Campaign Finance Report

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

Number : Filed By : Name of Filing Committee, Candidate or Lobbyist: LAWRENCE CO REP COM Street Address: 1105 DEWEY AVE City: NEW CASTLE State: PA Zip Code: 16101-6										
Street Address:										
City: NEW CASTLE State: PA Zip Code: 16101-6	Street Address: 1105 DEWEY AVE									
	5817									
TYPE OF REPORT 6TH TUESDAY PRE-PRIMARY 1. 2ND FRIDAY PRE- PRIMARY 2. 30 DAY PRIMARY POST- PRIMARY 3. AMENDMENT REPORT? Yes	No	\checkmark								
(place X to pre-election 4. X 2ND FRIDAY PRE- 5. 30 DAY POST- 6. TERMINATION Yes pre-relation of the right of	No	\checkmark								
report type) ANNUAL REPORT 7. Year 2006 FILING METHOD PAPER	DISKETT	TE								
Name of Office Sought by Candidate: DATE OF ELECTION District Office Number Code	rty Code C	 County Code								
MO DAY YEAR	1*									
11 7 2006 (SEE INSTRUCTI	ONS FOR CO	DES)								
Summary of Receipts and MO DAY YEAR MO DAY YEAR FOR OFFICE USE	ONLY									
Expenditures from: 1 1 TO 9 18 2006										
A. Amount Brought Forward From Last Report \$ 5,311.05										
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 340.00										
C. Total Funds Available (Sum Of Lines A and B) \$ 5,651.05										
D. Total Expenditures (From Schedule III) \$ 3,720.62										
E. Ending Cash Balance (Subtract Line D From Line C) \$ 1,930.43										
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 correct and complete.	and belief	, true								
Sworn to and subscribed before me this Signature of Person Submitting Rep	port									
Signature Printed Name										
My Commission Expires Email										
MO DAY YR Area Code Daytime Telephone Nu	ımber									
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 3,1 No 320) as amended.	937 (P.L. 1	1333,								
Sworn to and subscribed before me this Signature of Candidate Signature of Candidate										
		—								
SignatureEmail										
MO DAY YR Area Code Daytime Telephor	ne Number									

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LAWRENCE CO REP COM From: To: 9/18/2006 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 340.00 \$ **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 \$ 340.00 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 Candidate			Reporting Period					
F			Fre	From: To):		
					DATE			AMOUNT
Full Name of Contributing Committee				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)								
			Reporting Period From: To:					
					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:

				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of City Business				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			Reporting Period							
Fr				From: To				:		
				DATE				AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address						\$	i	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description										
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL	
Linter Granu Total of Part E		i Suillilai y Page,	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>9/18/2006</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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			Reporting Period					
F						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 Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TOTAL Section 2.							TOTAL	
					4	6	0.00	

0.00

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

Name of Filing Committee or C	Name of Filing Committee or Candidate				Reporting 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			1		Occupation					
Employer Mailing Address/Principal Place of Business		City	Sta	te	Zip 4)	Zip Code(Plus D 4)		Description of Contribution		
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL	

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
LAWRENCE CO REP COM			From			То: <u>с</u>		
				DATE			AMOUNT	
To Whom Paid ANNIE'S 5TH ST. GRILLE			мо	DAY	YEAR			
Mailing Address FIFTH ST.			6	10	2006	\$	96.97	
City ELLWOOD CITY State Zip Code (Plus 4) PA 16117				otion of Exp DIST. COM.				
To Whom Paid COM. TO RE-ELECT WAYNE ALEXANDER				DAY	YEAR			
Mailing Address MAYORS OFFICE				12	2006	\$	100.00	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure CONTRIBUTION					
To Whom Paid POSTMASTER				DAY	YEAR			
Mailing Address 7TH ST.			6	20	2006	\$	39.00	
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Descrip STAMP:	ition of Ex S	penditure	1		
To Whom Paid COM. TO RE-ELECT WAYNE ALEXANDER	{		мо	DAY	YEAR			
Mailing Address MAYORS OFFICE			6	24	2006	\$	100.00	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		ition of Exp IBUTION	benditure			
To Whom Paid NORMAN DEGIDIO			мо	DAY	YEAR			
Mailing Address 13 E. EDISON AVE			7	6	2006	\$	175.40	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		otion of Exp XPENSES	penditure			

