
| | From: | | | | | | | То: | | | |
| | | | | | | 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 _l | 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) | Descrip | | | | |
| Enter Grand Total of Evnenditures of | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 0.00 |