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 800	0661				port ed B		CAND	IDATE		СОМ	ITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		LAV	VREI	NCE C	O REP	СОМ			•	•			
Street Address:	1105 DEWE	/ AVE														
City:	NEW CASTLI	Ē						State:	PA			Zip Cod	le: 10	5101-6	817	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REPOR	Г 7. Х	Year 2002					IG METI CHECK				PAPER		$\overline{}$	DISKE	ГТЕ
Name of Office S	Sought by Candid	ate:	-					DATE	OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YI	AR			•		
								1	1	5	2002	 	(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY Y	'EAR	l			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
expenditures	irom:		1 1		1	Т	0	1	2	31	2002					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			12,	772.14					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$				355.96					
C. Total Funds Available (Sum Of Lines A and B) \$ 13,128.10																
D. Total Expend	ditures (From Sc	nedule II	I)				\$			1,9	984.09					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			11,1	.44.01					
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From Sch	edu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			•		
			ļ	٩FF	ΊDΑ	AVI	T SE	CTION								
PART I - If this is	s a Committee re	port, trea	surer sign he	ere. I	If th	nis is	a Can	didate	report,	candi	date sig	jn here.				
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sche	dules	file	ed on	paper (or by ele	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me th	is	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signat	ure					- -					Prin	ted Nam	e		
My Commission Ex	_											Ema	il			
	МО	D	AY	YR			_		Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a car	ndidate's	authorized Co	omn	nitte	ee, C	andida	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	poli	itical	commi	ittee has	not viola	ted ar	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		5									s	ignature o	of Candid	ate		
	day of —— ————						-					Drinte	d Name			
	Signature						-					Finite	- Name			
My Commission Exp	_											Ema	il			
	МО	D	AY	YR			-		Area	Code		Da	aytime 1	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
LAWRENCE CO REP COM	From:	To:	12/31/2002
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	Period (1)	\$	355.96
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	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		\$	355.96

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu	-			•			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From: To					
		1			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		DACE TOTAL

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

PAGE TOTAL \$0.00

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	Name of Filing Committee or Candidate						Reporting Period						
			From: To:										
					DATE			AMOUNT					
Full Name of Contributor				МО	DAY	YEAR							
Mailing Address							\$	0.00					
City	State	Zip Code (Plus 4)											

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

PAGE TOTAL \$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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	dress						\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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:	To:	12/31/2002						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y 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 l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ng Period			
LAWRENCE CO REP COM			From			То:	12/31/2002
				DATE			AMOUNT
To Whom Paid ANTHONY DE CARLO			МО	DAY	YEAR		
Mailing Address 2418 WILMI	NGTON RD		11	8	2002	\$	710.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105		otion of Exp FOR AD B			
To Whom Paid NEW ENGLANDER BANQUET CENTER Mailing Address				DAY	YEAR		
Mailing Address WILMINGTON ROAD				13	2002	\$	695.30
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Descrip 2002 D	otion of Exp	penditure		
To Whom Paid POSTMASTER	·	·	мо	DAY	YEAR		
Mailing Address 7TH ST.			11	26	2002	\$	37.00
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Description of Expenditure STAMPS				
To Whom Paid NORMAN DEGIDIO	•		мо	DAY	YEAR		
Mailing Address 13 E. EDISC	ON AVE		12	1	2002	\$	216.41
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	1	otion of Exp	penditure		
To Whom Paid NICK RISKO			МО	DAY	YEAR		
lailing Address 120 MARTIN AVE		12	1	2002	\$	40.47	
City ELLWOOD CITY	State	Zip Code (Plus 4)	Descrir	tion of Exp	enditure	·	

16117

NOV. EXPENSES

PA

						I	PAGE 12	
To Whom Paid NORMAN DE GIDIO			мо	DAY	YEAR			
Mailing Address 13 E. EDISO	N AVE		12	13	2002	\$	100.00	
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			
	PA	16101	XMAS (GIFTS FOR	COMM. F	PEOPLE		
To Whom Paid POSTMASTER			МО	DAY	YEAR			
Mailing Address 7TH ST.			12	10	2002	\$	37.00	
City ELLWOOD CITY	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16117	STAMP:	S				
To Whom Paid NORMAN DE GIDIO			МО	DAY	YEAR			
Mailing Address 13 E. EDISON AVE			12	31	2002	\$	135.84	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure DEC. EXPENSES					
To Whom Paid NICK RISKO			МО	DAY	YEAR			
Mailing Address 120 MARTIN	AVE		12	31	2002	\$	36.07	
City ELLWOOD CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			
	PA	16117	DEC. E	XPENSES				
To Whom Paid CORRECTION ON LAST REPORT	•		МО	DAY	YEAR			
Mailing Address						\$	(24.00)	
City	State	Zip Code (Plus 4)	Descrip	l otion of Exp	l penditure			
	L		l				PAGE TOTAL	
Enter Grand Total of Expend	itures on Page 1, Re	eport Cover Page, Item D	•			\$	1,984.09	