# **Campaign Finance Report**

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

Name of Filing Committee, Candidate or Lobbyist:       LAWRENCE CO REP COM         Street Address:       1105 DEWEY AVE         City:       NEW CASTLE       Street:       PA       Zip Code:       10:0101-6817         TYPE OF REPORT       Code:       10:0101-6817         TYPE OF REPORT       Code:       10:0101-6817         TYPE OF REPORT       Code:       10:0101-6817         New CASTLE       Code:       Code:       AMPRONT       New AMPNOMENT	Filer Identificat Number :	ion 8000	661			Repo Filed			CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST			
Streek Address:       NEW CASTLE       State:       PA       Zip Code:       16101-6817         City:       NEW CASTLE       State:       PA       Zip Code:       16101-6817         City:       OFH TUESDAT       1.       ZND FRIDAY PRE-       2.       NO DAY       PRE-REMINATION       Response       No       No <td>Name of Filing (</td> <td>Committee, Candid</td> <td>ate or Lo</td> <th>obbyist:</th> <td></td> <td></td> <td></td> <td></td> <td>) REP CO</td> <td> DM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Name of Filing (	Committee, Candid	ate or Lo	obbyist:					) REP CO	 DM									
OPE OF REPORT       OF TH TUESDAY PRE-REMARY       1       ZND PRIDAY PRE-REMARY       PRE- PRIMARY       AMENDMENT PRE- PRE-REMARY       No         (place X to the right of report type)       1       2ND PRIDAY PRE- ELECTION       1       2ND PRIDAY PRE- ELECTION       PRE- PRE- ELECTION       No       No       No         No       PRE- PRE-REMARY       1       2ND PRIDAY PRE- ELECTION       PRE- ELECTION       PAPER       DISKETTE         Name of Office Sought by Candidate:       DAY       Year       Veran       DISKETTE         Name of Office Sought by Candidate:       DAY       Year       DISKETTE       DISKETTE         Summary of Receipts and Expenditures from:       1       1       TO       12       31       2005         A. Amount Brought Forward From Last Report       \$       9,034.55       .5       .1,135.00	Street Address:	1105 DEWEY	AVE																
REPORT       DECREMANY       DECRMARY       DECRMARY <thd< th=""><th>City:</th><th>NEW CASTLE</th><th></th><th></th><th></th><th></th><th></th><th>5</th><th>State:</th><th>PA</th><th></th><th></th><th>Zip Co</th><th colspan="6"><b>Zip Code:</b> 16101-6817</th></thd<>	City:	NEW CASTLE						5	State:	PA			Zip Co	<b>Zip Code:</b> 16101-6817					
Chice X to the right of report Type)       PRE-ELECTION       ELECTION       REFORT?         Name of Office Sought by Candidate:       PAPER       DISKETTE         Name of Office Sought by Candidate:       DATE OF ELECTION       PAPER       DISKETTE         Name of Office Sought by Candidate:       DATE OF ELECTION       Paper       Paper       DISKETTE         Summary of Receipts and Expenditures from:       MO       DAY       YEAR       FOR OFFICE USE ONLY       Code         Summary of Receipts and Expenditures from:       1       1       1       TO       12       31       2005         A. Amount Brought Forward From Last Report       \$       9,034.55       9,034.55       9,034.55       9,034.55       9,035.18       9,035.18       9,035.18       9,035.18       9,030.00       9,030.55       9,035.18       9,030.00       9,030.55       9,035.18       9,030.00       9,030.55       9,035.18       9,030.00       9,030.55	-		1.							POST- 3.					Yes	No	· 🗸		
Name of Office Sought by Candidate:       DATE OF ELECTION       District       Office Party Code       County         Mo       DAV       YEAR       11       0       DAV       YEAR       11       0       DAV       YEAR       11       0       DAV       YEAR       11       10       DAV       YEAR       11       10       DAV       YEAR       FOR OFFICE USE ONLY         Summary of Receipts and Expenditures from:       1       1       1       TO       12       31       2005       GRE INSTRUCTIONS FOR CODES)         A. Amount Brought Forward From Last Report       \$       9,034.55       9,035.18       9,034.55       9,036.55       9,035.18       9,034.55       9,035.18       9,000       9,000       9,000       9,000       9,000       9,000			4.							POST-	6.				Yes	No	· 🗸		
Name of Office Sought by Candidate:       Number       Code       Code         MO       DAY       YEAR       11       8       2005       (see INSTRUCTIONS FOR CODES)         Summary of Receipts and Expenditures from:       MO       DAY       YEAR       FOR OFFICE USE ONLY         A. Amount Brought Forward From Last Report       \$       9,034.55       FOR OFFICE USE ONLY         B. Total Monetary Contributions And Receipts (From Schedule I)       \$       1,135.00	report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2005									PAPER		$\checkmark$	DISKE	TTE		
MO       DAY       YEAR         11       8       2005       (set INSTRUCTIONS FOR CODES)         Summary of Receipts and Expenditures from:       MO       DAY       YEAR       FOR OFFICE USE ONLY         A. Amount Brought Forward From Last Report       \$       9,034.55	Name of Office	L Sought by Candida	te:						DATE O	F ELEO	CTIC	<b>N</b>			Par	ty Code			
Summary of Receipts and Expenditures from:       MO       DAY       YEAR       MO       DAY       YEAR       FOR OFFICE USE ONLY         A. Amount Brought Forward From Last Report       \$       9,034.55       12       31       2005         B. Total Monetary Contributions And Receipts (From Schedule I)       \$       1,135.00       1,135.00         C. Total Funds Available (Sum of Lines A and B)       \$       10,169.55       1,135.00         D. Total Expenditures (From Schedule II)       \$       0,293.18         F. Value Of In-Kind Contributions Received (From Schedule II)       \$       0.00         G. Unpaid Debts And Obligations (From Schedule IV)       \$       0.00         Correct and complete.       Signature of Person Submitting Report       Signature of Person Submitting Report         Sworn to and subscribed before me this       20       Signature of Person Submitting Report         MO       DAY       YR       Aree Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Signature of Person Submitting Report       Signature of Person Submitting Report         My Commission Expires       MO       DAY       YR       Aree Code       Daytime Telephone Number         My Commission Expires       Signature       Signature of Can									мо	DAY	Y	EAR					10000		
