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 | | CAND | IDATE | | СОМ | 4ITTEE | ✓ | LOBE | BYIST | |
|--|----------------------------------|-------------|----------------------|---------|--------|-------|--------|--------------------|-----------|--------|------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | | LAW | /REI | NCE C | O REP C | ОМ | | | | | | | |
| Street Address: | 1105 DEWEY | AVE | | | | | | | | | | | | | | |
| City: | NEW CASTLE | | | | | | | State: | PA | | | Zip Cod | ie: 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 2005 | | | | | NG METH CHECK O | | | | 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 | | 8 | 2005 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) |
| | Receipts and | МО | DAY | YEAR | ł | | | мо | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | |
| Expenditures | from: | | 1 1 | | 1 | Т | 0 | 9 |) | 19 | 2005 | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | 6,9 | 968.10 | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (From | Sche | dule | · I) | \$ | | | 2,5 | 571.00 | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | 9,5 | 539.10 | | | | | |
| D. Total Expen | ditures (From Scho | edule II | I) | | | | \$ | | | 2,6 | 507.83 | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line (| C) | | | \$ | | | 6,9 | 31.27 |] | | | | |
| 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 | | | 1 | | |
| | | | | AFF | IDA | ٩VI | T SE | CTION | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign | here. : | If th | is is | a Car | ndidate r | eport, | candi | date sig | ın here. | | | | |
| I swear (or affirm) correct and comple |) 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 a | and belie | f , true |
| Sworn to and subs | cribed before me this day of | i | 20 | | | | | | | S | Signature | of Perso | n Submit | ting Rep | ort | |
| | | | | | | | - - | | | | | Prin | ted Name | e | | |
| My Commission Ex | Signatu cpires | re | | | | | | | | | | 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 ı | not viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L. | 1333, |
| Sworn to and subsc | ribed before me this | | | | | | | | | | S | ignature o | of Candid | ate | | |
| | day of | | _ 20 | | | | _ | | | | | Drinto | d Nama | | | |
| | Signature | | | | | | - | | | | | riiite | 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: | To: | 9/19/2005 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | |
| TOTAL for the Reporting | Period (1) | \$ | 2,171.00 |
| 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) | | \$ | 400.00 |
| TOTAL for the Reporting | Period (2) | \$ | 400.00 |
| 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 | g 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 | | \$ | 2,571.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize onl with an aggregate valu | - | | | - | | | |
|------------------------|--|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | Fro | om: | | То | : | |
| | | L | | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | • | • | | | | - | | DAGE TOTAL |

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

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 Candidat | e | | Rep | orting Pe | eriod | | | |
|---|--------------------|-----------------------------------|-----|-----------|-------|------|-----------|-----------|
| LAWRENCE CO REP COM | | | Fro | m: | | То |): | 9/19/2005 |
| | | | | | DATE | | Δ | MOUNT |
| Full Name of Contributor DAVID BARENSFELD | | | | МО | DAY | YEAR | | |
| Mailing Address PETRIE ROAD | | | | | | | \$ | 100.00 |
| City MEW BRIGHTON | State PA | Zip Code (Plus 4) 15066 | | 8 | 12 | 2005 | | |
| Full Name of Contributor NICK RISKO | | | | МО | DAY | YEAR | | |
| Mailing Address 120 MARTIN AVE | | | | 8 | 17 | 2005 | \$ | 100.00 |
| City ELLWOOD CITY | State PA | Zip Code (Plus 4) 16117 | | 8 | 17 | 2005 | | |
| Full Name of Contributor DONALD W. FOX | | | | МО | DAY | YEAR | | |
| Mailing Address 441 PETERSHORE R | RD | | | | | | \$ | 100.00 |
| City ENON VALLEY | State PA | Zip Code (Plus 4) 16102 | | 8 | 24 | 2005 | | |
| Full Name of Contributor ANTHONY CIOFFI | | | | МО | DAY | YEAR | | |
| Mailing Address 113 VINE ST | | | | | | 262- | \$ | 100.00 |
| City NEW CASTLE | State PA | Zip Code (Plus 4) 16101 | | 8 | 29 | 2005 | | |

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

PAGE TOTAL \$ 400.00

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.)

| | | Rep | orting Pe | riod | | | |
|---------------------|----------------|------------|-------------------------|--|---|--|------------------------|
| | | Fror | n: | | То | : | |
| | | | D | ATE | | АМ | IOUNT |
| | | | МО | DAY | YEAR | | |
| | | | | | | \$ | 0.00 |
| State | Zip Code (Plus | s 4) | | | | | |
| | | | Occupat | tion | | | |
| e of | City | | • | State | | Zip Code | e (Plus 4) |
| dule I, Detailed Su | ummary Page, | Section | on 3. | | | | 0.00 |
| | ce of | ce of City | State Zip Code (Plus 4) | From: MO State Zip Code (Plus 4) Occupation | State Zip Code (Plus 4) Occupation Ce of City State | From: To DATE MO DAY YEAR State Zip Code (Plus 4) Occupation Dee of City State State State | From: To: DATE AM |

