# **Campaign Finance Report**

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

					I_		CAND	DATE		6014	477766			BYIST	
Filer Identificat Number :	ion 80	00661			Repo Filed		CAND	IDATE		СОМГ	MITTEE	✓	LOB	51131	
Name of Filing	Committee, Can	didate or l	obbyist	:	LAWRE	ENCE	CO REP C	ОМ							
Street Address:															
City:	NEW CAST	LE					State:	PA			Zip Co	<b>de:</b> 16	101-6	817	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FF PRIMA	RIDAY PRE RY	- 2.	30 D PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FF ELECTI	riday pri Ion	E- 5.	30 D ELEC	DAY CTION	POST-	6.		TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPO	<b>RT</b> 7. <b>X</b>	Year 2	2001			NG METH				PAPER		$\checkmark$	DISK	TTE
Name of Office	⊥ Sought by Candi	date:					DATE C	OF ELEC		N	District Number	Office	Par	ty Code	County
							мо	DAY	YE	AR					
							11		6	2001		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		1	1	1	то	12	2 3	31	2001	-				
A. Amount Bro	ought Forward F	rom Last I	Report			\$	5		14,4	21.74					
B. Total Monetary Contributions And Receipts (From Schedule I)						4	\$	1,955.00							
C. Total Funds	Available (Sum	Of Lines /	A and B)	)		4	\$		16,3	76.74					
D. Total Exper	ditures (From S	chedule I	II)			4	\$		1,1	18.80					
E. Ending Cast	n Balance (Subtr	act Line D	From L	ine C)		4	\$		15,2	57.94					
F. Value Of In-	Kind Contributi	ons Receiv	ved (Fro	m Schedu	le II)	4	\$			0.00	1				
G. Unpaid Deb	ts And Obligatio	ons (From	Schedul	e IV)		4	\$			0.00					
				AFF	IDAV	IT SE	ECTION								
PART I - If this i	is a Committee r	eport, tre	asurer s	ign here.	If this i	is a Ca	ndidate r	eport, c	andid	late sig	gn here.				
I swear (or affirm correct and comp	) that this report, lete.	including th	e attache	ed schedule	s filed oı	n paper	r or by elect	tronic me	edium,	are to t	the best o	of my knov	vledge	and bel	ief , true
Sworn to and sub	scribed before me day of	this	20						Si	ignature	e of Perso	on Submitt	ing Rej	oort	
		ature				_					Prir	ited Name			
My Commission E	-										Ema	nil			
	мо	C	DAY	YR				Are	a Code	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authori	ized Comr	nittee,	Candio	date shall	sign he	ere.						
I swear (or affirm No 320) as amend	) that to the best ( ed.	of my know	ledge and	l belief this	s politica	l comr	nittee has r	not violat	ed any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,
Sworn to and subs	cribed before me t day of	his	20							s	ignature	of Candida	ite		
											Printe	ed Name			
My Commission For	Signatu	re									Ema	nil			
My Commission Ex	unes														
	МО	[	DAY	YR	2			Area (	Code		D	aytime Te	elephor	e Numb	ber

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LAWRENCE CO REP COM From: To: 12/31/2001 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 1,955.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,955.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidat	Name of Filing Committee or Candidate Rep			rting F	Period		
			From:	:		То	
		·			DATE		AMOUNT
Full Name of Contributing Committee			м	10	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.						\$ 0.00	

Use this Part to it	emize all othei 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an Ig per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс	):	
					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, Detail	ed Summary Pag	je, Se	ection 2			\$	0.00

# 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				
			From:			То:		
				DA	TE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

## 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			Rep	orting Pe	riod			
			Froi	n:		Т	):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE 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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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		
LAWRENCE CO REP COM	From:	То:	<u>12/31/2001</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, 1		\$	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	·			
Fr						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rej	porting I	Period		
			Fro	om:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address			-				<b>\$</b> 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candida	te		Reporti	ng Period			
LAWF	RENCE CO REP COM			From			То:	<u>12/31/2001</u>
					DATE			AMOUNT
To W	nom Paid			мо	DAY	YEAR		
NORM	IAN DE GIDIO							
Mailin	g Address			12	1	2001	\$	240.43
City	NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	16101	NOV. E	XPENSES			
	nom Paid RISKO			мо	DAY	YEAR		
Mailin	g Address			12	1	2001	\$	41.43
City	ELLWOOD CITY	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure		
PA 16117			NOV. E	XPENSES				
	nom Paid			мо	DAY	YEAR		
	A & CARNEY g Address			12	4	2001	\$	42.40
	y Address			12			Ť	12.10
City	NEW CASTLE	State	Zip Code (Plus 4)		tion of Exp			
		PA	16101	FLOWE	RS FOR CC		E MAN	
-	nom Paid			мо	DAY	YEAR		
	MASTER			12		2001	\$	34.00
Mailin	g Address			12	4	2001	ļ •	54.00
City	ELLWOOD CITY	State	Zip Code (Plus 4)		tion of Exp	enditure		
<u> </u>		PA	16117	STAMPS	5	1		
	nom Paid			мо	DAY	YEAR		
	1. OF PENNA							185.81
Mailin	g Address			12	1	2001	\$	165.61
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17120	2001 F/	ALL DINNE	R		
	nom Paid			мо	DAY	YEAR		
	_E W/HART							100.00
Mailin	lailing Address			12	1	2001	\$	100.00
City	WEXFORD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	16066	CONTR	IBUTION			

				1			
To Whom Paid			мо	DAY	YEAR		
ED FOSNAUGHT							
Mailing Address			12	6	2001	\$	200.01
City ELLWOOD CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16117	POSTAC	GE FOR MA	ILINGS		
To Whom Paid			мо	DAY	YEAR		
K-MART			MO				
Mailing Address			12	19	2001	\$	41.94
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101	XMAS G	SIFTS FOR	сомм. р	EOPLE	
To Whom Paid			мо	DAY	YEAR		
NORMAN DE GIDIO			MO				
Mailing Address			12	31	2001	\$	206.00
City NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	16101	DEC. E>	PENSES			
To Whom Paid			мо	DAY	YEAR		
NICK RISKO			MO				
Mailing Address			12	31	2001	\$	26.78
City ELLWOOD CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 16117				PENSES			
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	1,118.80	