Campaign Finance Report

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

	ion 000	00664			Repor	+	CANDI			сом	MITTEE	./	LOB	BYIST	<u> </u>
Filer Identificat Number :	cion 800	00661			Filed							¥			
Name of Filing	Committee, Cand	idate or L	.obbyist	:	LAWRE	NCE C	CO REP C	ОМ							
Street Address:															
City:	NEW CASTL	.E					State: PA Zip Code: 1						101-6	817	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMA	RIDAY PRE RY	- 2. X	30 D/ PRIM		POST- 3.			AMENDI REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		LECTION			AY TION	POST- 6.			TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPOR	RT 7.	Year 2	002			NG METH				PAPER		\checkmark	DISKI	TTE
Name of Office Sought by Candidate:							DATE C)F ELE	СТІС	N	District Number	Office	Pai	ty Code	County
							мо	DAY	Y	EAR	Humber	coue			leone
							11		5	2002		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAF	2		мо	DAY	Y	EAR	FC	DR OFFIC	E USE	ONLY	
Expenditure	s from:		1	1	1	ГО	5	;	6	2002					
A. Amount Bro	ought Forward Fr	om Last F	Report	•	•	\$		-	13,	156.42					
B. Total Monet	tary Contribution	s And Re	ceipts (F	rom Sche	dule I)	\$	5		-	100.00					
C. Total Funds Available (Sum Of Lines A and B)						\$	5		13,2	256.42					
D. Total Exper	nditures (From So	chedule I	II)			\$	5		1,0)65.73					
E. Ending Casl	h Balance (Subtra	act Line D	From L	ine C)		\$	5		12,1	90.69					
F. Value Of In	-Kind Contributio	ons Receiv	ved (Fro	m Schedu	le II)	\$	5			0.00					
G. Unpaid Deb	ots And Obligation	ns (From	Schedul	e IV)		\$	5			0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this i	is a Committee re	eport, trea	asurer s	ign here.	If this i	s a Ca	ndidate r	eport, c	andi	date sig	gn here.				
I swear (or affirm correct and comp	ı) that this report, iı lete.	ncluding th	e attache	d schedule	s filed or	n paper	or by elect	tronic m	edium	, are to	the best o	of my knov	vledge	and bel	ief , true
Sworn to and sub	scribed before me t day of	his	20						S	Signaturo	e of Perso	on Submitt	ing Rej	oort	
	Signa	ture				_					Prir	ited Name			
My Commission E	-										Ema	nil			
	мо	D	PAY	YR				Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	s a report of a ca	ndidate's	authori	zed Comr	nittee, (Candid	late shall	sign he	ere.						
I swear (or affirm No 320) as amend) that to the best o led.	f my know	ledge and	belief this	s politica	l comm	nittee has r	not viola	ted an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333,
Sworn to and subscribed before me this day of 20										s	ignature	of Candida	ite		
											Printe	ed Name			
My Commission Ex	Signatur	e				_		Email							
, LA						_									
	МО	C	PAY	YF	Ł			Area	Code		D	aytime Te	elephor	ne Numl	ber

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LAWRENCE CO REP COM From: To: 5/6/2002 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 100.00 \$ **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 \$ 100.00 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 Candidate				Reporting Period						
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Sche	\$	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 Candida	te		Rep	orting P	eriod					
			From: To			0:				
					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.								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							
				То:						
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00		
Mailing Address] *	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Inter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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 Ro				Reporting Period					
From:				n:		Т	To:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE 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						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	•				•					
								PAGE TO	TAL	
inter Grand Total of Part E on Schedule I, Detailed Summary 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>5/6/2002</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	riod (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, 3		\$	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						
F						То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	le,	PAGE TOTAL							
						\$	0.0	0	

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

Name of Filing Committee or Candidate				Reporting Period						
						То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				\$ 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			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Ca	ndidate		Reporti	Reporting Period					
LAWI	RENCE CO REP COM			From			То:	<u>5/6/2002</u>		
					DATE			AMOUNT		
To WI	hom Paid			мо	DAY	YEAR				
NORM	1AN A. DEGIDIO									
Mailin	ng Address			4	2	2002	\$	412.81		
City	NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure						
PA 16101				MARCH	EXPENSES	5				
To Whom Paid				мо	DAY	YEAR				
CIALELLA & CARNEY										
Mailing Address				4	3	2002	\$	42.40		
City NEW CASTLE State Zip Code (Plus 4)				Description of Expenditure						
		PA	16101	FLOWE	RS FOR ED	THOMPS	SON			
To WI	hom Paid			мо	DAY	YEAR				
ANTH	IONY DE CARLO									
Mailin	ng Address			4	14	2002	\$	140.31		
City	NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	16105	FISHER RALLY						
To WI	hom Paid			мо	DAY	YEAR				
NICK	RISKO									
Mailin	ng Address			4	30	2002	\$	37.40		
City	ELLWOOD CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	16117	APRIL E	XPENSES					
To WI	hom Paid			мо	DAY	YEAR				
NORM	1AN DEGIDIO			NO						
Mailin	ng Address			5	2	2002	\$	432.81		
City NEW CASTLE State Zip Code (Plus 4)				Descrip	tion of Exp	enditure	•			
	PA 16101				APRIL EXPENSES					
F	Enter Crand Tatal of Expanditures on Dans 1. Depart Course Base. There D							PAGE TOTAL		
Enter	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,065.73		

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