Summary of Receipts and Expenditures from:       1       1       1       TO       12       3.1       2005         A. Amount Brought Forward From Last Report       \$       9,034.55       9,034.55         B. Total Monetary Contributions And Receipts (From Schedule I)       \$       1,135.00         C. Total Funds Available (Sum Of Lines A and B)       \$       10,169.55         D. Total Expenditures (From Schedule III)       \$       4,234.37         E. Ending Cash Balance (Subtract Line D From Line C)       \$       5,935.18         F. Value Of In-Kind Contributions Received (From Schedule II)       \$       0.00         G. Unpaid Debts And Obligations (From Schedule IV)       \$       0.00         PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.       Issues (or affrm) 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       Signature       Signature of Person Submitting Report         My Commission Expires       Email       Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Signature of Parson Submitting Report         My Commission Expires       Email       Printed Name       Sign									11		8	2005		(SEE INS	STRUCTI	ONS FOR	CODES)		
A. Amount Brought Forward From Last Report          A. Amount Brought Forward From Last Report       \$ 9,034.55         B. Total Monetary Contributions And Receipts (From Schedule I)       \$ 1,135.00         C. Total Funds Available (Sum Of Lines A and B)       \$ 10,169.55         D. Total Expenditures (From Schedule III)       \$ 4,234.37         E. Ending Cash Balance (Subtract Line D From Line C)       \$ 5,935.18         F. Value Of In-Kind Contributions Received (From Schedule II)       \$ 0.00         G. Unpaid Debts And Obligations (From Schedule IV)       \$ 0.00         PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.       I swear (or affrm) 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       Signature         Image: Signature       Email         My Commission Expires       Email         My Commission Expires       Signature         Gay of       20         System to a subscribed before me this       Signature         My Commission Expires       Email         My Commission Expires       Signature         My Commission Expires       Signature         My Commission Expires       Signature         My Commission Expires       Signature <td>Summary of</td> <td>Receipts and</td> <td>мо</td> <th>DAY</th> <td>YEAF</td> <td>2</td> <td></td> <td></td> <td>мо</td> <td>DAY</td> <td>Y</td> <td>EAR</td> <td>FC</td> <td>OR OFFIC</td> <td>E USE</td> <td>ONLY</td> <td></td>	Summary of	Receipts and	мо	DAY	YEAF	2			мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY			
B. Total Monetary Contributions And Receipts (From Schedule I)       \$ <ol> <li>1,135.00</li> <li>C. Total Funds Available (Sum Of Lines A and B)</li> <li>\$                 10,169.55</li> <li>D. Total Expenditures (From Schedule III)</li> <li>\$                 4,234.37</li> </ol> E. Ending Cash Balance (Subtract Line D From Line C)         \$                 5,935.18           F. Value Of In-Kind Contributions Received (From Schedule II) <li>\$                 0.00</li> B. Unpaid Debts And Obligations (From Schedule IV)         \$                 0.00           C. Unpaid Debts And Obligations (From Schedule IV)             \$                 0.00           PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.           I swear (or affrm) 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	Expenditures	s from:		1 1		1	то	Ē	12	3	31	2005							
C. Total Funds Available (Sum Of Lines A and B)       \$       10,169.55         D. Total Expenditures (From Schedule III)       \$       4,234.37         E. Ending Cash Balance (Subtract Line D From Line C)       \$       5,935.18         F. Value Of In-Kind Contributions Received (From Schedule II)       \$       0.00         G. Unpaid Debts And Obligations (From Schedule IV)       \$       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.         Iswear (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.         Signature of Person Submitting Report         My Commission Expires       Email         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.         Iswear (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.         Signature day of	A. Amount Bro	ught Forward Fror	n Last R	eport				\$			9,	034.55							
D. Total Expenditures (From Schedule III)       \$ 4,234.37         E. Ending Cash Balance (Subtract Line D From Line C)       \$ 5,935.18         F. Value Of In-Kind Contributions Received (From Schedule II)       \$ 0.00         G. Unpaid Debts And Obligations (From Schedule IV)       \$ 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 bellef , true correct and complete.         Sworn to and subscribed before me this       Signature         My Commission Expires       Email         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.       Isignature of June 3,1937 (P.L. 1333, No 320) as amended.         Sworn to and subscribed before me this       Signature of Candidate         My Commission Expires       Signature         My Commission Expires       Email         My Commission Expires       Signature         Bignature       Email         My Commission Expires       Email <td colspan="9">B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,13</td> <td>135.00</td> <td></td> <td></td> <td></td> <td></td> <td></td>	B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,13									135.00									
