### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                               | on 8000                         | 661         |                         |       |       | port<br>ed B |                | CAND               | NDIDATE COMMITTEE V LOBBYIST                   |        |            |                   |            |              |           |          |    |
|--|---------------------------------|-------------|-------------------------|-------|-------|--------------|----------------|--------------------|--|--------|------------|-------------------|------------|--------------|-----------|----------|----|
| Name of Filing C   | Committee, Candid               | ate or L    | obbyist:                | Ī     | LAW   | VREI         | NCE C          | OUNTY              | REPUBI   | ICAN   | COMM       | 1ITTEE            | _          |              |           |          | _  |
| Street Address:  | 1105 DEWEY                      | AVE         |                         |       |       |              |                |                    |  |        |            |                   |            |              |           |          |    |
| City:  | NEW CASTLE                      |             |                         |       |       |              |                | State:             | PA   |        |            | Zip Co            | de: 16     | 5101-6       | 817       |          |    |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDAY F<br>PRIMARY | PRE-  | . 2   | 2.           | 30 DA<br>PRIMA |                    | POST-  | 3.     |            | AMENDM<br>REPORT  |            | Yes          | No        | ٧        |    |
| (place X to<br>the right of                                  | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY<br>ELECTION  | PRE   | - 5   | 5.           | 30 DA<br>ELECT |                    | POST-  | 6.     |            | TERMIN/<br>REPORT |            | Yes          | No        | Y        |    |
| report type)   | ANNUAL REPORT                   | 7. <b>X</b> | <b>Year</b> 2010        |       |       |              |                | NG METH<br>CHECK ( |  |        |            | PAPER             |            | $\checkmark$ | DISKE     | ΓΤΕ      |    |
| Name of Office S   | -<br>Sought by Candida          | te:         |                         |       |       |              |                | DATE               | TE OF ELECTION District Number Code Party Code |        |            |                   |            | ty Code      | County    | ,        |    |
|  |                                 |             |                         |       |       |              |                | МО                 | MO DAY YEAR REP                                |        |            |                   |            |              | 37        |          |    |
|  |                                 |             |                         |       |       |              |                | 1                  | 1  | 2      | 2010       |                   | (SEE IN    | ISTRUCTIO    | ONS FOR C | ODES)    | _  |
| •  | Receipts and                    | МО          | DAY YE                  | EAR   |       |              |                | МО                 | DAY  | YI     | AR         | FC                | R OFFI     | CE USE       | ONLY      |          |    |
| Expenditures   | from:                           |             | 1 1                     | 20    | 010   | Т            | 0              | 1                  | 2  | 31     | 2010       |                   |            |              |           |          |    |
| A. Amount Bro  | ught Forward Froi               | n Last R    | eport                   |       |       |              | \$             | _                  |  | 1,0    | )53.17     |                   |            |              |           |          |    |
| B. Total Moneta  | ary Contributions               | And Rec     | eipts (From So          | ched  | dule  | ı)           | \$             |                    |  | 9,7    | 750.00     |                   |            |              |           |          |    |
| C. Total Funds Available (Sum Of Lines A and B) \$ 10,803.17 |                                 |             |                         |       |       |              |                |                    |  |        |            |                   |            |              |           |          |    |
| D. Total Expend  | ditures (From Sch               | edule II    | I)                      |       |       |              | \$             |                    |  | 9,5    | 19.53      |                   |            |              |           |          |    |
| E. Ending Cash   | Balance (Subtrac                | t Line D    | From Line C)            |       |       |              | \$             |                    |  | 1,2    | 83.64      |                   |            |              |           |          |    |
| F. Value Of In-  | Kind Contribution               | s Receiv    | ed (From Sche           | edul  | e II  | [)           | \$             |                    |  |        | 0.00       |                   |            |              |           |          |    |
| G. Unpaid Debt   | s And Obligations               | (From S     | Schedule IV)            |       |       |              | \$             |                    |  |        | 0.00       |                   |            | 1            |           |          |    |
|  |                                 |             | А                       | \FF   | IDA   | ٩VI          | T SE           | CTION              |  |        |            |                   |            |              |           |          |    |
| PART I - If this is  | s a Committee rep               | ort, trea   | surer sign her          | re. I | f thi | is is        | a Can          | ndidate            | report,  | candi  | date sig   | jn here.          |            |              |           |          |    |
| I swear (or affirm)<br>correct and comple                    | ) that this report, inc<br>ete. | luding the  | e attached sched        | lules | filed | d on         | paper (        | or by elec         | tronic m                                       | edium  | , are to t | the best o        | f my kno   | wledge a     | and belie | f , true | 3. |
| Sworn to and subs  | cribed before me this<br>day of | 5           | 20                      |       |       |              |                |                    |  | S      | ignature   | of Perso          | n Submit   | ting Rep     | ort       |          |    |
|  | Signatu                         | re          |                         |       |       |              | -              |                    |  |        |            | Prin              | ted Name   | е            |           |          | •  |
| My Commission Ex   | cpires                          |             |                         |       |       |              | _              |                    |  |        |            | Ema               | il         |              |           |          |    |
|  | МО                              | D           | AY                      | YR    |       |              |                |                    | Ar   | ea Cod | le         | Daytim            | e Telepi   | none Nu      | mber      |          | ╝  |
| Part II- If this is  | a report of a can               | didate's    | authorized Co           | mm    | itte  | e, C         | andida         | ate shal           | l sign h                                       | ere.   |            |                   |            |              |           |          |    |
| I swear (or affirm)<br>No 320) as amende                     | that to the best of red.        | ny knowl    | edge and belief         | this  | polit | tical        | commi          | ittee has          | not viola                                      | ted an | y provis   | ions of th        | e act of J | une 3,19     | 937 (P.L. | 1333,    |    |
| Sworn to and subsc   | ribed before me this<br>day of  |             | 20                      |       |       |              |                |                    |  |        | S          | ignature (        | of Candid  | ate          |           |          | ۱  |
|  |                                 |             | <del>-</del>            |       |       |              | -              |                    |  |        |            | Printe            | d Name     |              |           |          | ١  |
| 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 | g Period |              |            |
| LAWRENCE COUNTY REPUBLICAN COMMITTEE   | From:     | 1/1/201  | <u>0</u> To: | 12/31/2010 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |            |
| TOTAL for the Reporting  | g Period  | (1)      | \$           | 6,575.00   |
| 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)   | \$        | 3,175.00 |              |            |
| TOTAL for the Reporting  | g Period  | (2)      | \$           | 3,175.00   |
| 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  | g 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 |           |          | \$           | 9,750.00   |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                        | this Part to itemize onl<br>with an aggregate valu | -                 |                  |    | -    |      |    |            |
|------------------------|--|-------------------|------------------|----|------|------|----|------------|
| Name of Filing Comm    | nittee or Candidate                                |                   | Reporting Period |    |      |      |    |            |
|                        |  |                   | From:            |    |      | То   | :  |            |
|                        |  | L                 |                  |    | DATE |      |    | AMOUNT     |
| Full Name of Contribut | ing Committee                                      |                   |                  | мо | DAY  | YEAR |    |            |
| Mailing Address        |  |                   |                  |    |      |      | \$ | 0.00       |
| City                   | State  | Zip Code (Plus 4) | )                |    |      |      |    |            |
|                        | •  | •                 |                  |    |      | -    |    | DAGE 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 or Candid                 | date               |                                   | Reporting P | eriod |                 |                   |
|--|--------------------|-----------------------------------|-------------|-------|-----------------|-------------------|
| LAWRENCE COUNTY REPUBLICAN                         | COMMITTEE          |                                   | From:       | 1/1/  | 2010 <b>T</b> o | <u>12/31/2010</u> |
|  |                    |                                   |             | DATE  |                 | AMOUNT            |
| Full Name of Contributor ROBERT & CINDY ROBBINS    |                    |                                   | МО          | DAY   | YEAR            |                   |
| Mailing Address 353 GREENVILLE                     | RD.                |                                   |             |       |                 | <b>\$</b> 250.00  |
| City GREENVILLE                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16125 | 4           | 20    | 2010            |                   |
| Full Name of Contributor ROBERT & CINDY ROBBINS    |                    |                                   |             | DAY   | YEAR            |                   |
| Mailing Address 353 GREENVILLE                     |                    |                                   | 9           | 24    | 2010            | \$ 100.00         |
| <b>City</b> GREENVILLE                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16125 |             |       |                 |                   |
| Full Name of Contributor WILLIAM & SHIRLEY SCHATER |                    |                                   | МО          | DAY   | YEAR            |                   |
| Mailing Address 1105 DEWEY AV                      | E.                 |                                   |             |       |                 | <b>\$</b> 250.00  |
| City NEW CASTLE                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16101 | 12          | 31    | 2010            |                   |
| Full Name of Contributor NATHAN & BETH SCHAFER     |                    |                                   | МО          | DAY   | YEAR            |                   |
| Mailing Address 1103 DEWEY AV  City NEW CASTLE     | E. State           | Zip Code (Plus 4)                 | 12          | 31    | 2010            | \$ 250.00         |
| City NEW CASTLE                                    | PA                 | 16101                             |             |       |                 |                   |
| Full Name of Contributor SCHAFER CONSTRUCTION      |                    |                                   | МО          | DAY   | YEAR            |                   |
| Mailing Address 1105 DEWEY AVE.                    |                    |                                   |             |       |                 | <b>\$</b> 250.00  |
| City NEW CASTLE                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16101 | 10          | 30    | 2010            |                   |

