1

Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 12 COVER PAGE

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

Filer Identification Number:		Repo Filed		CANDIDATE	X	COMMITTEE	2.	LOBE	SYIST	3.
	AWE J	- Picc	12/	11,						
Street Address:	169	chuss	S C.	t Dr						
City:		age		State:PA		Zip Code	18			
TYPE OF REPORT	OTH TUESDAY 1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY	3.	AMENDMENT REPORT?	YES		NO	
(place X to	6TH TUESDAY 4. PRE-ELECTION	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	X	TERMINATION REPORT?	YES	X	NO	
the right of report type)	ANNUAL 7. REPORT	YEAR 2 OO		FILING METHOD		PAPER	X	DISK	ETTE	
Hermit	i by Candidate:	M Commissi	(11 C)	MO. DAY YE	IAR UU7	District Office Code O +/ (SEE IN		Party Code EM TIONS	4	unty ode 3 ODES)
Summary of Re and Expenditure		DAY YEAR	то		AR (O)	FOR OF		JSE C	NLY	March Control
A. Amount Brought	Forward From Last Rep	ort	\$	\circ			7001 NOV	C	E E	
B. Total Monetary (Contributions and Receipt	s (From Schedule) \$	47.45			VOV	<u> </u>	RCE	
C. Total Funds Ava	ilable (Sum of Lines A a	nd B)	\$	47.45			27	Ο.	RATI	
D. Total Expenditures (From Schedule III)				47.45	•		→	3		
E. Ending Cash Bala	ance (Subtract Line D fro	om Line C)	\$	$\overline{\mathcal{O}}$			حر ب	ເກັ	\triangleright \dashv	
F. Value of In-Kind	d Contributions Received	(From Schedule II)	\$	0			<u>س</u>	NO	S ≺	
G. Unpaid Debts an	d Obligations (From Sche	dule IV)	\$	\bigcirc			@			

SCHEDULE 1

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate DUANCE J. Piccelli	From / 0	od ∂3⁄	07 TO 11/26/07
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBU	TOR
TOTAL for the Reporting Period	(1)	\$	47,45
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B	5)		<u> </u>
Contributions Received from Political Committees (Part A)		\$	()
All Other Contributions (Part B)		\$	0
TOTAL for the Reporting Period	(2)	\$	\mathcal{O}
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	and the second second second second		THE WAS A DECEMBER OF THE THE PARTY OF THE P
Contributions Received from Political Committees (Part C)		\$	\bigcirc
All Other Contributions (Part D)		\$	Q
TOTAL for the Reporting Period	(3)	\$	0
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC	. (FR	OM PART E)
TOTAL for the Reporting Period	(4)	\$	
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

MERCER COOM AND REGISTRATION AND REGISTRATION COMMISSION

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.

DUAN & J. D	, C ()	19 111			From (2/23/0	17 - 11	126/07
					DATE		AMO	JNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City	State	Zip Code	Plus 4	MO.	DAY	YEAR		
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
	***		And the second s				\$	
Meriling Address				MO.	DAY	YEAR	\$	
City	State	Žip Code	(Pius 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee				MO.	DAY	YEAR		
Mailing Address				MO.	DAY	YEAR	\$	
	State	710 6000	iPlus 41				\$	er version state and the state of the state
City	State	210 0000	-	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address			The series of th	MO.	DAY	YEAR	\$	AN ANTHOLOGICAL STATE ST
City	State	Zip Code	iPius 4)	MO.	DAY	YEAR		ern sam serie getinelle i hindeljener (s ameran han det e e e e e e 'e e e e e e e e e e e e e
							\$	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$	
Mailing Address	-			MO.	DAY	YEAR	\$	
СИУ	State	Zip Code	iPlus 41	MO.	DAY	YEAR		
Fell Name of Contributing Committee			_	140	DAY	VEAG	\$	
				MO.	J. 41	YEAR	\$	
Mailing Address				MO.	DAY	YEAR	\$	
City	State	Zip Code	(Pius 4)	MO.	DAY	YEAR	\$	errelationing graphs of the place of the control of
Full Name of Contributing Committee				MO.	DAY	YEAR		
Mailing Address	-			MO.	DAY	YEAR	\$ 200	_ <u></u>
				110.	JAI	16.45	\$ 1 N	CHER
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$ 2	TRA DN C
Full Name of Contributing Committee				MO.	DAY	YEAB	\$	
Mailing Address				MO.	DAY	YEAR	<u></u>	SSIMM(SSIMM)
CITY	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	F	2
	Annual Control of the		~-				\$ 0	
Enter Grand Total of Part A on Sche	dule I,	Detailed	Summar	y Page,	Sectio	n 2.	PAGE TOTAL	\circ

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.)

