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	661				port ed B		CAND	IDATE		СОМ	1ITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:		LAW	VREI	NCE C	O REP C	ОМ							
Street Address:	1105 DEWEY	AVE														
City:	NEW CASTLE							State:	PA			Zip Cod	de: 16	5101-6	817	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDATELECTION	y pre	≣-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2003					NG METH CHECK C				PAPER		/	DISKE	ГТЕ
Name of Office S	Sought by Candida	te:	-					DATE ()F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YI	AR	Number	Code			Code
								11		4	2003		(SEE IN	STRUCTION	ONS FOR C	ODES)
Summary of	Receipts and	МО	DAY	YEAR	R			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		1 1		1	Т	0	Ġ)	15	2003					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			8,8	358.30					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	ı)	\$			2	207.22					
C. Total Funds Available (Sum Of Lines A and B) \$ 9,065.52																
D. Total Expenditures (From Schedule III) \$ 5,057.24																
E. Ending Cash Balance (Subtract Line D From Line C)						\$			4,0	08.28						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	[)	\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	')			\$				0.00			•		
				AFF	IDA	٩VI	T SE	CTION								
	s a Committee rep	•	_						-							
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	attached scl	hedule	s file	d on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	f , true
Sworn to and subs	cribed before me this	•	20							5	ignature	of Perso	n Submit	ting Rep	ort	
	- 		_				- -					Prin	ted Name	e		
My Commission Ex	Signatu kpires	16										Ema	il			
	мо	D	AY	YR			-		Ar	ea Cod	le	Daytim	e Teleph	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has i	not viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate		
	day of						_					Drinte	d Name			
	Signature						-					rinte	d Name			
My Commission Exp	_											Ema	il			
	МО	D	AY	YR	ł		-		Area	Code		Da	aytime T	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:	То:	9/15/2003
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	207.22
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	g 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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	207.22

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	Reporting Period					
			From: To) :			
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
	•				•	•	$\overline{}$	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 Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address	Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	1					

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	me of Filing Committee or Candidate Report		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	lame of Filing Committee or Candidate		Rep	orting Pe	riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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	od			
			From:			To:		
				D	ATE			AMOUNT
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			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	Section				\$	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:	9/15/2003					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. 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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor Mailing Address				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai				mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	me of Filing Committee or Candidate				Re	porting F	Period				
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion		•		
Employer Mailing Address/Principal Place of Business City				State		Zip Code(Plus 4)			ription of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period					
LAWRENCE CO REP COM			From			То:	9/15/2003		
				DATE			AMOUNT		
To Whom Paid NORMAN DEGIDIO			МО	DAY	YEAR				
Mailing Address 13 E. EDISC	ON AVE.		7	1	2003	\$	197.17		
City NEW CASTLE	State PA		Description of Expenditure JUNE EXPENSES						
To Whom Paid NICK RISKO				DAY	YEAR				
Mailing Address 120 MARTIN AVE			7	1	2003	\$	40.90		
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Descrip	ption of Exp					
To Whom Paid HUDSON LUNCH			МО	DAY	YEAR				
Mailing Address E. WASHING	GTON ST.		7	1	2003	\$	234.42		
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Descrip	ption of Exp					
To Whom Paid NORTHWEST CAUCUS			мо	DAY	YEAR				
lailing Address 108 W. BLOSS ST			7	10	2003	\$	30.00		
y TITUSVILLE State Zip Code (Plus 4) PA 16354				ption of Exp OUES	enditure				

	РА	16354	2003 D	UES			
To Whom Paid WILLIAM SHAFER			мо	DAY	YEAR		
Mailing Address P.O. BOX 7526			7	28	2003	\$	650.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure EXP. FOR FUND RAISER				