|  |   |                                   |            |                 |                      | PAC | 5      |
|--|---|-----------------------------------|------------|-----------------|----------------------|-----|--------|
| Full Name of Contributor WAYNE ALEXANDER   |   |                                   | МО         | DAY             | YEAR                 |     |        |
| Mailing Address 332 E. LINCO   | LN AVE.   |                                   |            |                 |                      | \$  | 250.00 |
| City NEW CASTLE  | <b>State</b><br>PA                                  | <b>Zip Code (Plus 4)</b> 16101    | 10         | 30              | 2010                 |     |        |
| Full Name of Contributor SENATOR ELDER VOZEL   |   |                                   | МО         | DAY             | YEAR                 |     |        |
| Mailing Address 301 CENTRAL  | ling Address 301 CENTRAL BUILDING 101 S. MERCER ST. |                                   |            |                 |                      | \$  | 250.00 |
| City NEW CASTLE  | <b>State</b><br>PA                                  | <b>Zip Code (Plus 4)</b> 16101    | 10         | 30              | 2010                 |     |        |
| Full Name of Contributor SENATOR ELDER VOZEL   | мо  | DAY                               | YEAR       |                 |                      |     |        |
| Mailing Address 301 CENTRAL  | BUILDING 101 S. M                                   | ERCER ST.                         |            |                 |                      | \$  | 100.00 |
| City NEW CASTLE  | State<br>PA   | <b>Zip Code (Plus 4)</b><br>16101 | 9          | 24              | 2010                 |     |        |
|  |   |                                   |            |                 |                      |     |        |
| Full Name of Contributor DAVID & WENDY BARENSFELD  | <u> </u>  |                                   | МО         | DAY             | YEAR                 |     |        |
|  |   |                                   | МО         | DAY             | YEAR                 | \$  | 250.00 |
| DAVID & WENDY BARENSFELD   | State<br>PA   | <b>Zip Code (Plus 4)</b> 16117    | <b>MO</b>  | <b>DAY</b> 30   | <b>YEAR</b> 2010     | \$  | 250.00 |
| DAVID & WENDY BARENSFELD  Mailing Address BOX 889  |   |                                   |            | 30              |                      | \$  | 250.00 |
| DAVID & WENDY BARENSFELD  Mailing Address BOX 889  City ELLWOOD CITY  Full Name of Contributor   | PA  |                                   | 10         | 30<br>DAY       | 2010<br>YEAR         | \$  | 250.00 |
| DAVID & WENDY BARENSFELD  Mailing Address BOX 889  City ELLWOOD CITY  Full Name of Contributor EDWARD FRISBEE  | PA  |                                   | 10         | 30              | 2010                 |     |        |
| DAVID & WENDY BARENSFELD  Mailing Address BOX 889  City ELLWOOD CITY  Full Name of Contributor EDWARD FRISBEE  Mailing Address 3409 WILLIAN                  | MS ST.  | 16117  Zip Code (Plus 4)          | 10<br>MO   | 30<br>DAY       | 2010<br>YEAR         |     |        |
| DAVID & WENDY BARENSFELD  Mailing Address BOX 889  City ELLWOOD CITY  Full Name of Contributor EDWARD FRISBEE  Mailing Address 3409 WILLIAN  City NEW CASTLE | MS ST.  State PA                                    | 16117  Zip Code (Plus 4)          | - 10<br>MO | 30<br>DAY<br>30 | 2010<br>YEAR<br>2010 |     |        |

