#### **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 :			Rep File			CA	NDI	DATE		СОМ	<b>ITTEE</b>	<b>✓</b>	LOBE	BYIST				
Name of Filing C	Committee, Candid	late or L	obbyist:	i	LAW	/REI	NCE C	O RE	P C	DM								
Street Address:	1105 DEWEY	AVE																
City:	NEW CASTLE							State	e:	PA			Zip Cod	le: 1	6101-6	817		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2	2.	30 DA		F	POST-	OST- 3.			IENT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE	- [	5.	30 DA		F	POST-	6. <b>X</b>	(	TERMINA REPORT		Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2003				FILIN	IG MI					PAPER DISKE			TTE		
Name of Office S	Sought by Candida	rte:	•					DAT	ЕΟ	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Count	ty
								МО		DAY	Y	EAR		-				
									11		4	2003		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY YE	AR				МО		DAY	Y	'EAR	FO	R OFFI	CE USE	ONLY		
Expenditures					1	Т	0		11	:	24	2003						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				9,	418.59						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	dule	· I)	\$				5,	790.50						
C. Total Funds Available (Sum Of Lines A and B)							\$				15,	209.09						
D. Total Expenditures (From Schedule III)							\$				4,	646.33						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				10,	562.76						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II	:)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$					0.00			•			
			Al	17	IDA	١٧٤	T SE	CTI	NC									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I	f thi	is is	a Car	ndida	te re	eport, o	cand	idate sig	gn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached schedu	iles	filed	d on	paper	or by	elect	ronic m	ediur	n, are to t	the best o	f my kno	wledge	and belie	ef , tru	ie,
Sworn to and subs	cribed before me thi day of	s	20									Signature	of Perso	n Submit	ting Rep	ort		_
	Signati	ıre					- -						Prin	ted Nam	e			-
My Commission Ex	-								Email							-		
	мо	D	AY Y	/R			_			Are	ea Co	de	Daytim	e Telep	hone Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Cor	nm	itte	e, C	andid	ate s	hall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	his	polit	tical	comm	ittee l	ias n	ot viola	ted a	ny provis	ions of the	e act of J	lune 3,1	937 (P.L	. 1333	,
Sworn to and subsc	ribed before me this											s	ignature o	of Candid	late			-
	day of 						_						Drint-	d Name				-
	Signature						-											_
My Commission Exp	_											_	Ema	il	_	_		
	МО	D	AY	YR			-			Area	Code		Da	ytime 1	elephon	e Numb	er	٠

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
LAWRENCE CO REP COM	From:	То:	11/24/2003
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	5,790.50
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		\$	5,790.50

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From:		То:			
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>)</b> :	
					DATE		A	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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
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 C	Candidate		Report	ing Perio	bd			
			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	n Schedule T. Detailed	l Summary Page	Section	4.			PAGE TOTA	AL
		· • • • • • • • • • • • • • • • • • • •					\$	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:	11/24/2003
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sum	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 Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
LAWRENCE CO REP COM			From			То:	11/24/2003
				DATE			AMOUNT
To Whom Paid T & R PRODUCTS			мо	DAY	YEAR		
Mailing Address 309 W. GR	ANT ST.		10	20	2003	\$	98.53
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101		F YR. PLAC			
To Whom Paid LAWR. CO. HISTORICAL SOCIE	ETY	·	мо	DAY	YEAR		
Mailing Address 408 N. JEFI	FERSON ST.		10	20	2003	\$	44.00
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101	DONAT	ION			
To Whom Paid HUDSON LUNCH			мо	DAY	YEAR		
Mailing Address 102 E. WAS	SHINGTON ST.		10	20	2003	\$	283.02
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101		PEOPLE BK			
To Whom Paid WAYNE ALEXANDER			мо	DAY	YEAR		
Mailing Address 101 CAMBR	RIDGE		10	28	2003	\$	500.00
City NEW CASTLE	State	Zip Code (Plus 4)	Descri	tion of Exp	enditure		
MEN GAGTEE	PA	16101	1	OR CAMPA			
To Whom Paid KEYSTONE SECURITY			мо	DAY	YEAR		
Mailing Address 526 S. JEFF	FERSON ST.		10	28	2003	\$	130.00

16101

PA

SECURITY FOR DINNER PARKING LOT

To Whom Paid CRANE ROOM BARY GRILLE			мо	DAY	YEAR		
Mailing Address 3009 WILMINGTON RD			10	28	2003	\$	3,000.00
City NEW CASTLE	State	State Zip Code (Plus 4) Description			enditure	ı	
	PA	16101	FALL DINNER				
To Whom Paid RAY MELCER			мо	DAY	YEAR		
Mailing Address 3027 PINEHURST WAY			10	28	2003	\$	85.00
City NEW CASTLE	State	Zip Code (Plus 4)	Descrir	tion of Exp	 nenditure		
NEW CASTLE	PA	16101	MUSIC FOR FALL DINNER				
To Whom Paid NICK RISKO			МО	DAY	YEAR		
Mailing Address 120 MARTIN AVE			10	31	2003	\$	33.25
City ELLWOOD CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	l Denditure		
	PA	16117	OCT. EXPENSES				
To Whom Paid NORMAN DEGIDIO			МО	DAY	YEAR		
Mailing Address 13 E. EDISON AVE.			10	31	2003	\$	403.69
City NEW CASTLE	State	Zip Code (Plus 4) Description of Expenditure					
	PA	16101	OCT. EXPENSES				
To Whom Paid QUICKPRINT			мо	DAY	YEAR		
Mailing Address 703 WILMINGTON AVE			10	31	2003	\$	26.44
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	l penditure		
	PA	16101	BANNER FOR FALL DINNER				
To Whom Paid CIALELLA & CARNEY			МО	DAY	YEAR		
Mailing Address 1006 S. MILL ST.			10	31	2003	\$	42.40
City NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	16101	FLOWERS FOR MIKE BENKO				
Enter Grand Total of Expend	itures on Page 1 De	enort Cover Page Item D					PAGE TOTAL
Crana rotal of Expella	05 011 1 ago 1/ No	.p	-			\$	4,646.33