(Exclude contribu	tions from	political commi	ittees re	eported	in Part	A.}	
Name of Filing Committee or Candidate	. !	1	f	Reporting	Period	,	/- /
DUANCJ. P.	ciall	li		From 🗘	0/23,	(4) To /	1/26/07
				DATE		AM	OUNT
Full Name of Contributor			MO.	DAY	YEAR	\$	
Malling Address			мо.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MG.	DAY	YEAR	*	
		_				\$	
Full Name of Contributor			MC.	DAY	YEAR	\$	
Meiling Address			MO.	DAY	YEAR	\$	SP individualis and accommodate which was a series and the application of the contribution of the contri
City	State	Zip Code (Plus 4)		DAV	VE 4.5	.	
	3.616		MO.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	s	
Mailing Address			MO.	DAY	YEAR		ALTERNATION AND ALTERNATION AN
			10.	1 201	TEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	Market market and a second or
Full Name of Contributor			Ma.	DAY	YEAR		
Mailing Address				547	VE 45	\$	**************************************
a maning Address			MD.	DAY	YEAR	\$	
CRV	State	Z:p Code (Plus 4)	MO.	DAY	YEAR	\$	and the state of t
Full Name of Contributor			MO.	DAY	YEAR	, p	
						\$	
Mariling Acdress			MO.	DAY	YEAR	\$	And the state of t
City	State	Zio Code (Plus 4)	MO.	DAY	YEAR		
		Apper			1	\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	s e	
Vailing Address			MO.	DAY	YEAR	t .	
-			77.0	U-11	IEAR	\$ 8	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$ -	ATIO COM
Full Name of Contributor			MO.	DAY	YEAR	1	
						\$ 6	SSAT
Mailing Address			MO.	DAY	YEAR	\$ #	50
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
				2		\$	
						PAGE TOTAL	

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

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.

DUANE J. Pi	ccirli	11,	H	From	10/2	3/670 11/26/67
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	And the state of t		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MÓ.	DAY	YEAR	\$
		_			7518	4
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Z:p Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	.
Mailing Address			 		VE 45	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	PAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			MC.	DAY	YEAR	
City	State	Zip Code (Plus 4)	<u> </u>			\$
	Sibile		MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	-9
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	<i>*</i>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ZOOT E
					TEAN	S N
Full Name of Contributing Committee			MO.	DAY	YEAR	DER TRA DN 0
Mailing Address			Mo.	DAY	YEAR	S COUNTY OF THE S
Сну	State	Zip Code (Plus 4)	MO.	DAY	YEAR	SD-I
Enter Grand Total of Part C on Sch	nedule I,	Detailed Summary	/ Page,	Section	n 3.	\$
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PART D

ALL OTHER CONTRIBUTIONS

PAGE 6 0F 12

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	_	1.1	R	eporting	Period		1 .
DUANE J.	P_{c}	curilli		From _1	4/23/	6] To 1	1/26/67
				DATE		AM	OUNT
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer Name			Occupation	on	L		
					***************************************	v	
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	ວກ			
Employer Mailing Address/Principal Place of Business			1		V	The state of the s	
			,		,		
Full Name of Contributor			MC.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	<u></u>	
City	1 6	T - Code (5) A				\$	
City	State	Zip Code (Plus 4)	MC.	DAY	YEAR	\$	
Employer Name			Occupation	on .	1	1	Accessed to the second of the
Employer Mailing Address/Principal Place of Business			<u> </u>				
improved Warring Address Principal Place of Justiness							
Full Name of Contributor			MO.	DAY	YEAR	*	
Mailing Address				DAY	VEAD	\$	****
			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	The second secon
Employer Name	<u> </u>		Occupation	20		3	And distributed to the first contract of the state of the
				.,			
Employer Mailing Address/Principal Place of Business						~	5 7;
			, , , , , ,			28	LE RE-
Full Name of Contributor			MO.	DAY	YEAR	\$ 8	ERC GIST
Mailing Address	***************************************		MO.	DAY	YEAR	\$ 2	T
City	Stete	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>	
		ales		771		\$ >	
Employer Name			Occupation	> n		တ္တ	SSZ
Employer Mailing Address/Principal Place of Business		444	<u> </u>				20
						<u> </u>	
Enter Grand Total of Part D on Sche	dule !	, Detailed Summary	Page	Section	п 3.	PAGE TOTA	·L
DSEB-502 (7-99)	- •	, y	-3-,	2230,00		\$	()

