

Edgar Filing: FIRSTENERGY CORP - Form 4

FIRSTENERGY CORP  
 Form 4  
 January 22, 2003

1. Name and Address of Reporting Person  
 Cartwright, Carol A.  
 76 South Main Street  
 Akron, OH 44308  
 USA
2. Issuer Name and Ticker or Trading Symbol  
 FirstEnergy Corp. (FE)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year  
 1/2003
5. If Amendment, Date of Original (Month/Day/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
 Director                       10% Owner  
 Officer (give title below)    Other (specify below)
7. Individual or Joint/Group Filing (Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

TABLE I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security | 2. Trans-<br>action<br>Date<br>(Month/<br>Day/<br>Year) | 3. Trans-<br>action<br>Code | 4. Securities Acquired (A)<br>or Disposed of (D) |   |        | 5. Amou<br>Secu<br>Bene<br>Owe<br>End<br>Mont |       |
|----------------------|---|-----------------------------|--|---|--------|---|-------|
|                      |   |                             | Code   | V | Amount | A/D   | Price |

TABLE II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1.                  | 2.                          | 3.                                | 4.                | 5.                     | 6.                         | 7.  | 8.                   |  |
|---------------------|-----------------------------|-----------------------------------|-------------------|------------------------|----------------------------|---|----------------------|--|
| Derivative Security | Deriv-<br>ative<br>Security | tion Date<br>(Month/<br>Day/Year) | tion Code<br>Code | Dispos-<br>ed (D)<br>V | Acquired (A)<br>(A)<br>(D) | Date Exer-<br>cisable<br>(Month/Day/Year) | Expira-<br>tion Date | Title<br>of Underlying<br>Securities<br>or<br>Number<br>of<br>Shares |

Phantom Stock 1