

Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF

(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	^{1.} ≺	сомм	ITTEE	2.	LOBB	YIST 3.
Name of Filing Committee, Candidate or Lobbyist: JAMES GOODWIN Street Address: ZII CASE AVE												
City:	SHARC		2 — 11			State: P P		Zip Coc	146	, -	34	129
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY 6TH TUESDAY	4.	2ND FRIDA PRE-PRIMA 2ND FRIDA	RΥ γ 5.	PO	DAY ST PRIMARY DAY	3, 6. y	AMENOR REPORT TERMIN	ATION	YES	X	NO.
(place X to the right of report type)	PRE-ELECTION ANNUAL REPORT	7.	PRE-ELECTI YEAR	C National State of the Control of t	FILI	ST ELECTION NG METHOD CHECK ON		REPORT.			DISKE	
MERCER CO	nt by Candidate:	ICT	ATTORNI	ΞY	м		CTION (EAR)	District Number	Offic Code OT I	4 (Party Code 2 F	County Code 43
Summary of R and Expenditur		МО 10			м)		vear 007		OR OF	- 33	9	二年
A. Amount Brought	t Forward From La	ast Repo	ort	\$		0.	∞			5	. =	R COUNTY RATION AND ATION AND
B. Total Monetary	Contributions and	Receipt	s (From Sche	dule I) \$		O.	∞			τ	} =	Z Z Z
C. Total Funds Ava	ailable (Sum of Lin	es A ar	nd B)	\$	\$ 0.00				•			
D. Total Expenditures (From Schedule III)			\$	\$ 9,703.87				ڌ	_			
E. Ending Cash Balance (Subtract Line D from Line C)			\$		0 ,	00						
F. Value of In-Kin	d Contributions Re	eceived	(From Schede	ule II) \$		O,	00					
G. Unpaid Debts ar	nd Obligations (Fro	m Sche	dule IV)	\$		0.0	20					

PAGE 2 OF 12

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
JAMES GOODWIN	From 10/00 2007 To 11 26 2007

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER	CONT	RIBUTOR	
TOTAL for the Reporting Period	(1)	\$	00,0

2. CONTRIBUTIONS \$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)	\$	0.00
TOTAL for the Reporting Period	(2) \$	0.00

3. CONTRIBUTIONS 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 Period (3)	\$ 0,00

4. OTHER RECEIPTS -	REFUNDS, INTEREST EA	ARNED, RETURNED	CHECKS, ETC	FROM PA	AT E
	TOTAL for	r the Reporting Peri	od (4)	\$	0.00

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.) \$ 0.00		\$	0,00
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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.

DAMES 6	000WIN			From _	10 [39]	2007 TO 11/26/2007
			10002	DATE		AMOUNT
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			MO.	DAY	YEAR	\$
City	State	Zip 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	\$
			I MO.	LA T	TEMN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		, Andrewson Hilliams	MO.	DAY	YEAR	
Mailing Address				T 1 12 10 10 10 10 10 10 10 10 10 10 10 10 10		\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	***************************************		мо	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
City	State	Zip Code (Fids 4)	мо	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			мо,	DAY	YEAR	
City	State	Zip 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	
				1		\$ PAGE TOTAL
Enter Grand Total of Part A on	Schedule i,	Detailed Summar	ry Page	, Sectio	n 2.	\$ 0.00
						- 0.00

DSEB-502 (7-99)

Reporting Period

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.)

JAMES GOODWIN		From _!	olasti	1017 To 11 26 2007
		DATE		AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	
		-		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	*
110	-			\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	мо.	DAY	YEAR	_
				\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				3
Full Name of Contributor	MO:	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	
				\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	A
· · ·				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	Mo.	DAY	YEAR	
				\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	Mo.	DAY	YEAR	
				\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
1407				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	*
	W.C.	1 001	TEAN	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	+			*
•	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address			Care de Million de	T T
	: MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
_				\$
				PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summar	y Page	Section	n 2.	\$ 0.00

Name of Filing Committee or Candidate

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			t Anna	Reporting		
UAMES GOODWI	7			From	10/22/20	007 TO 11/26/2007
				DATE		AMOUNT
Full Name of Contributing Committee	and the sales and a second second		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
			<u> </u>			\$
City	State Z:	p Code (Pius 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State Zi	p Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	•
Mailing Address		TT NO	MO.	DAY	YEAR	\$
			1910.	DATE	cean	\$
City	itate Zi	p Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	4
Full Name of Contributing Committee			MO.	TUAL	JEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State Zi	p Code (Plus 4)	Mo.	DAY	YEAR	
		400				\$
Full Name of Contributing Committee			МО.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	A
City	State Zi	p Code (Plus 4)				\$
	2,	_	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	3
						\$
City	state Zi	p Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
marring Addices			MO.	DAY	YEAR	\$
City	itate Zi	p Cade (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		—	тмо.	DAY	YEAR	<u> </u>
•						\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate Zi	Code (Plus 4)	MO.	DAY	YEAR	\$
			<u> </u>	<u></u>		
Enter Grand Total of Bart C an Orbital	la 1 'D-*-	Bad Burner	.	0	_	PAGE TOTAL
Enter Grand Total of Part C on Schedu	ie I, Deta	iled Summary	Page,	Section	n 3.	\$ 0.00
DSEB-502 (7-99)						

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.)