|   |  |                          |                                     |          |                 |                      | PAGE | -      |
|---|--|--------------------------|-------------------------------------|----------|-----------------|----------------------|------|--------|
| Full Name of Contri   | ibutor   |                          |                                     |          |                 |                      |      |        |
| SANDY WILSON  |  |                          |                                     | МО       | DAY             | YEAR                 |      |        |
| Mailing Address   | 1343 YOUNG ROAD  |                          |                                     |          |                 |                      | \$   | 100.00 |
| City NEW CAST   | <br>I F  | State                    | Zip Code (Plus 4)                   | 10       | 30              | 2010                 |      |        |
|   |  | PA                       | 16101                               |          |                 |                      |      |        |
| Full Name of Contri   |  |                          |                                     | МО       | DAY             | YEAR                 |      |        |
| Mailing Address   | 175 OLDE LOLONY  | DRIVE                    |                                     |          |                 |                      | \$   | 100.00 |
| City NEW CAST   | <br>I F  | State                    | Zip Code (Plus 4)                   | 10       | 30              | 2010                 |      |        |
| 11211 0/1011  |  | PA                       | 16105                               |          |                 |                      |      |        |
| Full Name of Contributor  MR. & MRS DONALD FOX  |  |                          |                                     |          | DAY             | YEAR                 |      |        |
| Mailing Address   | 441 PETERSBURG F   | ROAD                     |                                     |          |                 |                      | \$   | 100.00 |
| City ENON VALL  | _EY  | State                    | Zip Code (Plus 4)                   | 10       | 30              | 2010                 |      |        |
|   |  | PA                       | 16120                               |          |                 |                      |      |        |
| Full Name of Contributor ED & PAM FOSNAUGHT   |  |                          |                                     |          |                 |                      |      |        |
|   |  |                          | I                                   | МО       | DAY             | YEAR                 |      |        |
|   |  | AD                       |                                     | МО       | DAY             | YEAR                 | \$   | 100.00 |
| ED & PAM FOSNAU   | JGHT<br>3344 SHAFFER ROA   | AD<br>State              | Zip Code (Plus 4)                   | мо 10    | <b>DAY</b> 30   | <b>YEAR</b> 2010     | \$   | 100.00 |
| ED & PAM FOSNAU  Mailing Address  | JGHT<br>3344 SHAFFER ROA   | <u> </u>                 | <b>Zip Code (Plus 4)</b> 16101      |          |                 |                      | \$   | 100.00 |
| ED & PAM FOSNAU  Mailing Address  | JGHT  3344 SHAFFER ROA  LE  ibutor   | State                    |                                     |          | 30              |                      | \$   | 100.00 |
| ED & PAM FOSNAU  Mailing Address  City NEW CASTI  | JGHT  3344 SHAFFER ROA  LE  ibutor   | State<br>PA              |                                     | 10       | 30              | 2010<br>YEAR         | \$   | 100.00 |
| ED & PAM FOSNAU  Mailing Address  City NEW CASTI  Full Name of Contri MR. & MRS. RANDA  | JGHT  3344 SHAFFER ROA  LE  ibutor  ALL MOONEY  803 E. MARTLAND I                                | State<br>PA              |                                     | 10       | 30              | 2010                 |      |        |
| ED & PAM FOSNAU  Mailing Address  City NEW CASTI  Full Name of Contri MR. & MRS. RAND/  Mailing Address   | JGHT  3344 SHAFFER ROA  LE  ibutor  ALL MOONEY  803 E. MARTLAND I                                | State<br>PA<br>LANE      | 16101                               | 10<br>MO | 30              | 2010<br>YEAR         |      |        |
| ED & PAM FOSNAU  Mailing Address  City NEW CASTI  Full Name of Contri MR. & MRS. RAND/  Mailing Address   | JGHT  3344 SHAFFER ROA  LE  ibutor  ALL MOONEY  803 E. MARTLAND I                                | State PA  LANE  State    | 16101<br>Zip Code (Plus 4)          | 10<br>MO | 30              | 2010<br>YEAR         |      |        |
| ED & PAM FOSNAU  Mailing Address  City NEW CASTI  Full Name of Contri MR. & MRS. RANDA  Mailing Address  City NEW CASTI  Full Name of Contri                                  | JGHT  3344 SHAFFER ROA  LE  ibutor  ALL MOONEY  803 E. MARTLAND I                                | State PA  LANE  State    | 16101<br>Zip Code (Plus 4)          | 10 MO    | 30<br>DAY<br>30 | 2010<br>YEAR<br>2010 |      |        |
| ED & PAM FOSNAU  Mailing Address  City NEW CASTI  Full Name of Contri MR. & MRS. RANDA  Mailing Address  City NEW CASTI  Full Name of Contri AMBROSIA ENTERI  Mailing Address | JGHT  3344 SHAFFER ROA  LE  ibutor  ALL MOONEY  803 E. MARTLAND I  LE  ibutor  PRISES  ROUTE 422 | State PA  LANE  State    | 16101<br>Zip Code (Plus 4)          | 10 MO    | 30<br>DAY<br>30 | 2010<br>YEAR<br>2010 | \$   | 100.00 |
| ED & PAM FOSNAU  Mailing Address  City NEW CASTI  Full Name of Contri MR. & MRS. RANDA  Mailing Address  City NEW CASTI  Full Name of Contri AMBROSIA ENTERI  Mailing Address | JGHT  3344 SHAFFER ROA  LE  ibutor  ALL MOONEY  803 E. MARTLAND I  LE  ibutor  PRISES  ROUTE 422 | State PA  LANE  State PA | 16101<br>Zip Code (Plus 4)<br>16105 | 10 MO    | 30 DAY 30       | 2010  YEAR  2010     | \$   | 100.00 |