To Whom Paid SWANN FOR GOVERNOR					DAY	YEAR					
Mailing Address P.O. BOX 3501					3	2006	\$	200.00			
City PITTSBURGH	4	State	Zip Code (Plus 4)	Descrip	tion of Ex	l Denditure					
PA 15230					IBUTION						
To Whom Paid MORSE FOR PA HOUSE					DAY	YEAR					
Mailing Address P.O. BOX 274				7	3	2006	\$	300.00			
City SLIPPERY RO	ОСК	State	Zip Code (Plus 4)	Descrip	tion of Ex	Denditure					
		РА	16057		IBUTION						
To Whom Paid NICK RISKO					DAY	YEAR					
Mailing Address 120 MARTIN AVE				7	3	2006	\$	54.47			
City ELLWOOD C	ΙΤΥ	State	Zip Code (Plus 4)	Description of Expenditure							
PA 16111					JUNE EXPENSES						
To Whom Paid LAWR CO. FAIR					DAY	YEAR					
LAWR CO. FAIR				мо							
Mailing Address	HARLENSBURG ROA	D		7	6	2006	\$	250.00			
Mailing Address		D	Zip Code (Plus 4)	7		2006		250.00			
Mailing Address		1	Zip Code (Plus 4) 16101	7 Descrip	6	2006		250.00			
Mailing Address	E	State		7 Descrip BOOTH	6 Dition of Exp	2006		250.00			
Mailing Address	E	State		7 Descrip BOOTH	6 Dition of Exp RENTAL	2006 penditure		250.00			
Mailing Address	E RNOR P.O. BOX 3501	State		7 Descrip BOOTH MO 7	6 ption of Exp RENTAL DAY	2006 Penditure YEAR 2006	\$				
Mailing Address	E RNOR P.O. BOX 3501	State PA	16101	7 Descrip BOOTH MO 7 Descrip	6 Detion of Exp RENTAL DAY 8	2006 Penditure YEAR 2006	\$				
Mailing Address	E RNOR P.O. BOX 3501 1	State PA State	16101 Zip Code (Plus 4)	7 Descrip BOOTH MO 7 Descrip	DAY BATION OF EXI DAY 8	2006 Penditure YEAR 2006	\$				
Mailing Address	E RNOR P.O. BOX 3501 1	State PA State PA	16101 Zip Code (Plus 4)	7 Descrip BOOTH MO 7 Descrip CONTR	6 ption of Exp RENTAL DAY 8 ption of Exp IBUTION	2006 penditure YEAR 2006 penditure	\$				
Mailing Address	E RNOR P.O. BOX 3501 H PGER 835 LAWRENCE AVE	State PA State PA	16101 Zip Code (Plus 4)	7 Descrip BOOTH MO 7 Descrip CONTR MO	day Bation of Exp RENTAL DAY 8 Bution of Exp IBUTION DAY	2006 Penditure 2006 Penditure YEAR 2006	\$	100.00			

To Whom Paid SWANN FOR GOVERNOR				мо	DAY	YEAR				
Mailing Address P.O. BOX 3501					14	2006	\$		100.00	
		State	Zip Code (Plus 4)	Descrin	tion of Exp	l Denditure				
PITTSBURGH PA 15230					IBUTION	Jenuiture				
To Whom Paid NORMAN DEGIDIO					DAY	YEAR				
Mailing Address 13 E. EDISON AVE				7	10	2006	\$		427.00	
City NEW CAS	TI F	State	Zip Code (Plus 4)	Descrip	tion of Ex	, Denditure				
		РА	16101		D FOR PAY			IN AD		
To Whom Paid CIALELLA & CARNEY				мо	DAY	YEAR				
Mailing Address 1006 S. MILL ST			7	12	2006	\$		54.00		
City NEW CAS	TLE	State	Zip Code (Plus 4)	Description of Expenditure						
PA 16101					FLOWERS FOR PAUL TANNER					
To Whom Paid HESS COMM. PRI	INTING		1	мо	DAY	YEAR				
	INTING 703 WILMINGTON A	VE	1	мо 7	DAY 20	YEAR 2006	\$		26.97	
HESS COMM. PRI	703 WILMINGTON A	VE State	Zip Code (Plus 4)	7	20	2006			26.97	
HESS COMM. PRI	703 WILMINGTON A		Zip Code (Plus 4) 16101	7 Descrip		2006 penditure		OOM	26.97	
HESS COMM. PRI	703 WILMINGTON A	State		7 Descrip	20 otion of Exp	2006 penditure		ООМ	26.97	
HESS COMM. PRI Mailing Address City NEW CAS	703 WILMINGTON A	State		7 Descrip 18" X 4	20 Dition of Exi 18" BANNE	2006 Denditure R FOR CF		ООМ	26.97 263.01	
HESS COMM. PRI Mailing Address City NEW CAS To Whom Paid NORMAN DEGIDI Mailing Address	703 WILMINGTON A	State		7 Descrip 18" X 4 MO 8	20 Dition of Exi 88" BANNE DAY 9	2006 Penditure R FOR CF YEAR 2006	ANE R	00M		
HESS COMM. PRI Mailing Address City NEW CAS To Whom Paid NORMAN DEGIDI Mailing Address	703 WILMINGTON A	State PA	16101	7 Descrip 18" X 4 MO 8	20 htion of Exp 8" BANNE DAY 9 stion of Exp	2006 Penditure R FOR CF YEAR 2006	ANE R	ООМ		
HESS COMM. PRI Mailing Address City NEW CAS To Whom Paid NORMAN DEGIDI Mailing Address	703 WILMINGTON A	State PA State	16101 Zip Code (Plus 4)	7 Descrip 18" X 4 MO 8 Descrip	20 htion of Exp 8" BANNE DAY 9 stion of Exp	2006 Penditure R FOR CF YEAR 2006	ANE R	00M		
HESS COMM. PRI Mailing Address City NEW CAS To Whom Paid NORMAN DEGIDI Mailing Address City NEW CAS	703 WILMINGTON A	State PA State	16101 Zip Code (Plus 4)	7 Descrip 18" X 4 MO 8 Descrip JULY E	20 btion of Exp 8" BANNE DAY 9 ption of Exp XP	2006 Denditure R FOR CF YEAR 2006 Denditure	ANE R	00M		
HESS COMM. PRI Mailing Address City NEW CAS To Whom Paid NORMAN DEGIDI Mailing Address City NEW CAS To Whom Paid NICK RISKO	703 WILMINGTON A TLE 13 E. EDISON AVE TLE 120 MARTIN AVE	State PA State	16101 Zip Code (Plus 4)	7 Descrip 18" X 4 MO 8 Descrip JULY EX MO	20 ption of Exp 8" BANNE DAY 9 ption of Exp CP DAY	2006 Denditure R FOR CF 2006 Denditure YEAR 2006	ANE R \$	00M	263.01	

