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	80006	61			Rep File			CA	NDII	DATE		COMM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, C	Candidat	te or Lo	bbyist:		LAW	/REI	NCE C	O RE	P CC	M								
Street Address:	1105 DI	EWEY A	VE																
City:	NEW CA	STLE							State	e:	PA			Zip Cod	l e: 16	101-6	817		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	No)	√
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDA ELECTION	AY PRE	<u>-</u> 5	5. X	30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes	No)	√
report type)	ANNUAL RE	PORT 7	7.	Year 2006	1			FILING METHOD () CHECK ONE							PAPER		DISK	TTE	
Name of Office S	ought by Ca	ındidate	e:						DAT	E O	F ELE	СТІС	N	District Number	Office Code	Pa	rty Code	Cour	
									МО		DAY	YI	AR		10000			37	
										11		7	2006		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		ınd	МО	DAY	YEAR	2			МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			1 1	_	1	Т	0		10	7	23	2006						
A. Amount Bro	ught Forwar	d From	Last Ro	eport				\$				1,9	930.43						
B. Total Moneta	ary Contribu	tions Ar	nd Rece	eipts (Fron	n Sche	dule	I)	\$				Ġ	924.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				2,8	354.43							
D. Total Expend	ditures (Fro	m Sched	dule III	1)				\$				1,6	92.31						
E. Ending Cash	Balance (Su	ıbtract I	Line D	From Line	C)			\$				1,1	62.12						
F. Value Of In-	Kind Contrib	utions I	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obliga	ations (From S	chedule I\	/)			\$					0.00		,				
					AFF	IDA	\VI	T SE	CTIC	N									
PART I - If this is		-	•	_															
I swear (or affirm) correct and comple		ort, inclu	ding the	attached so	hedules	s filed	d on	paper	or by e	electr	onic m	edium	, are to t	he best of	my knov	vledge	and bel	ief , tr	ue,
Sworn to and subs	cribed before day of	me this		20								S	ignature	of Persoi	Submitt	ing Re	port		_
								- -						Print	ed Name				_
My Commission Ex		Signature	•							-				Emai	<u> </u>				
	мо		DA	·Υ	YR			_			Are	ea Cod	le	Daytim	e Teleph	one Nu	ımber		_
Part II- If this is	a report of	a candi	date's a	authorized	Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	dge and bel	ief this	polit	ical	comm	ittee h	as no	ot viola	ted an	y provis	ions of the	e act of Ju	ıne 3,1	937 (P.I	133	3,
Sworn to and subsc		ne this											s	ignature o	f Candida	ite			-
	day of 							-						Printo	d Name				-
	Siar	nature						-		_									_
My Commission Exp	_													Emai	il				
	-	мо	DA	ΛΥ	YR			-			Area	Code		Da	ytime Te	elepho	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
LAWRENCE CO REP COM	From:	То:	10/23/2006
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	924.00
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)		\$	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	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	924.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 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 Filling Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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

PAGE TOTAL \$ 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 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.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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:	10/23/2006
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reportir	ng Period				
LAWRENCE CO REP COM			From			То:	10/23/2006	
				DATE			AMOUNT	
To Whom Paid NICK RISKO			мо	DAY	YEAR			
Mailing Address 120 MARTIN	AVE.		10	3	2006	\$	58.82	
City ELLWOOD CITY PA 2ip Code (Plus 4) 16117				Description of Expenditure AUG & SEPT. EXP				
To Whom Paid HUDSON LUNCH				DAY	YEAR			
Mailing Address E. WASHINGTON ST.				8	2006	\$	41.97	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		Description of Expenditure EXEC. COM. MTG.				
To Whom Paid POSTMASTER			МО	DAY	YEAR			
Mailing Address 7TH & CRESO	CENT AVE		10	13	2006	\$	39.00	
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Descrip STAMPS	otion of Exp	penditure			
To Whom Paid MARTHA MAROUSIS			мо	DAY	YEAR			
Mailing Address MERCER ST.			9	19	2006	\$	900.00	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	1	otion of Exp				
To Whom Paid WAYNE ALEXANDER, MAYOR			МО	DAY	YEAR			
Mailing Address MOOSE BLDG			9	23	2006	\$	200.00	
State Zip Code (Plus 4)			Descrip	otion of Exp	penditure			

16101

CONTRIBUTION

PA

To Whom Paid HESS COM PRINTING			мо	DAY	YEAR		
Mailing Address 703 WILMING	STON AVE		9	26	2006	\$	45.53
City NEW CASTLE	State	Zip Code (Plus 4)	Decerin	tion of Eve			
NEW CASTLE	PA	16105	1	otion of Exp NG CARDS			
To Whom Paid POSTMASTER	•		МО	DAY	YEAR		
Mailing Address 7TH & CRESC	ENT		9	26	2006	\$	39.00
City ELLWOOD CITY PA State 2ip Code (Plus 4) 16117				ntion of Exp	penditure	!	
To Whom Paid HESS COM. PRINTING			МО	DAY	YEAR		
Mailing Address 703 WILMING	STON AVE		9	26	2006	\$	45.53
City NEW CASTLE State PA Zip Code (Plus 4) 16105				tion of Exp	penditure	!	
To Whom Paid NORMAN DEGIDIO				DAY	YEAR		
Mailing Address 13 E. EDISON	I AVE.		10	2	2006	\$	72.46
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure SEPT. EXPENSES				
To Whom Paid ELLPORT VETS MEMORIAL FUND	•		МО	DAY	YEAR		
Mailing Address BURNS AVE			10	2	2006	\$	200.00
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Descrip DONAT	otion of Exp	penditure	!	
To Whom Paid LAWR. CO. REP. COM.	·		МО	DAY	YEAR		
Mailing Address FIRST COM. BANK			10	2	2006	\$	50.00
City NEW CASTLE State Zip Code (Plus 4) PA 16107				otion of Exp OK IN PRO			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).				PAGE TOTAL
iter Grand Total of Expenditures on Fage 1, Report cover Fage, Item 1						\$	1,692.31