| Full Name of Contributor  AREN FIRE SYSTEMS             | REN FIRE SYSTEMS   |                                   |    | DAY | YEAR |                  |
|---|--------------------|-----------------------------------|----|-----|------|------------------|
| Mailing Address 10 EAST CLAYT                           | ON STREET          |                                   |    |     |      | <b>\$</b> 150.00 |
| City NEW CASTLE   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16102 | 9  | 24  | 2010 |                  |
| Full Name of Contributor ELLWOOD GROUP                  |                    |                                   | МО | DAY | YEAR |                  |
| Mailing Address 600 COMMERCI                            | AL AVENUE          |                                   |    |     |      | \$ 100.00        |
| City ELLWOOD CITY                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16117 | 9  | 24  | 2010 |                  |
| Full Name of Contributor HOHMANN EXCAVATING             |                    |                                   | МО | DAY | YEAR |                  |
| Mailing Address 2157 PLAIN GR                           | OVE ROAD           |                                   |    |     |      | <b>\$</b> 75.00  |
| City VOLANT   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16156 | 9  | 24  | 2010 |                  |
| Full Name of Contributor PIZZA JOES LAWRENCE VILLAGE PL | AZA                |                                   | МО | DAY | YEAR |                  |
| Mailing Address 2650 ELLWOOD ROAD                       |                    |                                   |    |     |      | \$ 100.00        |
| City NEW CASTLE   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 16101    | 9  | 24  | 2010 |                  |
|   | •                  | •                                 |    |     |      |                  |