E. Ending Cash Balance (Subtract Line D From Line C)       \$       5,935.18         F. Value Of In-Kind Contributions Received (From Schedule II)       \$       0.00         G. Unpaid Debts And Obligations (From Schedule IV)       \$       0.00         Control Contributions Received (From Schedule IV)         AFFIDAVIT SECTION         PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.         Iswar (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       Signature         M0       DAY       YR         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Email         Iswear (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.       Signature         Sworn to and subscribed before me this       Signature       Signature of Candidate         My Commission Expires       Email       Printed Name         My Commission Expires       Signature       Email         My Commission Expires       Email       Signature         My Commission Expires       Email       Email    <	C. Total Funds Available (Sum Of Lines A and B) \$ 10,169.55																		
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.         Signature of Person Submitting Report         day of       20         Email         MO       DAY       YR         Area Code         Day in 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.         Signature         My Commission Expires       Signature of Candidate         day of       20	D. Total Expen	ditures (From Sch	edule II	I)				\$			4,2	234.37	]						
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.         Signature of Person Submitting Report         day of       20         Finited Name         Signature         M0       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.         Signature         My Commission Expires       Signature of Candidate         day of       20       Printed Name         My Commission Expires       Signature of Candidate	E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			5,9	935.18							
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       Signature of Person Submitting Report         day of       20	F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00							
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       Signature of Person Submitting Report         day of       20         My Commission Expires       Finited Name         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.       Signature of Candidate         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.       Signature of Candidate         Sworn to and subscribed before me this       Signature of Candidate       Signature of Candidate         My Commission Expires       20       Printed Name       Printed Name         Sworn to and subscribed before me this       Signature of Candidate       Signature of Candidate         My Commission Expires       20       Printed Name       Printed Name	G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)			\$				0.00							
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  Signature 0  Printed Name  Printed Name  Printed Name Printed					AFF	IDAV	/IT S	SEC	CTION										
correct and complete.       Signature       Signature of Person Submitting Report         day of       20       Printed Name         Signature       Mo       DAY       YR         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       Signature of Candidate	PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a (	Cano	didate re	eport, c	andi	date sig	gn here.						
day of       20       Printed Name         My Commission Expires       Email         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.       Iswear (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       Signature       Signature of Candidate         My Commission Expires       Signature       Email         My Commission Expires       Signature       Email			luding the	e attached so	hedule	s filed o	on pap	per o	r by elect	ronic me	edium	, are to t	the best o	of my knov	vledge	and beli	ef , true		
Signature       Email         M0       DAY       YR       Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Iswear (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       20       Printed Name         My Commission Expires       Signature       Email	Sworn to and sub		5	20							9	Signature	e of Perso	n Submitt	ing Rep	oort			
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       Signature of Candidate         day of       20         Printed Name       Printed Name         My Commission Expires       Email		Signatu	re				_						Prir	ted Name	1				
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	My Commission E	xpires											Ema	il					
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 of20 Printed Name Signature Signature Email		мо	D	AY	YR					Are	ea Coo	de	Daytin	ne Teleph	one Nu	mber			
No 320) as amended. Sworn to and subscribed before me this day of20202 Printed Name Signature Email	Part II- If this is	a report of a can	didate's	authorized	Com	nittee,	Can	dida	te shall	sign he	ere.								
day of			ny knowle	edge and bel	ief this	o politica	al cor	mmit	ttee has n	ot violat	ed ar	ny provis	ions of th	e act of Ju	ıne 3,1	937 (P.I	1333,		
Signature Email	Sworn to and subse			20								s	ignature	of Candida	ite				
My Commission Expires Email													Printe	ed Name					
MO DAY YR Area Code Davtime Telephone Number	My Commission Ex	-											Ema	il					
		мо	D/	AY	V	2				Area	Code		D	aytime Te	elephor	ne Numb	er		

