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 :	ion 8000)661			Repo Filed			CANDI	DATE		СОМ	MITTEE	<	LOBI	BYIST		
	Committee, Candid	ate or Lo	obbvist:		LAWRE	-		REP CO									
Street Address:	1105 DEWEY		,														
City:	NEW CASTLE						State: PA Zip Co					Zip Co	de: 16	101-6	817		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X		DAY MARY		POST-	3.		AMENDN REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	<u>-</u> 5.		30 DAY POST- 6. ELECTION			TERMIN REPORT		Yes	N	0	$\mathbf{>}$		
report type)	ANNUAL REPORT	7.	Year 2008 FILING METHO () CHECK ON								PAPER		\checkmark	DISK	ETTE		
Name of Office S	Sought by Candida	te:					D	ATE O	FELEC	CTIO	N	District Number	Office Code	Par	ty Cod	e Cou Cod	
							M	0	DAY		EAR			REP	,	37	
								11		4	2008	<u> </u>	(SEE INS				5)
Summary of Expenditures	Receipts and	мо	DAY	YEAR			M	0	DAY		EAR	FC	OR OFFIC	E USE	ONLY	•	
			1 1	2	008	ТО		4		7	2008						
A. Amount Bro	ught Forward From	m Last Re	eport				\$			1,7	709.15						
B. Total Monet	ary Contributions	And Rece	eipts (From	1 Sche	dule I)		\$				25.00	4					
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$			1,7	734.15						
D. Total Expen	ditures (From Sch	edule III	[)				\$			4	42.39						
E. Ending Cash	Balance (Subtrac	t Line D l	From Line	C)		_	\$			1,2	91.76	-					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedu	le II)	_	\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$				0.00						
				AFF	IDAV	IT S	ECT	ION									
	s a Committee rep	•	-								-	-	6 I	dadaa		lind de	
correct and comple) that this report, inc ete.	luaing the	attached sc	neaule	s mea o	1 раре		by elect	ronic me	aium	, are to	the best o	т ту кноч	vieuge	and be	ner, ti	ue
Sworn to and subs	cribed before me this day of 	S	20							S	Signature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	ire										Prin	ted Name				
My Commission Ex	xpires											Ema	il				
	МО	DA	NY	YR					Are	a Coc	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's a	authorized	Comn	nittee,	Candi	idate	shall :	sign he	ere.							
I swear (or affirm) No 320) as amendo	that to the best of r ed.	ny knowle	dge and beli	ef this	politica	l com	mitte	e has n	ot violat	ed an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subso	ribed before me this day of		20								s	ignature	of Candida	ite			_
						_						Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				_
The commission exp	,																
	МО	DA	NY	YR					Area (Code		D	aytime Te	elephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LAWRENCE CO REP COM From: <u>1/1/2008</u> **To:** 4/7/2008 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 25.00 \$ **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 \$ 25.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			
Fro					То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee				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

\$

PAGE 3

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	orting P	eriod			
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	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	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			From:	From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		1				1			
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ΓAL
		iiai 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:	<u>1/1/2008</u> То:	<u>4/7/2008</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (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			Reporting	Period			
F						То:	
				DATE		АМС	DUNT
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 Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					Fro	From: 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 Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption o	f Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporti	ng Period			
LAWRENCE CO REP COM			From	<u>1/:</u>	<u>1/2008</u>	То:	<u>4/7/2008</u>
				DATE			AMOUNT
To Whom Paid REPUBLICAN STATE COMMITTEE			мо	DAY	YEAR		
Mailing Address VIA NORMAN DE G	IDIO		3	5	2008	\$	200.00
CityHARRISBURGStateZip Code (Plus 4)PA17120				otion of Exp IBUTION	penditure		
To Whom Paid PEOPLE WITH HART				DAY	YEAR		
Mailing Address 3005 WILMINGTON RD.				5	2008	\$	50.00
City NEW CASTLE State Zip Code (Plus 4) PA 16105				ition of Exp IBUTION	penditure	1	
To Whom Paid NICK RISKO			мо	DAY	YEAR		
Mailing Address 120 MARTIN AVE			3	25	2008	\$	57.39
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117		tion of Exp EXP. FOR			СН
To Whom Paid NORTHWEST CAUCUS			мо	DAY	YEAR		
Mailing Address 108 W. BLOSS ST.			3	25	2008	\$	135.00
CityTITUSVILLEStateZip Code (Plus 4)PA16354			Descrip 2008 D	otion of Exp UES	oenditure	1	
Enter Grand Total of Expenditures	on Page 1, Re	port Cover Page, Item I).			\$	PAGE TOTAL 442.39