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

**PAGE TOTAL \$** 3,175.00

#### **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 | ame of Filing Committee or Candidate Report |          | 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 Sche   | dule 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              | ame of Filing Committee or Candidate |           | Rep          | orting Pe | riod   |       |      |        |             |     |
|--|--------------------------------------|-----------|--------------|-----------|--------|-------|------|--------|-------------|-----|
|  |                                      |           |              | Fror      | n:     |       | To   | То:    |             |     |
|  |                                      |           |              |           | D      | ATE   |      | A      | AMOUNT      |     |
| Full Name of Contributor                           |                                      |           |              |           | МО     | DAY   | YEAR |        |             |     |
| Mailing<br>Address                                 |                                      |           |              |           |        |       | \$   |        | 0.00        |     |
| City   | State                                | Zi        | p Code (Plus | s 4)      |        |       |      |        |             |     |
| Employer Name                                      |                                      |           |              |           | Occupa | tion  |      |        |             |     |
| Employer Mailing Address/Principal Pla<br>Business | ice of                               |           | City         |           | •      | State |      | Zip Co | de (Plus 4) |     |
| Enter Grand Total of Part C on Sch                 | edule I, Deta                        | iled Sumr | mary Page,   | Section   | on 3.  |       |      |        | PAGE TOTA   |     |
|  |                                      |           |              |           |        |       |      | \$     | 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 Co | Name of Filing Committee or Candidate |                  | Report  | ting Perio | bd  |      |    |          |
|--------------------------------|---------------------------------------|------------------|---------|------------|-----|------|----|----------|
|                                |                                       |                  | From:   |            |     | То:  |    |          |
|                                |                                       |                  |         | D          | ATE |      | AN | 10UNT    |
| Full Name                      |                                       |                  |         | мо         | DAY | YEAR |    |          |
| Mailing Address                |                                       |                  |         |            |     |      | \$ | 0.00     |
| City                           | State                                 | Zip Code (       | Plus 4) |            |     |      |    |          |
| Receipt Description            | ·                                     | •                |         |            |     |      |    |          |
| Enter Grand Total of Part E or | Schedule T Detaile                    | d Summary Page   | Section | 4          |     |      | PA | GE TOTAL |
| Lines Grana Total of Fair 2 of | r benedule 1/ betanet                 | z Sammary r age, | 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 COUNTY REPUBLICAN COMMITTEE   | From:            | <u>1/1/2010</u> <b>To:</b> | <u>12/31/2010</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 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 Candida | ate                 |                       | Reporting | g Period     |       |     |            |
|-------------------------------------|---------------------|-----------------------|-----------|--------------|-------|-----|------------|
|                                     |                     |                       | From:     |              |       | То: |            |
|                                     |                     |                       |           | DATE         |       |     | AMOUNT     |
| Full Name of Contributor            |                     |                       | МО        | DAY          | YEAR  |     |            |
| Mailing Address                     | Mailing Address     |                       |           |              |       | \$  | 0.00       |
| City                                | State               | Zip Code (Plus 4)     |           |              |       |     |            |
| Description of Contribution:        |                     |                       |           |              |       |     |            |
| Enter Grand Total of Part F on So   | chedule II In-Vir   | nd Contributions Deta | iled Sum  | mary Pag     |       |     | DACE TOTAL |
| Section 2.                          | iledule 11, 111-Kii | id Contributions Deta | neu Sum   | illial 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                          |             |         |            | Reporting Period |        |           |           |           |       |                        |
|--|-------------|---------|------------|------------------|--------|-----------|-----------|-----------|-------|------------------------|
|  |             |         |            |                  | Fro    | om:       |           | To:       |       |                        |
|  |             |         |            |                  | •      |           | DATE      |           |       | AMOUNT                 |
| Full Name of Contributor                                       |             |         |            |                  |        | МО        | DAY       | YEAR      |       |                        |
| Mailing Address  |             |         |            |                  |        |           |           | <b>\$</b> | 0.00  |                        |
| City   | State       |         | Zip Code(I | Plus 4)          |        |           |           |           |       |                        |
| Employer of Contributor  |             |         | •          |                  |        | Occupa    | tion      |           | •     |                        |
| Employer Mailing Address/Principal Plac<br>Business            | ce of       | City    |            | State            |        | Zip<br>4) | Code(Plus | Descri    | ption | of Contribution        |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De           | etaile | ed        |           |           |       | <b>PAGE TOTAL</b> 0.00 |