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LAWRENCE CO REP COM From: To: 12/31/2005 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 1,135.00 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,135.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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 Can	Reporti	ng Period					
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committ	ee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4	•)				
						Γ	PAGE TOTAL

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

0.00

\$

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 Candidat	e		Rep Froi	oorting P m:	eriod	тс	):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
PAGE TOTAL									
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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	Name of Filing Committee or Candidate			ing Perio	d					
From					m: To:					
				D	ATE			AMOUNT	1	
Full Name				мо	DAY	YEAR				
Mailing Address							\$	5	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description						•	•			
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL	
		illi y i 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:	То:	<u>12/31/2005</u>
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	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				g Period			
	From:						
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate					Reporting	g Period			
					From:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor	<b>I</b>		1		Occuj	pation			
Employer Mailing Address/Princip Business	oal Place of	City	St	ate	Z 4	ip Code(Plus )	Descri	ption of	<sup>-</sup> Contribution
				_					PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE T

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period					
LAWRENCE CO REP COM			From			То:	<u>12/31/2005</u>
				DATE			AMOUNT
To Whom Paid MEDURA CATERING			мо	DAY	YEAR		
Mailing Address 1015 S. MILL ST			12	1	2005	\$	3,696.00
City     NEW CASTLE     State     Zip Code (Plus 4)       PA     16101				ntion of Exp			
To Whom Paid NORMAN DEGIDIO			мо	DAY	YEAR		
Mailing Address 13 E EDISON AVE			12	1	2005	\$	164.12
City NEW CASTLE	Description of Expenditure NOVEMBER EXPENSE						
To Whom Paid NICK RISKO			мо	DAY	YEAR		
Mailing Address 120 MARTIN AVE			12	2	2005	\$	37.60
City ELLWOOD CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16117		btion of Exp			
<b>To Whom Paid</b> POSTMASTER			мо	DAY	YEAR		
Mailing Address 7TH ST & CRESCEN	ΓAVE		12	5	2005	\$	37.00
City ELLWOOD CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16117	Descrip STAMP	otion of Exp S	benditure		
To Whom Paid POSTMASTER			мо	DAY	YEAR		
Mailing Address CASCADE			12	9	2005	\$	31.75
City NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16105		tion of Exp			DPLE IN COUNTY

To Whom Paid NORMAN DEGIDIO			мо	DAY	YEAR		
Mailing Address 13 E EDISON AVE			12	12	2005	\$	50.00
City NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16105	Description of Expenditure DEC. EXPENSES				
To Whom Paid NORMAN DEGIDIO			мо	DAY	YEAR		
Mailing Address 13 E EDISON AVE			12	31	2005	\$	217.90
City NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16105	Description of Expenditure DEC. EXPENSE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	4,234.37