





CAMPAIGN FINANCE REPORT

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(COVER PAGE)

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

Filer Identification Number: 		Report Filed By: 		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: DUANE J. PICCILLI										
Street Address: 169 Cahasset DR										
City: Hermitage				State: PA		Zip Code: 16148				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES <input checked="" type="checkbox"/>	NO	
	ANNUAL REPORT	7.	YEAR 2007		FILING METHOD () CHECK ONE 		PAPER	<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
Hermitage City Commissioner					MO. DAY YEAR 11 6 2007		oth	Dem	43	(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from: 			MO. DAY YEAR 10 23 07		To MO. DAY YEAR 11 26 2007		FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report					\$		MERCER COUNTY REGISTRATION AND ELECTION COMMISSION 2007 NOV 27 A 9:30			
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 47.45					
C. Total Funds Available (Sum of Lines A and B)					\$ 47.45					
D. Total Expenditures (From Schedule III)					\$ 47.45					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 0					
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0					

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate DONNE J. PICCIRILLI	Reporting Period From 10/23/07 To 11/26/07
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 47.45

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 47.45
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MERCER COUNTY
 REGISTRATION AND
 ELECTION COMMISSION
 2007 NOV 27 A 8:46

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 <div style="font-size: 1.2em; font-family: cursive;">DUANE J. PICCOLI</div>	Reporting Period From 10/23/07 To 11/26/07
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

 MERCER COUNTY
 REGISTRATION AND
 ELECTION COMMISSION
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Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

PART B
ALL OTHER CONTRIBUTIONS

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\$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 Candidate <div style="font-size: 1.2em; font-family: cursive;">Duane J. Piccirilli</div>	Reporting Period From <u>10/23/07</u> To <u>11/26/07</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

MERCER COUNTY
REGISTRATION AND
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <u>DUANE J. Piccirilli</u>	Reporting Period From <u>10/23/07</u> to <u>11/26/07</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					

PAGE TOTAL

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

\$ 0

MERCER COUNTY
 REGISTRATION AND
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PART D
ALL OTHER CONTRIBUTIONS

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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 DUANE J. PICCIRILLI	Reporting Period From 10/23/07 To 11/26/07
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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 MERCER COUNTY
 REGISTRATION AND
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Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

PART E
OTHER RECEIPTS

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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 Duane J. Piccirilli	Reporting Period From 10/23/07 To 11/26/07
---	---

Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount \$
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount \$
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount \$
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount \$
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount \$
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		Amount \$
Receipt Description							

MERCER COUNTY
 REGISTRATION AND
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Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ 0

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate Deane J. Piccirilli	Reporting Period From 3/23/07 To 11/26/07
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 0
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MERCER COUNTY
REGISTRATION AND
ELECTION COMMISSION
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SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate DUANE J Piccirilli	Reporting Period From 10/23/07 To 11/26/07
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

 MERCER COUNTY
 REGISTRATION AND
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 Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed
 Summary Page, Section 2.

PAGE TOTAL

\$ 0

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

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Name of Filing Committee or Candidate <u>DUANE J. PICCIRILLI</u>	Reporting Period From <u>10/23/07</u> To <u>11/26/07</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

MERCER COUNTY
REGISTRATION AND
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Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

DUANE J. Piccirilli

Reporting Period

From 10/23/07 To 11/26/07

To Whom Paid	STAPLES			MO.	DAY	YEAR	Amount
Mailing Address	439 S. Hermitage Rd			11	02	07	\$ 22.35
City	Hermitage	State	PA	Zip Code (Plus 4)		16448-	
Description of Expenditure				copy of Flyers			
				pd by DUANE Piccirilli			
To Whom Paid	STAPLES			MO.	DAY	YEAR	Amount
Mailing Address	439 S. Hermitage Rd			11	03	07	\$ 15.14
City	Hermitage	State	PA	Zip Code (Plus 4)		16448-	
Description of Expenditure				copy of Flyers			
				pd by DUANE Piccirilli			
To Whom Paid	WALMART			MO.	DAY	YEAR	Amount
Mailing Address	1275 N. Hermitage Rd			10	28	07	\$ 3.80
City	Hermitage	State	PA	Zip Code (Plus 4)		16448-	
Description of Expenditure				Candy			
				pd by DUANE Piccirilli			
To Whom Paid	SAM'S CLUB			MO.	DAY	YEAR	Amount
Mailing Address	1040 Niles (Portland) Rd			10	30	07	\$ 6.18
City	Niles	State	OH	Zip Code (Plus 4)		44484	
Description of Expenditure				Candy			
				pd by DUANE Piccirilli			
To Whom Paid				MO.	DAY	YEAR	Amount
Mailing Address							\$
City		State		Zip Code (Plus 4)			
Description of Expenditure							
To Whom Paid				MO.	DAY	YEAR	Amount
Mailing Address							\$
City		State		Zip Code (Plus 4)			
Description of Expenditure							
To Whom Paid				MO.	DAY	YEAR	Amount
Mailing Address							\$
City		State		Zip Code (Plus 4)			
Description of Expenditure							
To Whom Paid				MO.	DAY	YEAR	Amount
Mailing Address							\$
City		State		Zip Code (Plus 4)			
Description of Expenditure							

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 47.45

 MERGER COUNTY
 REGISTRATION AND
 ELECTION COMMISSION
 2007 NOV 27 A 8:11

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <div style="font-size: 1.2em; font-family: cursive;">DUANE J. Piccilli</div>	Reporting Period From <u>10/23/07</u> To <u>11/26/07</u>
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Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

MERCER COUNTY
 REGISTRATION
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Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 0