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 ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	ate or L	obbyist:		LAW	VREN	ICE C	O REP C	DM									
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. X	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		/	
report type)	ANNUAL REPORT	7.	Year 2007					IG METHO				PAPER		/	DISKE	TTE		
Name of Office S	Sought by Candida	te:	-					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun		
								мо	DAY	YE	AR			•				
								11		6	2007		(SEE IN	STRUCTI	ONS FOR C	ODES))	
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		1 1	20	007	Т	0	3	:	26	2007							
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			1,0	47.81							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$			3	61.00							
C. Total Funds Available (Sum Of Lines A and B) \$ 1,408.81								08.81										
D. Total Expend	ditures (From Sch	edule II	I)				\$			5	24.03							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			8	84.78							
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edu	le II	I)	\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1				
			,	٩FF	ID/	AVI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	[f th	nis is	a Can	didate re	eport, o	andio	late sig	ın here.						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sche	dules	file	d on	paper (or by elect	ronic m	edium,	are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe	
Sworn to and subs	cribed before me this day of	i	20							s	ignature	of Perso	n Submit	ting Rep	ort		_	
	Signatu	re					-					Prin	ted Name	e			_	
My Commission Ex	cpires						_					Ema	il					
	мо	D	AY	YR					Arc	ea Cod	е	Daytim	e Telepl	none Nu	mber			
Part II- If this is	a report of a cand	didate's	authorized Co	omn	nitte	ee, C	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende		ny knowle	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	any provisions of the act of June 3,1937 (P.L. 1333,							
Sworn to and subsc	ribed before me this										s	Signature of Candidate						
							-					Printe	d Name				-	
My Commission 5	Signature						-					Ema	il				-	
My Commission Exp							_										_	
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
LAWRENCE CO REP COM	From:	1/1/200	<u>7</u> To:	3/26/2007
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	361.00
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) 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			\$	361.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 of Canadate			Reporting Period From: To:					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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			
			Froi	m:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE TOTAL 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	od			
			From:			To:		
				D	ATE			AMOUNT
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			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	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	I	
LAWRENCE CO REP COM	From:	<u>1/1/2007</u> To:	3/26/2007
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 Candid	ate		Reporting	g Period			
			From:			To:	
				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	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	•				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	-, -									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
LAWRENCE CO REP COM			From	1/	1/2007	То:	3/26/2007
				DATE			AMOUNT
To Whom Paid HUDSON LUNCH			МО	DAY	YEAR		
Mailing Address EAST WAS	HINGTON ST.		1	13	2007	\$	88.27
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		otion of Exp	penditure	2	
To Whom Paid HUDSON LUNCH			мо	DAY	YEAR		
Mailing Address EAST WAS	HINGTON ST.		3	3	2007	\$	140.76
City NEW CASTLE State PA 2ip Code (Plus 4) 16101				otion of Exp			
To Whom Paid NORTHWEST CAUCUS			мо	DAY	YEAR		
Mailing Address 108 W. BLG	DSS ST		1	29	2007	\$	135.00
City TITUSVILLE	State PA	Zip Code (Plus 4) 16354	Descrip 2007 D	otion of Exp	penditure	2	
To Whom Paid NORMAN DEGIDIO	-		мо	DAY	YEAR		
Mailing Address 13 E. WAS	HINGTON ST		3	3	2007	\$	100.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		otion of Exp			
To Whom Paid CIALELLA & CARNEY			МО	DAY	YEAR		
Mailing Address 1006 S. MILL ST		3	9	2007	\$	60.00	
City NEW CASTLE State PA Zip Code (Plus 4) 16101				ntion of Exp RS FOR MI			
Enter Grand Total of Expen	ditures on Page 1 Re	eport Cover Page. Item [).				PAGE TOTAL
Lines Grand Total of Expen	aitaits on Fage 1, Re	port cover rage, item i				\$	524.03