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 Co | andidate | | Report | ting Perio | bd | | | |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
| | | | From: | | | То: | | |
| | | | | D | ATE | | AN | 10UNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | • | | | | | | |
| Enter Grand Total of Part E or | Schedule T Detaile | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Summary r uge, | 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: | 9/19/2005 |
| 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 Candid | ate | | 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , | | 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 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca | ındidate | | Reporti | ng Period | | | |
|--|--------------------|-----------------------------------|-------------------|--------------|-----------|----------|-----------|
| LAWRENCE CO REP COM | | | From | | | То: | 9/19/2005 |
| | | | | DATE | | | AMOUNT |
| To Whom Paid L.O.O.M. #51 | | | мо | DAY | YEAR | | |
| Mailing Address 35 S. MERCI | ER ST. | | 6 | 25 | 2005 | \$ | 300.00 |
| City NEW CASTLE | State | Zip Code (Plus 4) | Descrit | tion of Exp | enditure | <u> </u> | |
| NEW GNOTES | PA | 16105 | | FOR MAY | | | |
| To Whom Paid NORMAN DEGIDIO | | | МО | DAY | YEAR | | |
| Mailing Address 13 E. EDISC | DN AVE | | 6 | 27 | 2005 | \$ | 200.00 |
| City NEW CASTLE | State PA | Zip Code (Plus 4) 16105 | 1 | otion of Exp | penditure | | |
| To Whom Paid LAWR COUNTY FAIR | | | мо | DAY | YEAR | | |
| Mailing Address HARLENSBU | IRG RD | | 7 | 19 | 2005 | \$ | 250.00 |
| City NEW CASTLE | State PA | Zip Code (Plus 4) 16105 | Descrip 2005 B | otion of Exp | penditure | | |
| To Whom Paid NICK RUSKO | · | | МО | DAY | YEAR | | |
| Mailing Address 120 MARTIN | I AVE | | 7 | 2 | 2005 | \$ \$ | 44.61 |
| City ELLWOOD CITY | State PA | Zip Code (Plus 4) 16117 | | otion of Exp | penditure | | |
| To Whom Paid HESS COMM. PRINTING | | | МО | DAY | YEAR | | |
| Mailing Address 703 WILMIN | IGTON AVE | | 7 | 12 | 2005 | \$ | 40.81 |
| | <u> </u> | 1 | + | | | | |

Zip Code (Plus 4)

16101

Description of Expenditure

PRINTED POST CARDS FOR MTG.

State

PΑ

City

NEW CASTLE

| To Whom Paid FIFTH ST. GRILLE | МО | DAY | YEAR | | |
|---|--|--|--|----|-----------------|
| Mailing Address FIFTH STREET | 7 | 15 | 2005 | \$ | 16.93 |
| City ELLWOOD CITY State Zip Code (Plus 4) PA 16117 | Descrip | otion of Exp | | | |
| To Whom Paid HESS COMM. PRINTING | мо | DAY | YEAR | | |
| Mailing Address 703 WILMINGTON AVE | 7 | 23 | 2005 | \$ | 73.41 |
| City NEW CASTLE State PA 2ip Code (Plus 4) 16107 | Descrip | otion of Exp | | С | |
| To Whom Paid POSTMASTER | МО | DAY | YEAR | | |
| Mailing Address 7TH ST | 7 | 23 | 2005 | \$ | 37.00 |
| City State Zip Code (Plus 4) | | | | | |
| City ELLWOOD CITY PA State Zip Code (Plus 4) 16117 | Descrip STAMP | otion of Exp | enarture | | |
| ELLWOOD CITY | Descrip | | YEAR | | |
| To Whom Paid | STAMP | s | | \$ | 185.54 |
| To Whom Paid NORMAN DE GIDIO | STAMP MO 8 Descrip | DAY | YEAR 2005 | \$ | 185.54 |
| To Whom Paid NORMAN DE GIDIO Mailing Address 13 E. EDISON AVE City NEW CASTLE State Zip Code (Plus 4) | STAMP MO 8 Descrip | DAY 2 | YEAR 2005 | \$ | 185.54 |
| To Whom Paid NORMAN DE GIDIO Mailing Address 13 E. EDISON AVE City NEW CASTLE PA To Whom Paid To Whom Paid | STAMP MO 8 Descrip JULY EX | DAY 2 otion of Exp KPENSES | YEAR 2005 penditure | \$ | 185.54 34.77 |
| To Whom Paid NORMAN DE GIDIO Mailing Address 13 E. EDISON AVE City NEW CASTLE State PA 16101 To Whom Paid NICK RISKI | MO 8 Descrip JULY E MO 8 Descrip | DAY 2 Potion of Exp KPENSES DAY | YEAR 2005 Penditure YEAR 2005 | | |
| To Whom Paid NORMAN DE GIDIO Mailing Address 13 E. EDISON AVE City NEW CASTLE State PA 16101 To Whom Paid NICK RISKI Mailing Address 120 MARTIN AVE City ELLWOOD CITY State Zip Code (Plus 4) | MO 8 Descrip JULY E MO 8 Descrip | DAY 2 ption of Exp XPENSES DAY 2 ption of Exp | YEAR 2005 Penditure YEAR 2005 | | |
| To Whom Paid NORMAN DE GIDIO Mailing Address 13 E. EDISON AVE City NEW CASTLE To Whom Paid NICK RISKI Mailing Address 120 MARTIN AVE City ELLWOOD CITY State PA To Whom Paid NICK RISKI To Whom Paid NICK RISKI Mailing Address 120 MARTIN AVE To Whom Paid | MO 8 Descrip JULY E: MO 8 Descrip JULY E: | DAY 2 ption of Exp XPENSES DAY 2 ption of Exp XPENSES | YEAR 2005 Denditure YEAR 2005 Denditure | | |

