

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 8000661		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: LAWRENCE CO REP COM											
Street Address: 1105 DEWEY AVE											
City: NEW CASTLE					State: PA		Zip Code: 16101-6817				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2005	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	8	2005	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	1		11	28	2005			
A. Amount Brought Forward From Last Report					\$ 6,769.85						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 5,020.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 11,789.85						
D. Total Expenditures (From Schedule III)					\$ 2,755.30						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 9,034.55						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
LAWRENCE CO REP COM	From: To: <u>11/28/2005</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 4,220.00

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)	\$ 800.00
TOTAL for the Reporting Period (2)	\$ 800.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 5,020.00
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PART B
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
LAWRENCE CO REP COM	From: To: <u>11/28/2005</u>

DATE	AMOUNT
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Full Name of Contributor NICHOLAS C. RISK0				MO	DAY	YEAR	\$ 100.00
Mailing Address 120 MARTIN AVE				11	1	2005	
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117					

Full Name of Contributor ANTHONY F. CIOFFI			MO	DAY	YEAR	\$ 100.00
Mailing Address 113 VINE ST.			11	1	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101				

Full Name of Contributor W. THOMAS ANDREWS			MO	DAY	YEAR	\$ 100.00
Mailing Address 1ST FEDERAL PLAZA			11	5	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JOHN W. HORGE							
Mailing Address 2620 WILMINGTON RD				11	5	2005	
City	NEW CASTLE	State	Zip Code (Plus 4)				
		PA	16105				

Full Name of Contributor DONALD W. FOX			MO	DAY	YEAR	\$ 100.00
Mailing Address 441 PETERSBURG RD.			11	10	2005	
City ENON VALLEY	State PA	Zip Code (Plus 4) 16120				

Full Name of Contributor NORMAN A. DEGIDIO			MO	DAY	YEAR	\$ 100.00
Mailing Address 13 E. EDISON AVE			11	10	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101				

Full Name of Contributor DAVID BARENSFELD			MO	DAY	YEAR	\$ 100.00
Mailing Address BOX 889			11	12	2005	
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117				

Full Name of Contributor A. WAYNE YOLTO			MO	DAY	YEAR	\$ 100.00
Mailing Address 1000 N. ASHLAND AVE			11	12	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101				

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

PAGE TOTAL
\$ 800.00

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	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
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	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E
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	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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: <u>11/28/2005</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description 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 Candidate	Reporting Period
LAWRENCE CO REP COM	From To: <u>11/28/2005</u>

DATE				AMOUNT		
To Whom Paid JOHN W. HODGE			MO	DAY	YEAR	\$ 200.00
Mailing Address 2620 WILMINGTON RD.			10	25	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure CAMPAIGN CONTR			
To Whom Paid T&R PRODUCTS			MO	DAY	YEAR	\$ 113.55
Mailing Address 309 W. GRANT ST.			10	25	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure PLAQUE FOR REP. OF YR			
To Whom Paid HUDSON LUNCH			MO	DAY	YEAR	\$ 64.95
Mailing Address 1021 E. WASH. ST.			10	26	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure EX. COM. MTG.			
To Whom Paid HESS COM. PRINTING			MO	DAY	YEAR	\$ 44.52
Mailing Address 703 WILMINGTON AVE			10	26	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure POST CARDS FOR MTG.			
To Whom Paid VILLAGE GALLERY			MO	DAY	YEAR	\$ 127.20
Mailing Address 662 E. WASHINGTON ST.			11	1	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure GUEST SPEAKER GIFT			

To Whom Paid HESS COM. PRINTING			MO	DAY	YEAR	\$ 1,842.03
Mailing Address 703 WILMINGTON RD			11	1	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure PROGRAM BOOKLETS			

To Whom Paid NORMAN DEGIDIO			MO	DAY	YEAR	\$ 181.65
Mailing Address 13 E. EDISON AVE			11	3	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Description of Expenditure OCT. EXPENSES			

To Whom Paid JOSEPH ROSEOK			MO	DAY	YEAR	\$ 100.00
Mailing Address SHERIDEN AVE			11	3	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Description of Expenditure AUDIO FOR FALL DINNER			

To Whom Paid NICK RISKO			MO	DAY	YEAR	\$ 43.60
Mailing Address 120 MARTIN AVE			11	7	2005	
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Description of Expenditure OCT. EXPENSES			

To Whom Paid CIALELLA & CARNEY			MO	DAY	YEAR	\$ 37.80
Mailing Address 1006 S. MILL ST.			11	14	2005	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure FLOWERS FOR FALL DINNER			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,755.30