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate              |  |        |      | Reporting Period                                  |           |            |        |  |  |  |
|--|--|--------|------|---|-----------|------------|--------|--|--|--|
| LAWRENCE COUNTY REPUBLICAN COMMITTEE               |  |        |      | <u>1/:</u>  | То:       | 12/31/2010 |        |  |  |  |
|  |  | AMOUNT |      |   |           |            |        |  |  |  |
| To Whom Paid NORTHWEST CAUCUS                      |  |        |      | DAY   | YEAR      |            |        |  |  |  |
| Mailing Address 1451 BUCK                          | 1                                      | 25     | 2010 | \$  | 135.00    |            |        |  |  |  |
| City ST. MARYS  State PA  2ip Code (Plus 4) 15857  |  |        |      | Description of Expenditure 2010 DUES              |           |            |        |  |  |  |
| <b>To Whom Paid</b><br>NATHAN SCHAFER              | МО                                     | DAY    | YEAR |   |           |            |        |  |  |  |
| Mailing Address 1103 DEWEY AVENUE                  |  |        |      | 17  | 2010      | \$         | 111.83 |  |  |  |
| City NEW CASTLE                                    | ASTLE State Zip Code (Plus 4) PA 16101 |        |      | Description of Expenditure  EXPENSE REIMBURSEMENT |           |            |        |  |  |  |
| <b>To Whom Paid</b><br>WILLIAM SCHAFER             |  |        | МО   | DAY   | YEAR      |            |        |  |  |  |
| Mailing Address 1105 DEWE                          | Y AVE.                                 |        | 2    | 17  | 2010      | \$         | 458.34 |  |  |  |
| City NEW CASTLE State PA Zip Code (Plus 4) 16101   |  |        |      | Description of Expenditure EXPENSE REIMBURSEMENT  |           |            |        |  |  |  |
| <b>To Whom Paid</b><br>U.S. POST OFFICE            |  |        | МО   | DAY   | YEAR      |            |        |  |  |  |
| Mailing Address 435 S. CASCADE ST.                 |  |        |      | 17  | 2010      | \$         | 72.00  |  |  |  |
| City NEW CASTLE  State PA  2ip Code (Plus 4) 16108 |  |        |      | n <b>tion of Ex</b> p                             | penditure |            |        |  |  |  |
| To Whom Paid<br>JOSEPH WALTENBAUGH                 | МО                                     | DAY    | YEAR |   |           |            |        |  |  |  |

Zip Code (Plus 4)