To Whom Paid						
NORMAN DEGIDIO	мо	DAY	YEAR			
Mailing Address 13 E EDISON AVE	8	8 2 2003				138.65
City NEW CASTLE State PA Zip Code (Plus 4) 16101		ption of Expenditure EXPENSES				
To Whom Paid HUDSON LUNCH	мо	DAY	YEAR			
Mailing Address E. WASHINGTON AVE	8	9	2003	\$		34.87
City NEW CASTLE State PA Zip Code (Plus 4) 16101		Description of Expenditure EXEC. COM. MTG				
To Whom Paid LAWR. CO. FARM SHOW	МО	DAY	YEAR			
Mailing Address NESHANNOCK TWP.	8	10 2003 \$			90.00	
	Description of Expenditure 30 TICKETS					
City NEW CASTLE PA Zip Code (Plus 4) 16101			oenditure			
New CASTLE			YEAR			
To Whom Paid	30 TICI	KETS		\$		928.24
To Whom Paid PRINT KING	MO 8	DAY	YEAR 2003	\$		928.24
To Whom Paid PRINT KING Mailing Address WILMINGTON AVE City NEW CASTLE State Zip Code (Plus 4)	MO 8	DAY 12 ption of Exp	YEAR 2003	\$		928.24
To Whom Paid PRINT KING Mailing Address WILMINGTON AVE City NEW CASTLE State PA 16101 To Whom Paid	MO 8 Description	DAY 12 Dition of Exp	YEAR 2003 Denditure ATURE	\$		928.24
To Whom Paid PRINT KING Mailing Address WILMINGTON AVE City NEW CASTLE To Whom Paid POSTMASTER Mailing Address WILMINGTON AVE State Zip Code (Plus 4) 16101 To Whom Paid POSTMASTER	MO 8 Descript CAMPA MO	DAY 12 Dition of Exp IGN LITER DAY 12 Dition of Exp	YEAR 2003 Denditure ATURE YEAR 2003	\$		
To Whom Paid PRINT KING Mailing Address WILMINGTON AVE City NEW CASTLE State Zip Code (Plus 4) 16101 To Whom Paid POSTMASTER Mailing Address 7TH & CRESCENT City ELLWOOD CITY State Zip Code (Plus 4) 2 ip Code (Plus 4) 2 ip Code (Plus 4) 2 ip Code (Plus 4) 4 if In	MO 8 Descrip CAMPA MO 8 Descrip	DAY 12 Dition of Exp IGN LITER DAY 12 Dition of Exp	YEAR 2003 Denditure ATURE YEAR 2003	\$		
To Whom Paid PRINT KING Mailing Address WILMINGTON AVE City NEW CASTLE State PA 16101 To Whom Paid POSTMASTER Mailing Address 7TH & CRESCENT City ELLWOOD CITY State PA 16117 To Whom Paid	MO 8 Descrip CAMPA MO 8 Descrip STAMPS	DAY 12 ption of Exp IGN LITER DAY 12 ption of Exp S	YEAR 2003 Denditure ATURE YEAR 2003 Denditure	\$		

To Whom Paid NORMAN DEGIDIO	МО	DAY	YEAR			
Mailing Address 13 E. EDISON AVE	9	2	2003	\$	363.16	
City NEW CASTLE State PA Zip Code (Plus 4)	Descrip	iption of Expenditure EXPENSES				
To Whom Paid D. & H. MARKETING	МО	DAY	YEAR			
Mailing Address	9	3	2003	\$	683.53	
City NEW CASTLE State PA 2ip Code (Plus 4)	Descrip	otion of Exp CAL MAILI				
To Whom Paid QUICKPRINT	МО	DAY	YEAR			
Mailing Address 703 WILMINGTON AVE	9	9 3 20			42.30	
City NEW CASTLE State PA 2ip Code (Plus 4)	Descrip	Description of Expenditure PRINTED POST CARDS				
To Whom Paid NICK RISKO	МО	DAY	YEAR			
NICK KISKO						
Mailing Address 120 MARTIN AVE	9	1	2001	\$	40.10	
Molling Address) Descrip	1 otion of Exp	penditure	\$	40.10	
Mailing Address 120 MARTIN AVE City ELLWOOD CITY State Zip Code (Plus 4)) Descrip	tion of Exp	penditure	\$	40.10	
Mailing Address 120 MARTIN AVE City ELLWOOD CITY State PA 16117 To Whom Paid	Description AUGUS	otion of Exp ET EXPENSI	penditure ES	\$	40.10 39.46	
Mailing Address 120 MARTIN AVE City ELLWOOD CITY State Zip Code (Plus 4) PA 16117 To Whom Paid PEPE & MALS	Descrip AUGUS MO 9 Descrip	DAY	year 2003			
Mailing Address 120 MARTIN AVE City ELLWOOD CITY State PA 16117 To Whom Paid PEPE & MALS Mailing Address OLD RT. 422 City NEW CASTLE State Zip Code (Plus 4)	Descrip AUGUS MO 9 Descrip	DAY 9 potion of Expension of	year 2003			
Mailing Address 120 MARTIN AVE City ELLWOOD CITY State PA 16117 To Whom Paid PEPE & MALS Mailing Address OLD RT. 422 City NEW CASTLE State PA 16101 To Whom Paid	MO Descrip AUGUS MO Descrip EXEC.	DAY 9 otion of Expension Graph of Expension Graph of Expension Graph of Expension COM. MTG	year 2003			

						.,
D Whom Paid UDSON LUNCH			мо	DAY	YEAR	
ailing Address E. WASHINGTON ST.		9	3	2003	\$ 96.00	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		otion of Exp		
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item D.	•			\$ PAGE TOTAL 5,057.24