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), c	cieilli	F	Reporting From	Period 2	3/670 11/26/67
				_		
Full Name						
Mailing Address					·	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	L					
Full Name						
Mailing Address		through the same of the same o		***************************************		
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	Amount &
Receipt Description	İ			1		\$
Full Name						
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Receipt Description	<u></u>	-				\$
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Full Name						
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-	,			\$
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Receipt Description	<u> </u>			1		
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Mailing Address				~		R COU ATION COM
manning Address						
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amountoo SIO
Receipt Description				1		6
						PAGE TOTAL
Enter Grand Total of Part E on Sched	lule i,	Detailed Summary	Page,	Section	1 4.	\$

SCHEDULE II

PAGE 8 OF 12

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

DLANE J. PICCIZILI	From 3	23/67	To 11/2 6/07
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Perio	od (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART	F)
TOTAL for the Reporting Period	od (2)	\$	\mathcal{O}
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PART G	i)	
TOTAL for the Reporting Perio	od (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

REGISTRATION AND REGISTRATION COMMISSION

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate DUAWE T P	100	121/1	l R	eporting From	Period	5/U) TO 11/26/07
37017.5				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						3
Manning Adoless			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				3
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
	WANT STREET, THE PARTY OF THE P					\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	1500	\$
Description of Contribution:	J					
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	6
	T =					\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					<u> </u>	
						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	*********		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					<u> </u>	
description of dominouries.						
Full Name of Contributor			MO.	DAY	YEAR	
						\$ 23 Fp
Mailing Address			MO.	DAY	YEAR	MERC REGIS LECTIO 2001 NO
			1 (l	
City	State	Zip Code (Plus 4)	MO	DAY	VEAD	→ = ==================================
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	RCER ISTRA FION 0
Description of Contribution:	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$ 21
Description of Contribution:	State	Zip Code (Plus 4) —				ER COUNTRATION ON COMM V 27 1 2
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ER COUNTY TRATION AN DN COMM SS V 271 / A 8
Description of Contribution:	State	Zip Code (Plus 4)				ER COUNTY TRATION AND N COMM SSIG V 27 1 / 8:
Description of Contribution: Full Name of Contributor Mailing Address	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ER COUNTY TRATION AN DN COMM SS V 271 / A 8
Description of Contribution: Full Name of Contributor	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ER COUNTY TRATION AND N COMM SSION V 27 · A 8: 46
Description of Contribution: Full Name of Contributor Mailing Address City			MO.	DAY	YEAR	ER COUNTY TRATION AND N COMM SSIG V 27 1 / 8:
Description of Contribution: Full Name of Contributor Mailing Address		Zip Code (Plus 4)	MO.	DAY	YEAR	ER COUNTY TRATION AND N COMM SSION V 27 · A 8: 46
Description of Contribution: Full Name of Contributor Mailing Address City Description of Contribution:	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ER COUNTY TRATION AND N COMM SSION V 27 · A 8: 46
Description of Contribution: Full Name of Contributor Mailing Address City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ER COUNTY TRATION AND N COMM SSION V 27 A 8: 46