16105

**Mailing Address** 

**NEW CASTLE** 

City

127 HILLCREST AVE.

State

PΑ

125.00

2010

**Description of Expenditure** 

WEBSITE

|   |                    |   |   |  |  |        | PAGE |                 |
|---|--------------------|---|---|--|--|--------|------|-----------------|
| To Whom Paid LAWRENCE COUNTY FARM SHOW  | МО                 | DAY   | YEAR  |  |  |        |      |                 |
| Mailing Address 464 MIDWAY DRIVE  | 8                  | 8   | 2010  | \$   |  | 475.00 |      |                 |
| City NEW CASTLE State PA 2ip Code (Plus 4) 16101  |                    |   |   | tion of Exp  | enditure   |        |      |                 |
| To Whom Paid BILL SCHAFER   | мо                 | DAY   | YEAR  |  |  |        |      |                 |
| Mailing Address 1105 DEWEY AVE.   | 8                  | 10  | 2010  | \$   |  | 510.92 |      |                 |
| City NEW CASTLE State PA Zip Code (Plus 4) 16101  |                    |   | Description of Expenditure  EXPENSE REIMBURSEMENT |  |  |        |      |                 |
| To Whom Paid<br>NATHAN SCHAFER  | МО                 | DAY   | YEAR  |  |  |        |      |                 |
| Mailing Address 1103 DEWEY AVE.   |                    |   |   | 10   | 2010   | \$     |      | 80.80           |
| City NEW CASTLE   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16101           | Description of Expenditure EXPENSE REIMBURSEMENT  |  |  |        |      |                 |
|   |                    |   |   |  |  |        |      |                 |
| To Whom Paid<br>GLORIA PRONESTI   |                    |   | МО  | DAY  | YEAR   |        |      |                 |
|   |                    |   | мо 8  | <b>DAY</b> 10  | <b>YEAR</b> 2010                                     | \$     |      | 47.50           |
| GLORIA PRONESTI   | State              | Zip Code (Plus 4)                           | 8<br>Descrip                                      |  | 2010<br>penditure                                    |        |      | 47.50           |
| GLORIA PRONESTI  Mailing Address  | State              | Zip Code (Plus 4)                           | 8<br>Descrip                                      | 10   | 2010<br>penditure                                    |        |      | 47.50           |
| GLORIA PRONESTI  Mailing Address  City  To Whom Paid  | State              | Zip Code (Plus 4)                           | 8  Descrip  EXPENS                                | 10<br>Ition of Exp<br>SE REIMBU  | 2010<br>penditure<br>RSEMEN                          |        |      | 47.50<br>212.50 |
| GLORIA PRONESTI  Mailing Address  City  To Whom Paid  NATHAN SCHAFER  | State State PA     | Zip Code (Plus 4)  Zip Code (Plus 4)  16101 | B Descrip EXPENS  MO  8  Descrip                  | 10 stion of Exp SE REIMBU  | 2010  Penditure RSEMENT  YEAR  2010  Penditure       | \$     |      |                 |
| GLORIA PRONESTI  Mailing Address  City  To Whom Paid NATHAN SCHAFER  Mailing Address 1103 DEWEY AVE.                  | State              | Zip Code (Plus 4)                           | B Descrip EXPENS  MO  8  Descrip                  | 10  SE REIMBU  DAY  10   | 2010  Penditure RSEMENT  YEAR  2010  Penditure       | \$     |      |                 |
| GLORIA PRONESTI  Mailing Address  City  To Whom Paid NATHAN SCHAFER  Mailing Address 1103 DEWEY AVE.  City NEW CASTLE | State<br>PA        | Zip Code (Plus 4)                           | 8  Descrip EXPENS  MO  8  Descrip EXPENS          | 10  btion of Exp  DAY  10  btion of Exp  Exp  Exp  Exp  Exp  Exp  Exp  Exp | 2010 Penditure RSEMENT  YEAR  2010 Penditure RSEMENT | \$     |      |                 |

| To Whom Paid ALL AMERICAN RENTAL CENTER   | мо                 | DAY   | YEAR                                      |   |   |    |                    |  |
|---|--------------------|---|---|---|---|----|--------------------|--|
| Mailing Address 130 WEST L  | 9                  | 24  | 2010                                      | \$  | 227.90  |    |                    |  |
| City NEW CASTLE State Zip Code (Plus 4) PA 16101  |                    |   |   | Description of Expenditure EVENT EXPENSES                       |   |    |                    |  |
| To Whom Paid<br>VALLEY NATIONAL GASES   | мо                 | DAY   | YEAR                                      |   |   |    |                    |  |
| Mailing Address 318 MAHONING AVENUE   |                    |   |   | 24  | 2010  | \$ | 100.76             |  |
| City NEW CASTLE State PA 2ip Code (Plus 4) 16102  |                    |   | Description of Expenditure EVENT EXPENSES |   |   |    |                    |  |
| To Whom Paid<br>TOURIST AGENCY  |                    |   | МО  | DAY   | YEAR  |    |                    |  |
| Mailing Address 229 S. JEFFERSON ST. #101   |                    |   |   | 24  | 2010  | \$ | 150.00             |  |
| City NEW CASTLE   | State<br>PA        | <b>Zip Code (Plus 4)</b><br>16101           | Description of Expenditure EVENT EXPENSES |   |   |    |                    |  |
|   |                    |   |   |   |   |    |                    |  |
| To Whom Paid<br>ANTHONY D. THOMAS   | ·                  |   | МО  | DAY   | YEAR  |    |                    |  |
|   | ·                  |   | <b>мо</b>                                 | <b>DAY</b> 16   | <b>YEAR</b> 2010                                  | \$ | 250.00             |  |
| ANTHONY D. THOMAS   | State              | Zip Code (Plus 4)                           | 10  Descrip                               |   | 2010<br>penditure                                 | -  | 250.00             |  |
| ANTHONY D. THOMAS  Mailing Address  | State              | Zip Code (Plus 4)                           | 10  Descrip                               | 16  | 2010<br>penditure                                 | -  | 250.00             |  |
| ANTHONY D. THOMAS  Mailing Address  City  To Whom Paid  MEDURE'S CATERING   | State  BUTLER ROAD | Zip Code (Plus 4)                           | 10  Descrip BANQU                         | 16<br>otion of Exp<br>ET DESSEI                                 | 2010<br>penditure<br>RT                           | -  | 250.00<br>4,272.44 |  |
| ANTHONY D. THOMAS  Mailing Address  City  To Whom Paid  MEDURE'S CATERING   |                    | Zip Code (Plus 4)  Zip Code (Plus 4)  16101 | Descrip BANQU  MO  10  Descrip            | 16  Ition of Exp ET DESSEI                                      | 2010  penditure RT  YEAR  2010  penditure         | \$ | 4,272.44           |  |
| ANTHONY D. THOMAS  Mailing Address  City  To Whom Paid MEDURE'S CATERING  Mailing Address 2500 NEW B                  | BUTLER ROAD State  | Zip Code (Plus 4)                           | Descrip BANQU  MO  10  Descrip            | 16  Partion of Exp  ET DESSEI  DAY  16                          | 2010  penditure RT  YEAR  2010  penditure         | \$ | 4,272.44           |  |
| ANTHONY D. THOMAS  Mailing Address  City  To Whom Paid MEDURE'S CATERING  Mailing Address 2500 NEW B  City NEW CASTLE | BUTLER ROAD State  | Zip Code (Plus 4)                           | Descrip BANQU  MO  10  Descrip BANQU      | 16  Pation of Exp  ET DESSEI  DAY  16  Pation of Exp  ET HALL R | 2010  penditure RT  YEAR  2010  penditure ENTAL & | \$ | 4,272.44           |  |