To Whom Paid			мо	DAY	YEAR		
COUNTRYSIDE RESTAURANT	MO						
Mailing Address ELLPORT	8	12	2006	\$	69.56		
City ELLWOOD CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure		
	EXEC. (COM BKFS	т.				
To Whom Paid MORSE (4) PA HOUSE	мо	DAY	YEAR				
Mailing Address P.O. BOX 274			8	14	2006	\$	300.00
City SLIPPERY ROCK	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure		
	PA	16057	CONTRIBUTION				
To Whom Paid POSTMASTER			мо	DAY	YEAR		
Mailing Address 7TH STREET			8	14	2006	\$	39.00
City ELLWOOD CITY	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	16117	STAMPS				
To Whom Paid NORMAN DEGIDIO			мо	DAY	YEAR		
	AVE		мо 9	DAY 3	YEAR 2006	\$	160.47
NORMAN DEGIDIO	AVE State	Zip Code (Plus 4)	9		2006		160.47
NORMAN DEGIDIO Mailing Address 13 E. EDISON		Zip Code (Plus 4) 16101	9 Descrip	3	2006		160.47
NORMAN DEGIDIO Mailing Address 13 E. EDISON	State		9 Descrip	3 otion of Exp	2006		160.47
NORMAN DEGIDIO Mailing Address 13 E. EDISON City NEW CASTLE To Whom Paid	State PA		9 Descrip AUG. E	3 htion of Exp XPENSES	2006 penditure		96.00
NORMAN DEGIDIO Mailing Address 13 E. EDISON City NEW CASTLE To Whom Paid LAWR. CO. FAIR Mailing Address HARLENSBURG	State PA		9 Descrip AUG. E MO 8	3 htion of Exp XPENSES DAY	2006 penditure YEAR 2006	\$	
NORMAN DEGIDIO Mailing Address 13 E. EDISON City NEW CASTLE To Whom Paid LAWR. CO. FAIR Mailing Address HARLENSBURG	G RD	16101	9 Descrip AUG. E MO 8	3 Ation of Exp XPENSES DAY 14	2006 penditure YEAR 2006	\$	
NORMAN DEGIDIO Mailing Address 13 E. EDISON City NEW CASTLE To Whom Paid LAWR. CO. FAIR Mailing Address HARLENSBURG	G RD	16101 Zip Code (Plus 4)	9 Descrip AUG. E MO 8 Descrip	3 Ation of Exp XPENSES DAY 14	2006 penditure YEAR 2006	\$	
NORMAN DEGIDIO Mailing Address 13 E. EDISON City NEW CASTLE To Whom Paid LAWR. CO. FAIR Mailing Address HARLENSBURG City NEW CASTLE To Whom Paid To Whom Paid	State PA S RD State PA	16101 Zip Code (Plus 4)	9 Descrip AUG. E MO 8 Descrip TICKET	3 Nation of Exp XPENSES DAY 14 14 S	2006 penditure YEAR 2006 penditure	\$	
NORMAN DEGIDIO Mailing Address 13 E. EDISON City NEW CASTLE To Whom Paid LAWR. CO. FAIR Mailing Address HARLENSBURG City NEW CASTLE To Whom Paid NORMAN DEGIDIO Mailing Address	State PA S RD State PA	16101 Zip Code (Plus 4)	9 Descrip AUG. E MO 8 Descrip TICKET MO 9	3 Ation of Exp XPENSES DAY 14 Ation of Exp S DAY	2006 Penditure 2006 Penditure YEAR 2006	\$	96.00

To Whom Paid PARKSTOWN, INC			мо	DAY	YEAR		
Mailing Address 2198 W. STATE ST.			9	9	2006	\$	375.10
City NEW CASTLE	State PA	Zip Code (Plus 4) 16103	-	otion of Exp ALLY DINN		•	
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item D.				\$	PAGE TOTAL 3,720.62