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		. 11		P	leporting	Period	107 7-	111	26/07
DUANE J. Pic	(13	111				0/3/3			
Full Name of Contributor				MO.	DATE	YEAR	T TOTAL	AMOU	NT
							\$		
Mailing Address				MO.	DAY	YEAR	\$		
сну	State	Zip C	ode (Plus 4)	Mo.	DAY	YEAR	\$	r sar rada yeneyingari ARA (iliniyi)	ANDERS STREET PROBLEM STREET, PROBLEMS STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
Employer of Contributor	L			Cccupati	on	<u> </u>			
Employer Mailing Address/Principal Place of Business	·····			Descript	on of Con	tribution	**************************************		
				MO.	DAY	YEAR			
Full Name of Contributor				W.O.	DAT	TEAR	\$		
Mailing Address				MO.	DAY	YEAR	\$		
City	State	Zip C	ode (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	1			Occupati	on		1		
Employer Mailing Address/Principal Place of Business				Descript	ion of Con	tribution			
Full Name of Contributor				MO.	DAY	YEAR	\$		
Mailing Address				Mo.	DAY	YEAR	\$		P. (1984) 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984
City	State	Zip C	ode (Plus 4)	Mo.	DAY	YEAR	\$		
Employer of Contributor	<u> </u>	<u> </u>		Occupati	on				THE PARTY OF THE P
Employer Mailing Address/Principa! Place of Business				Descript	ion of Con	tribution	and the state of t		
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Full Name of Contributor				1410.		I CAN	\$		
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Employer of Contributor	4			Occupati	on	1	L	ਦ છ	SION SION
Employer Mailing Address/Principal Place of Business	W 7-//		forming to the second second second second	Descript	ion of Con	tribution		œ	
							PAGE TO	TAL	
Enter Grand Total of Part G on Sched Summary Page, Section 3.	dule i	II, In-Kir	d Contribu	utions D	etailed		\$	()	
									The second livery of the second

SCHEDULE III

STATEMENT OF EXPENDITURES

DUANE J. PICCULI	From 10/33/67 To 1//26/67
TO Whom Paid STADLPS	MO. DAY YEAR Amount 1/ 02 07 \$ 22.35
Mailing Address 439 5. Heamitage Rd	Description of Expenditure Capy of Fly(15
Hamitaje State Zip Code (Plus 4)	Pà by DIANE Piccuill
5-tuples	MO. DAY YEAR Amount // 03 07 \$ /5.//
Mailing Address (1395. Hinmitoji P) City State Zip Code (Plus 4)	Description of Expenditure Copy of Flyeis
Hermitoge PA 16NG-	Pd by DUANE Picifulli
To Whom Paid U A I MART	MO. DAY YEAR Amount /c 93 c7 \$ 3-80 Description of Expenditure
Mailing Address 1275 N Heam tige Po	CANDY
Frimitage PA 11149-	DJ 69 DUANE PICCIRI
To Whom Paid S AM 'S CLUG Mailing Address	MO. DAY YEAR Amount Comparison of Expenditure MO. DAY YEAR Amount Special Comparison of Expenditure
1040 M// es (01((6n) k)	CINDY
11/12 On 4484	Pd by DUANE Picciall
To Whom Paid Mailing Address	MO. DAY YEAR Amount \$ Description of Expenditure
Ofty State Zip Code (Plus 4)	Description of Expenditure
To Whom Paid Mailing Address	MO. DAY YEAR Amount \$ Description of Expenditure
City State Zip Code (Plus 4)	Section of Experience
-	
To Whom Paid Mailing Address	MO. DAY YEAR Amount \$ Duscription of Expenditure
City State Zip Code (Plus 4)	200
	NO.
To Whom Paid Mailing Address	MO. DAY YE VA Amount NRR CO.
Gity State Zip Code (Plus 4)	Description of Expenditure MOUNT SAT
. State Lip code it us 4/	89 SIO ND Y
Enter Grand Total of Expenditures on Page 1, Report Cover Page	PAGE TOTAL

PAGE 12 OF 12

STATEMENT OF UNPAID DEBTS

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

DUANIE OF Filing Committee or Candidate	J. Picaeilli	From 10 /33	107 to 11/26/6
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	
City Description of Debt		State Zip Code (Plus 4)	
Description of Contraction			
Nam e of Creditor			Outstanding Balance of Del
Mailing Address	DATE OEBT INCURRED	MO. DAY YEAR	
Mily		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Del
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	
City .		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Del
Mailing Address	DATE DEST INCURRED	MO. DAY YEAR	
City		State Zip Code (Plus 4)	
Description of Debt	The state of the s		
Name of Creditor			Outstanding Balance of Del
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	200 ERR M
City		State Zip Code (Pius 4)	ERCE GISTE CTION
Description of Debt		Annual An	R CC COI
Name of Creditor			Outstanding Balan
Mailing Address	DATE DEBT	MO. DAY YEAR	I ION
City	(NCURRED	State Zip Code Plus 4	
Description of Debt			L
			PAGE TOTAL
Enter Grand Total of Unpaid Do	ebts on Page 1, Report Cover Pa	ige, Item G.	\$