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			Rep File	oort ed B		CA	NDI	DATE		COM	AITTEE	~	LO	DD T	151	
Name of Filing C	Committee, Candid	late or L	obbyist:	,	LAW	/REN	ICE C	O RE	P C	DM MC		•						
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	7	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5	5.	30 DA		F	POST-	6.		TERMINA REPORT		Yes		No	\
report type)	ANNUAL REPORT	7. X	Year 2004					NG MI CHEC					PAPER		Y	D	ISKET	ГЕ
Name of Office S	– Sought by Candida	ite:						DAT	ΈΟ	F ELEC	CTIO	N	District Number	Office Code	P	arty	Code	ounty ode
								МО		DAY	YE	AR		•			3	7
									11		2	2004		(SEE II	STRUC	TIONS	FOR CO	DES)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YE	AR	FC	R OFFI	CE US	ΕO	NLY	
Expenditures	from:		1 1		1	Т	0		12	3	31	2004						
A. Amount Bro	ught Forward Fro	m Last R	leport		•		\$	•		•	6,5	549.70						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				2,0)57.84						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				8,6	507.54						
D. Total Expen	ditures (From Sch	edule II	Ι)				\$				1,4	87.11						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				7,1	20.43						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From	Schedule I\	/)			\$					0.00			1			
							T SE											
I swear (or affirm)	s a Committee rep	-	_							-		_		f my kno	wledg	e an	d belief	, true
correct and comple Sworn to and subs	ece. scribed before me thi	s									-	·:	of Perso	- Cub-si	utina D			
-	day of		_ 20				-					ngnature	oi Peiso	ii Subiiii	itiliy K	ероі		
	Signatu	ıre					-						Prin	ted Nam	е			
My Commission Ex	· —						_						Ema	il				
	МО		AY	YR							ea Cod	le	Daytin	ne Telep	hone N	lumb	er	
	a report of a can					•										400	- (-)	
No 320) as amende		•	eage and bei	ier this	polit	icai	comm	ittee i	ias n	ot violai	ea an	y provis	ions of th	e act or .	une 3,	193	/ (P.L	.333,
Sworn to and subsc	ribed before me this day of		20									S	ignature (of Candid	late			
							- -						Printe	ed Name				-
My Commission Exp	Signature pires												Ema	il				
	мо	D	AY	YR			•			Area	Code		D	aytime 1	Γeleph	one I	Number	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
LAWRENCE CO REP COM	From:	To:	12/31/2004
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	Period (1)	\$	2,057.84
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		\$	2,057.84

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 Candida	te	1	Reporting	Period			
		-1	From:		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.

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.

Name of Filing Commi	ttee or Candidate	1	Reporting I	Period			
		ı	From:		To	o:	
		L		DATE			AMOUNT
Full Name of Contributor	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

9/15/2025 7:35:01 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		0.0
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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	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:	12/31/2004
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

Name of Filing Committee or Candi	idate		Reportin	g 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 on	Schedule II, In-Ki	nd Contributions Detai	led 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				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:	12/31/2004

				DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR		
NEW ENGLANDER			МО	DAT	ILAK		
Mailing Address			11	23	2004	\$	292.56
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	16101	FALL DI	NNER SET	UP		
To Whom Paid			мо	DAY	YEAR		
ANTHONY DE CARLO					1 = 1 111		
Mailing Address			12	1	2004	\$	87.50
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101	COMMIS	SSION FOR	R AD BOC	K SALES	
To Whom Paid			МО	DAY	YEAR		
DR. LAWRENCE MARCELLA			1-10		12/110		
Mailing Address			12	1	2004	\$	335.63
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101	EXP. FC	R BUSH/C	HENEY H	DQ	
To Whom Paid			МО	DAY	YEAR		
NORMAN A DE GIDIO			1-10		ILAK		
Mailing Address			12	2	2004	\$	270.26
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101	SEPT, C	CT & NOV	. EXPENS	SES	
To Whom Paid			МО	DAY	YEAR		
HESS COMM. PRINTING			1-10				
Mailing Address			11	26	2004	\$	212.00
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16101	PRINT F	ROGRAMS	FALL DI	NNER	
To Whom Paid			МО	DAY	YEAR		
NICK RISKO			МО		ILAR		
Mailing Address			12	2	2004	\$	50.70
City ELLWOOD CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16117	NOV. EX	XPENSES			

						1	ı		
To Whom Paid				мо	DAY	YEAR			
POSTMASTER									
Mailing Address				12	2	2004	\$	37.00	
City	ELLWOOD CITY	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	16117	STAMPS					
To Whom Paid				мо	DAY	YEAR			
HUDSON LUNCH				МО	DAY	TEAK			
Mailing Address				12	4	2004	\$	57.77	
City	NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure EXEC. COMMITTEE MTG					
		PA	16101						
To Whom Paid				мо	DAY	YEAR			
NORMAN DE GIDIO				MO	DAI	ILAK			
Mailing Address				12	31	2004	\$	122.54	
City	NEW CASTLE State Zip Code (Plus 4)				Description of Expenditure				
		PA	16101	DEC. EXPENSES					
To Whom Paid				мо	DAY	YEAR			
HESS COM PRINTING				MO	DAI	ILAK			
Mailing Address				12	31	2004	\$	21.15	
City	NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure 200 PRINTED CARDS			ı		
		PA							
								PAGE TOTAL	
Ente	Grand Total of Expend	itures on Page 1, Re	eport Cover Page, Item D	•			\$	1,487.11	
							I	'	