|                                       |                    |                            |  |                |                |    | 17.62 17   |  |  |
|---------------------------------------|--------------------|----------------------------|--|----------------|----------------|----|------------|--|--|
| To Whom Paid<br>ANZICHE               |                    |                            | мо   | DAY            | YEAR           |    |            |  |  |
| Mailing Address 837 MONAVI            | ₹ ST.              |                            | 11   | 15             | 2010           | \$ | 79.79      |  |  |
| City NEW CASTLE                       | Zip Code (Plus 4)  | Description of Expenditure |  |                |                |    |            |  |  |
| NEW CASTLE                            | PA                 | 16101                      |  | JET GIFTS      |                |    |            |  |  |
| To Whom Paid COPY SHOP                |                    |                            | мо   | DAY            | YEAR           |    |            |  |  |
| Mailing Address 703 WILMINGTON ROAD   |                    |                            |  | 15             | 2010           | \$ | 1,156.10   |  |  |
| City NEW CASTLE                       | State              | Zip Code (Plus 4)          | Descrip  | tion of Ex     | <br>nenditure  |    |            |  |  |
| NEW CASTLE PA 16105                   |                    |                            | Description of Expenditure BANQUET TICKETS & BOOKLET |                |                |    |            |  |  |
| To Whom Paid<br>VALLEY NATIONAL GASES | ·                  |                            | МО   | DAY            | YEAR           |    |            |  |  |
| Mailing Address 318 MAHONI            | NG AVENUE          |                            | 11   | 15             | 2010           | \$ | 249.89     |  |  |
| City NEW CASTLE                       | State              | Zip Code (Plus 4)          | Descrip  | ption of Exp   | enditure       |    |            |  |  |
| PA 16102                              |                    |                            |  | EVENT EXPENSES |                |    |            |  |  |
| To Whom Paid<br>FIRST MERIT BANK      |                    |                            | мо   | DAY            | YEAR           |    |            |  |  |
| Mailing Address 295 FIRST MI          | ERIT CIRCLE        |                            | 11   | 17             | 2010           | \$ | 33.35      |  |  |
| City AKRON                            | State              | Zip Code (Plus 4)          | Descrin  | tion of Exp    | ı<br>Denditure |    |            |  |  |
| 7.88.67                               | ОН                 | 44307                      |  | EXPENSE        |                |    |            |  |  |
| To Whom Paid T&R PRODUCTS & SERVICES  |                    |                            | мо   | DAY            | YEAR           |    |            |  |  |
| Mailing Address 1400 WILMIN           | IGTON AVENUE       |                            | 12   | 2              | 2010           | \$ | 59.95      |  |  |
| City NEW CASTLE                       | State              | Zip Code (Plus 4)          | Descrin  | tion of Exp    | ı<br>Denditure |    |            |  |  |
| NEW CASTLE                            | PA                 | 16105                      | BANQUET GIFTS  |                |                |    |            |  |  |
| To Whom Paid<br>SHIRLEY SCHAFER       | ·                  |                            | МО   | DAY            | YEAR           |    |            |  |  |
| Mailing Address 1105 DEWEY            | AVE.               |                            | 12   | 2              | 2010           | \$ | 619.46     |  |  |
| City NEW CASTLE                       | State              | Zip Code (Plus 4)          | Descrir  | tion of Exp    | enditure       |    |            |  |  |
| NEW CASTLE                            | PA                 | 16101                      |  | SE REIMBU      |                |    |            |  |  |
|                                       |                    |                            |  |                |                |    | PAGE TOTAL |  |  |
| Enter Grand Total of Expendit         | ures on Page 1, Re | port Cover Page, Item D    | ).   |                |                | \$ | 9,519.53   |  |  |
|                                       |                    |                            |  |                |                |    |            |  |  |