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	V	LO	DD T.	131	
Name of Filing C	Committee, Candid	date or L	obbyist:	•	LAW	/REI	ICE C	O RE	P C	OM .								
Street Address:																		
City:	NEW CASTLE							State	e:	PA			Zip Co	de: 1	6101-	681	.7	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes		No	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- !	5. X	30 DA		F	POST-	6.		TERMIN/ REPORT		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2002					NG MI					PAPER		V	D:	ISKET	ΓE
Name of Office S	Sought by Candida	ite:	•					DAT	ΈΟ	F ELE	CTIO	N	District Number	Office Code	P	arty	Code C	ounty ode
								МО		DAY	YE	EAR		•	•			
									11		5	2002		(SEE IN	ISTRUC	TIONS	FOR CO	DES)
	Receipts and	МО	DAY	YEAR	2			МО		DAY	YI	EAR	FC	R OFFI	CE US	E O	NLY	
Expenditures	s from:		1 1	L	1	Т	0		10	7	21	2002						
A. Amount Bro	ught Forward Fro	m Last F	Report				\$				13,2	224.27						
B. Total Monet	ary Contributions	And Red	eipts (Fron	n Sche	dule	· I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines <i>A</i>	and B)				\$				13,2	224.27						
D. Total Expenditures (From Schedule III)							\$				1,5	41.66						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				11,6	82.61						
F. Value Of In-	Kind Contribution	s Receiv	red (From S	Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From	Schedule I\	V)			\$					0.00						
				AFF	IDA	\VI	T SE	CTI	NC									
I swear (or affirm)	s a Committee rep) that this report, inc	-	_									_		f my kno	wledg	e and	d belief	, true
correct and comple	ete. scribed before me thi	ie										_						
	day of		20				_				S	Signature	of Perso	n Submit	ting R	epor	t	
	Signati	ıre					-						Prin	ted Nam	e			
My Commission Ex	· —						_						Ema	il				
	МО		AY	YR							a Cod	le	Daytin	e Telep	hone N	lumb	er	
	a report of a can					•				_						400.		
No 320) as amende		•	eage and bei	ier this	polit	cicai	comm	ittee i	ias n	ot viola	eu an	iy provis	ions of th	e act or J	une 3,	1937	/ (P.L. 1	.333,
Sworn to and subsc	ribed before me this day of	i	20									S	ignature (of Candid	late			
							- -						Printe	d Name				
My Commission Exp	Signature pires												Ema	il				-
	мо	D	AY	YR			-			Area	Code		D	aytime 1	Telepho	one N	Number	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
LAWRENCE CO REP COM	From:	To:	10/21/2002
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	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	Period (3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	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 Candidat	е	R	eporting I	Period			
		F	rom:		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.

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.

(Exclud	ie contributions froi	m political comm	IITTE	es rep	oortea	in Part	A)	
Name of Filing Committee	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		То) :	
					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.

9/15/2025 7:34:49 AM

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		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:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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:	10/21/2002
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period		
LAWRENCE CO REP COM	From	То:	10/21/2002