| To Whom Paid LAWR. CO. FAIR | МО | DAY | YEAR | | | | | |
|--|---------------------------------|-----------------------------------|--|--|--|----|-----------------|--|
| Mailing Address HARLENSBURG ROAD | | | | 13 | 2005 | \$ | 99.00 | |
| City NEW CASTLE | State PA | Zip Code (Plus 4) 16101 | Description of Expenditure (33) TICKETS | | | | | |
| To Whom Paid KEYSTONE SPECIALTY | | | | DAY | YEAR | | | |
| Mailing Address 1029 S. MILL ST. | | | 8 | 26 | 2005 | \$ | 61.02 | |
| City NEW CASTLE | State PA | Zip Code (Plus 4) 16107 | | Description of Expenditure PICNIC SUPPLIES | | | | |
| To Whom Paid GIANT EAGLE | | | МО | DAY | YEAR | | | |
| Mailing Address 1700 NEW BUTLER ROAD | | | 8 | 27 | 2005 | \$ | 65.97 | |
| City NEW CASTLE | State PA | Zip Code (Plus 4) 16105 | Description of Expenditure PICNIC SUPPLIES | | | | | |
| | | | | | | | | |
| To Whom Paid GIANT EAGLE | <u> </u> | | мо | DAY | YEAR | | | |
| | JTLER ROAD | <u> </u> | MO 8 | DAY 27 | YEAR 2005 | \$ | 29.64 | |
| GIANT EAGLE | JTLER ROAD State PA | Zip Code (Plus 4) 16105 | 8 Descrip | | 2005 penditure | - | 29.64 | |
| GIANT EAGLE Mailing Address 1700 NEW BU | State | | 8 Descrip | 27 otion of Exp | 2005 penditure | - | 29.64 | |
| GIANT EAGLE Mailing Address 1700 NEW BU City NEW CASTLE To Whom Paid | State PA | | 8 Descrip PICNIC | 27 Dition of Exp SUPPLIES | 2005 penditure | - | 29.64 491.00 | |
| Mailing Address 1700 NEW BU City NEW CASTLE To Whom Paid HUDSON LUNCH | State PA | | B Descrip PICNIC MO | 27 SUPPLIES DAY | 2005 penditure YEAR 2005 | \$ | | |
| Mailing Address 1700 NEW BU City NEW CASTLE To Whom Paid HUDSON LUNCH Mailing Address 1021 E. WASI | State PA HINGTON ST. State | 16105 Zip Code (Plus 4) | B Descrip PICNIC MO | 27 SUPPLIES DAY 29 | 2005 penditure YEAR 2005 | \$ | | |
| Mailing Address 1700 NEW BU City NEW CASTLE To Whom Paid HUDSON LUNCH Mailing Address 1021 E. WASI City NEW CASTLE | State PA HINGTON ST. State PA | 16105 Zip Code (Plus 4) | B Descrip PICNIC MO 8 Descrip CATER | 27 SUPPLIES DAY 29 Stion of Exp PICNIC | 2005 Penditure YEAR 2005 Penditure | \$ | | |

| To Whom Paid CIALELLA & CARNEY | | | МО | DAY | YEAR | | |
|----------------------------------|--------------------|-----------------------------------|---|-----|------|----|----------------------------|
| Mailing Address 1006 S. MILL ST. | | | 9 | 6 | 2005 | \$ | 42.40 |
| City NEW CASTLE | State PA | Zip Code (Plus 4) 16105 | Description of Expenditure BOB SESSIONS FUNERAL | | | | |
| To Whom Paid NICK RISKO | | | МО | DAY | YEAR | | |
| Mailing Address 120 MARTIN AVE | | | 9 | 6 | 2005 | \$ | 44.00 |
| City ELLWOOD CITY | State PA | Zip Code (Plus 4) 16117 | Description of Expenditure AUGUST EXPENSES | | | | |
| To Whom Paid POSTMASTER | | | МО | DAY | YEAR | | |
| Mailing Address 7TH ST. | | | 9 | 13 | 2005 | \$ | 37.00 |
| City ELLWOOD CITY | State PA | Zip Code (Plus 4) 16117 | Description of Expenditure STAMPS | | | | |
| Enter Grand Total of Expenditure | s on Page 1, F | Report Cover Page, Item D | | | | \$ | PAGE TOTAL 2,607.83 |