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			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:		LAW	/REN	ICE C	O REP C	ОМ				_				
Street Address:	1105 DEWEY	AVE															
City:	NEW CASTLE							State:	PA			Zip Cod	le: 16	5101-6	817		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2007					IG METHO CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candida	te:						DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
	-							мо	DAY	YE	AR		****			•	
								11		6	2007	(SEE INSTRUCTIONS FOR			ONS FOR C	ODES))
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO					
Expenditures	from:		1 1	20	007	Т	0	9		17	2007						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			2,1	90.70						
B. Total Moneta	ary Contributions	And Rec	eipts (From Se	che	dule	I)	\$			1,8	317.13						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			4,0	07.83	83					
D. Total Expend	ditures (From Sch	edule II	I)				\$			2,0	19.20	0					
E. Ending Cash	Balance (Subtract	Line D	From Line C)				\$			1,9	88.63	3					
F. Value Of In-	Kind Contributions	Receiv	ed (From Sche	edul	e II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			A	١FF	IDA	۱V	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign her	re. I	f thi	is is	a Can	didate re	eport, o	candio	late sig	ın here.					
I swear (or affirm) correct and comple	that this report, inclete.	uding the	attached sched	dules	filed	d on	paper o	or by elect	ronic m	edium,	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me this day of	;	20							s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	re					-					Prin	ted Name	e			-
My Commission Ex	xpires						_					Ema	il				
	МО	D	AY	YR					Ar	ea Cod	е	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized Co	omm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ned.	ıy knowle	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			_
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
																	_
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
LAWRENCE CO REP COM	From:	1/1/200	<u>7</u> To:	9/17/2007
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	1,817.13
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,817.13

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 Filling Committee of Candidate			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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Perio	od							
LAWRENCE CO REP COM	From:	<u>1/1/2007</u> To:	9/17/2007						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 PAR	TF)								
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,	<u> </u>	\$	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 Candi	date				Re	porting F	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			1			Occupa	tion	<u> </u>	1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	g Period		
LAWRENCE CO REP COM	From	1/1/2007	То:	9/17/2007
		DATE		AMOUNT

				DATE		AMOUNT
To Whom Paid HUDSON LUNCH			мо	DAY	YEAR	
Mailing Address E. WASHINGTON S	ST.		6	5	2007	\$ 121.33
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Descrip COMM.	otion of Exp	penditure	
To Whom Paid LAWR. CO. FAIR			МО	DAY	YEAR	
Mailing Address 464 MIDWAY RD			7	31	2007	\$ 340.00
City NEW CASTLE PA Zip Code (Plus 4) 16101				otion of Exp	penditure	
To Whom Paid CITY OF NEW CASTLE			МО	DAY	YEAR	
Mailing Address MUNICIPAL BLDG.			6	14	2007	\$ 50.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		otion of Exp		
To Whom Paid HUDSON LUNCH			МО	DAY	YEAR	
Mailing Address E. WASHINGTON S	ST.		6	14	2007	\$ 15.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		otion of Exp		
To Whom Paid HUDSON LUNCH			МО	DAY	YEAR	
Mailing Address E. WASHINGTON ST.			6	30	2007	\$ 120.70
City NEW CASTLE PA Zip Code (Plus 4) 16101			Descrip COMM.	otion of Exp	penditure	

To Whom Paid HESS PRINTING			МО	DAY	YEAR			
Mailing Address 703 WILMINGTON AVE				30	2007	\$		49.77
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Ext	enditure			
WEW GROVE	PA	16101	Description of Expenditure PRINT TICKETS FOR PICNIC					
To Whom Paid POSTMASTER				DAY	YEAR			
Mailing Address 77TH ST.			7	23	2007	\$		8.20
City ELLWOOD CITY	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16117	STAMPS					
To Whom Paid MEDURA CATERING			МО	DAY	YEAR			
Mailing Address 2500 NEW BUTLER RD			7	28	2007	\$		487.00
City NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure FOOD FOR PICNIC					
	PA	16101						
To Whom Paid BENI'S SUBS		,	МО	DAY	YEAR			
	ISON AVE		мо	DAY 10	YEAR 2007	\$		25.00
Mailing Address 603 W. MAD	ISON AVE	Zip Code (Plus 4)	8		2007	\$		25.00
Mailing Address 603 W. MAD		Zip Code (Plus 4) 16107	8	10	2007	\$		25.00
Mailing Address 603 W. MAD	State		8 Descrip	10	2007	\$		25.00
Mailing Address 603 W. MAD City NEW CASTLE To Whom Paid	State		8 Descrip PICNIC	10 otion of Exp	2007 penditure	\$		25.00 16.40
Mailing Address 603 W. MAD City NEW CASTLE To Whom Paid POSTMASTER Mailing Address 7TH ST.	State		B Descrip PICNIC MO	10 otion of Exp FOOD DAY	2007 penditure YEAR 2007			
Mailing Address 603 W. MAD City NEW CASTLE To Whom Paid POSTMASTER Mailing Address 7TH ST.	State PA	16107	B Descrip PICNIC MO	10 Potion of Exp FOOD DAY 10 Potion of Exp	2007 penditure YEAR 2007			
Mailing Address 603 W. MAD City NEW CASTLE To Whom Paid POSTMASTER Mailing Address 7TH ST.	State PA State PA	16107 Zip Code (Plus 4)	8 Descrip PICNIC MO 8 Descrip	10 Potion of Exp FOOD DAY 10 Potion of Exp	2007 penditure YEAR 2007			
Mailing Address 603 W. MAD City NEW CASTLE To Whom Paid POSTMASTER Mailing Address 7TH ST. City ELLWOOD CITY To Whom Paid	State PA State PA NDER	16107 Zip Code (Plus 4)	B Descrip PICNIC MO 8 Descrip STAMPS	10 Potion of Exp FOOD DAY 10 Stion of Exp	2007 YEAR 2007 Denditure			
Mailing Address 603 W. MAD City NEW CASTLE To Whom Paid POSTMASTER Mailing Address 7TH ST. City ELLWOOD CITY To Whom Paid COM. TO ELECT WAYNE ALEXAN	State PA State PA NDER	16107 Zip Code (Plus 4)	B Descrip PICNIC MO B Descrip STAMPS MO	10 btion of Exp FOOD DAY 10 btion of Exp S	2007 Penditure YEAR 2007 Penditure YEAR 2007	\$		16.40

To Whom Paid COM. TO ELECT SHIRLEY SALLM	МО	DAY	YEAR				
Mailing Address 424 PARK AVE			9	5	2007	\$	100.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure FUNDRAISER				
To Whom Paid WILLIAM SCHAFER			МО	DAY	YEAR		
Mailing Address 1105 DEWEY	′ AVE		9	15	2007	\$	77.80
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure POSTAGE RE-IMBURSEMENT				
To Whom Paid LAWR. CO. FAIR			МО	DAY	YEAR		
Mailing Address 464 MIDWAY RD.			9	15	2007	\$	90.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure BOOTH EXTENSION				
To Whom Paid PARKSTOWN, INC.	·	·	МО	DAY	YEAR		
Mailing Address P.O. BOX 1567			9	15	2007	\$	318.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure BKFST. FOR COM. PEOPLE				
Enter Grand Total of Expendi	tures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 2,019.20