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			Rep File	port ed B		CA	NDI	DATE		COM	AITTEE	✓	LC	JDDT	151	
Name of Filing C	Committee, Candi	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	68	17	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		F	POST-	3.		AMENDN REPORT		Ye	S	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- !	5.	30 DA		F	POST-	6. X		TERMIN/ REPORT		Ye	S	No	\
report type)	ANNUAL REPORT	7.	Year 2004					NG MI					PAPER		V		ISKET	TE
Name of Office S	Sought by Candida	ate:	•					DAT	ΈΟ	F ELE	СТІО	N	District Number	Office Code	·	Party	Code	County Code
								мо		DAY	YE	AR		•				
									11		2	2004		(SEE II	NSTRU	CTION	S FOR CO	DDES)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YE	EAR	FC	R OFFI	CE U	SE O	NLY	
Expenditures	from:		1 1		1	Т	0		11	2	22	2004						
A. Amount Bro	ught Forward Fro	m Last F	Report				\$				5,9	962.16						
B. Total Monet	ary Contributions	And Red	eipts (Fron	n Sche	dule	· I)	\$				7,5	39.00						
C. Total Funds	Available (Sum O	f Lines <i>F</i>	and B)				\$				13,5	501.16						
D. Total Expend	ditures (From Scl	nedule II	II)				\$				6,9	51.46						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				6,5	49.70						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	ts And Obligation	s (From	Schedule I\	V)			\$					0.00			<u>'</u>			
				AFF	IDA	\VI	T SE	CTI	NC									
	s a Committee re	-	_									_						
I swear (or affirm) correct and comple) that this report, in ete.	cluding th	e attached so	hedules	s filed	d on	paper	or by	elect	ronic m	edium	, are to t	he best o	f my kno	owled	ge an	d belief	f , true
Sworn to and subs	cribed before me th day of	is	20								S	Signature	of Perso	n Submi	tting I	Repo	rt	
							-						Prin	ted Nam	ne .			
My Commission Ex	Signat mires	ure											Ema					
	мо	D	AY	YR			-			Are	a Cod	le		ne Telep	hone	Num	ber	
Part II- If this is	a report of a car	ididate's	authorized	l Comn	nitte	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 bel	ief this	polit	tical	comm	ittee l	nas n	ot viola	ed an	y provis	ions of th	e act of :	June 3	3,193	7 (P.L.	1333,
Sworn to and subso	ribed before me this	5										s	ignature (of Candid	date			
	day of						-						Printe	ed Name				—
	Signature						-											
My Commission Exp	pires												Ema	ııl				
	МО	D	AY	YR			•			Area	Code		D	aytime '	Telepi	hone	Numbe	 r

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
LAWRENCE CO REP COM	From:	To:	11/22/2004
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	Period (1)	\$	7,539.00
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	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		\$	7,539.00

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 Candidate	R	eporting	Period			
		F	rom:		То	:	
		1		DATE			AMOUNT
Full Name of Contributing C	ommittee		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.

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 Commit	tee or Candidate		Report	ting P	eriod			
			From:			To):	
					DATE			AMOUNT
Full Name of Contributor			N	мо	DAY	YEAR		
								0.00
Mailing Address						1	\$	0.00
Mailing Address City	State	Zip Code (Plus 4)					A.	0.00

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

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		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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	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:	To:	11/22/2004
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	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

alling Address			Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
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:	11/22/2004

					DATE			AMOUNT		
To Whom Paid				мо	DAY	YEAR				
NORMAN DEGIDIO				МО		TEAK				
Mailing Address				11	2	2004	\$	647.54		
City NEW CASTLE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	16101	OCT EX	PENSES					
To Whom Paid				мо	DAY	YEAR				
NEW ENGLANDER BANG	QUET CENTER			МО		ILAK				
Mailing Address				11	2	2004	\$	600.00		
City NEW CASTLE		State	Zip Code (Plus 4)	Description of Expenditure						
		PA	16105	FALL DI	NNER REN	TAL				
To Whom Paid				МО	DAY	YEAR				
NICK RISKO				М		TEAK				
Mailing Address				11	3	2004	\$	64.80		
City ELLWOOD CITY State Zip Code (Plus				Descrip	tion of Exp	enditure				
		PA	16117	OCT EL	EC. EXPEN	SES				
To Whom Paid				мо	DAY	YEAR				
FRIENDS OF TOM CORE	BETT			МО		ILAK				
Mailing Address				10	19	2004	\$	100.00		
City NEW CASTLE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	16105	CONTRI	BUTION					
To Whom Paid				мо	DAY	YEAR				
HUDSON LUNCH				МО		ILAK				
Mailing Address				10	19	2004	\$	52.18		
City NEW CASTLE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	16105	BKFST.	FOR EXEC					
To Whom Paid				мо	DAY	YEAR				
ELLWOOD CITY REP. H	DQ			1410		ILAK				
Mailing Address				10	19	2004	\$	100.00		
City ELLWOOD CITY State Zip Code (Plus 4)			4) Description of Expenditure							
		PA	16117	EXP. FC	R HDQ.					

To Whom Paid CRANE ROOM Mailing Address 10 29 2004 City NEW CASTLE State Zip Code (Plus 4) Description of Expenditure	\$	
CRANE ROOM Mailing Address 10 29 2004 City NEW CASTLE State Zip Code (Plus 4) Description of Expenditure	\$	
City NEW CASTLE State Zip Code (Plus 4) Description of Expenditure	\$	
		3,600.00
PA 16105 FALL DINNER EXP		
To Whom Paid MO DAY YEAR		
NORMAN DIGIDIO		
Mailing Address 10 29 2004	\$	60.00
City NEW CASTLE State Zip Code (Plus 4) Description of Expenditure		
PA 16104 FALL DINNER EXP.		
To Whom Paid HESS COMMERCIAL PRINTING MO DAY YEAR		
Mailing Address 10 27 2004	\$	1,482.94
City NEW CASTLE State Zip Code (Plus 4) Description of Expenditure		
PA 16105 PROGRAM FALL DINNER BOO	OKLET	
To Whom Paid HESS COMMERCIAL PRINTING MO DAY YEAR		
Mailing Address 10 28 2004	\$	159.00
City NEW CASTLE State Zip Code (Plus 4) Description of Expenditure		
PA 16105 PROGRAM BOOK CHANGE		
To Whom Paid RAY MELCHER MO DAY YEAR		
Mailing Address 10 28 2004	\$	85.00
City NEW CASTLE State Zip Code (Plus 4) Description of Expenditure		
PA 16107 MUSIC FOR DINNER		
		PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$	6,951.46