				DATE			AMOUNT	
nom Paid			МО	DAY	YEAR			
AL OLYMPICS OF LAWR. CO								
g Address			9	17	2002	\$	50.00	
NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	16101	DONAT	ION				
nom Paid			MO	DAY	VEAD			
IUNICATION RESEARCH SYS	TEMS		MO	DAI	ILAK			
g Address			9	20	2002	\$	350.00	
NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	16105	сомм.	RESEARCH	1			
nom Paid			MO	DAY	VEAD			
R FOR GOVERNOR			MO	DAI	ILAK			
g Address			9	21	2002	\$	150.00	
NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	16101	DINNER TICKET					
nom Paid	·	·	1	DAY	VEAD			
IAN DEGIDIO			МО	DAY	YEAR			
g Address			10	1	2002	\$	512.65	
NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	16101	EXP. FC	R SEPT.				
nom Paid	·	•						
E ROOM			МО	DAY	YEAR			
g Address			10	5	2002	\$	375.00	
	State	Zin Codo (Dive 4)	D	l tion of Exp	l enditure			
NEW CASTLE	State	Zip Code (Pius 4)	Descrip					
NEW CASTLE	PA	Zip Code (Plus 4) 16105		ECTION CC		TING		
NEW CASTLE			PRE-ELE	ECTION CC	MM. MEE	TING		
				_		TING		
nom Paid			PRE-ELE	ECTION CC	MM. MEE	TING \$	35.27	
nom Paid RISKO			MO 10	DAY	YEAR 2002		35.27	
	AL OLYMPICS OF LAWR. CO g Address NEW CASTLE IOM Paid IUNICATION RESEARCH SYS g Address NEW CASTLE IOM Paid ER FOR GOVERNOR g Address NEW CASTLE IOM Paid IAN DEGIDIO g Address NEW CASTLE IOM Paid IAN DEGIDIO g Address NEW CASTLE	AL OLYMPICS OF LAWR. CO. g Address NEW CASTLE DIOM Paid MUNICATION RESEARCH SYSTEMS g Address NEW CASTLE State PA DOM Paid ER FOR GOVERNOR g Address NEW CASTLE State PA DOM Paid AN DEGIDIO g Address NEW CASTLE State PA DOM Paid ER PA DOM Paid DAM DEGIDIO g Address NEW CASTLE State PA DOM Paid DAM DEGIDIO g Address NEW CASTLE State PA DOM Paid DAM DEGIDIO g Address NEW CASTLE State PA DOM Paid DEGIDIO G Address NEW CASTLE State PA	AL OLYMPICS OF LAWR. CO. g Address NEW CASTLE State PA 16101 IOM Paid IUNICATION RESEARCH SYSTEMS g Address NEW CASTLE State PA 16105 IOM Paid RR FOR GOVERNOR g Address NEW CASTLE State PA 16101 IOM Paid IAN DEGIDIO g Address NEW CASTLE State PA 2ip Code (Plus 4) 16101 IOM Paid IAN DEGIDIO g Address NEW CASTLE State PA 2ip Code (Plus 4) 16101 IOM Paid IAN DEGIDIO g Address NEW CASTLE State PA 16101	MO AL OLYMPICS OF LAWR. CO. g Address NEW CASTLE State PA 16101 MO MO MO MO MO MO MO MO MO M	MO DAY AL OLYMPICS OF LAWR. CO. g Address 9 17 NEW CASTLE State PA 16101 DONATION MO DAY MO DAY	MO DAY YEAR AL OLYMPICS OF LAWR. CO. g Address 9 17 2002 NEW CASTLE State PA 16101 DONATION INDICATION RESEARCH SYSTEMS g Address 9 20 2002 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure DONATION NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16105 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16105 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure DINNER TICKET NOW PAID DESCRIPTION OF EXPENDITURE PA 16101 NEW CASTLE State Zip Code (Plus 4) DESCRIPTION OF EXPENDITURE PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure DINNER TICKET NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101 NEW CASTLE State Zip Code (Plus 4) Description of Expenditure PA 16101	MO DAY YEAR AL OLYMPICS OF LAWR. CO. g Address NEW CASTLE State PA 16101 DONATION MO DAY YEAR 16101 DONATION MO DAY YEAR MO DAY MO DAY YEAR MO DAY MO DAY	

To Whom Paid			мо	DAY	YEAR		
QUICK PRINT			MO		ILAK		
Mailing Address			10	1	2002	\$	31.74
City NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	16101	PRINTED POST CARDS				
To Whom Paid			мо	DAY	YEAR		
POSTMASTER			MO		ILAK		
Mailing Address			10	12	2002	\$	37.00
City ELLWOOD CITY	State	Zip Code (Plus 4)	Description of Expenditure				
PA 16117 STAMPS							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	1,541.66