Enter Grand Total of Part D on Schedule I, Detailed	Summary Page, Section 3.	GE TOTAL
		CE TOTAL
Employer Mailing Address/Principal Place of Business		
Employer Name	Occupation	
City State Zip Code	(Plus 4) MO. DAY YEAR \$	
Mailing Address	MO. DAY YEAR \$	
Full Name of Contributor	MO. DAY YEAR \$	
Full Name of Contributor		
Employer Mailing Address/Principal Place of Business		
Employer Name	Decupation	
City State Zip Code	(Plus 4) MO. DAY YEAR \$	
Mailing Address	MO. DAY YEAR \$	
	MO. DAY YEAR \$	
Full Name of Contributor	Elimon F BAV Fromwood	
Employer Mailing Address/Principal Place of Business		
Employer Name	Occupation	
City State Zip Code	(Plus 4) MO, DAY YEAR \$	
Mailing Address	MO. DAY YEAR \$	
Full Name of Contributor	MO. DAY YEAR \$	
Employer Mailing Address/Principal Place of Business		
Employer Name	Occupation \$	
City State Zip Code	\$i-iii	***************************************
Mailing Address	MO. DAY YEAR \$	
Full Name of Contributor	MO. DAY YEAR \$	
Employer Mailing Address/Principal Place of Business		
Employer Name	Occupation	
	_ s	
City State Zip Code	\$	
Mailing Address	MO. DAY YEAR	
Full Name of Contributor	DATE MO DAY YEAR O	AMOUNT
James Gocowin	From 10 33 2007	To 11/26/2007
Name of Filing Committee or Candidate	Reporting Period	

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.

) AM	Es Good	17		From 10	102/20	7 To 11/26/2007
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	Amount \$
Receipt Description	` `					
Full Name						
Mailing Address				BOOK NOW A LAND AND AND AND AND AND AND AND AND AND		410000000000000000000000000000000000000
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	Amount \$
Receipt Description					l	
Full Name					M. 13422	
Mailing Address	A CONTRACTOR OF THE PROPERTY O					
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
Receipt Description					<u> </u>	
Full Name						
Mailing Address		SNA AMERICANIA AL COLOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description					3	
Full Name						
Mailing Address	······································			***************************************		
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	Amount \$
Receipt Description				1	.	
						PAGE TOTAL
Enter Grand Total of Part E or	n Schedule I,	Detailed Summar	ry Page	, Sectio	n 4.	s 0.00

SCHEDULE II

PAGE 8 OF 13

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 JIMMES GOODWIN	Reporting Peri From 10 5		7 To 11/26/2007
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	Solon Open		P. CONTRIBUTOR
TOTAL for the Reporting Period	04.130.33.34.1.1.1.1.1	\$ \$	Ø · 00
	ovo žiseos		
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25 TOTAL for the Reporting Period	The state of the s	\$	7. ○ ○
	24 January 1 Acc. 24		
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	(3)	\$	0.00
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.)		\$	0,00

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period				
UMMES GODDIN			From 16/23/20:7 To 11/36/2007				
				DATE		AMOUNT	
Full Name of Contributor			MO,	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Cade (Plus 4) —	мо.	DAY	YEAR	\$	
Description of Contribution:	L					\$	
Full Name of Contributor			MO.	DAY	YEAR		
, 2., , , , , , , , , , , , , , , , , ,						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$	
Description of Contribution:							
			THE CO.		In		
Full Name of Contributor			мо	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
	·					\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Description of Contribution:	L	Highlands and the second		<u> </u>	.1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	
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 Contribution.							
Full Name of Contributor			мо.	DAY	YEAR	A	
				***********		\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Description of Contribution:] \$	
Description of Contribution.							
Full Name of Contributor			MO.	DAY	YEAR	.	
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$	
Description of Contribution:	LL				1		
						DAGE TOTAL	
Enter Grand Total of Part F on Sched	lule II,	In-Kind Contribu	tions De	tailed		PAGE TOTAL	
Summary Page, Section 2.						\$ 0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate JAMES GOODWIN				Reporting		07 TO 11/26/2007		
2111157 0000	110				11-0100			
			Lancon No. w	DATE		AMOUNT		
Full Name of Contributor			Mo.	ERADAMENTO	YEAR	\$		
Mailing Address			Mo.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4	, мо.	DAY	YEAR	\$		
Employer of Contributor			Occup	ation		NAME AND VERY VIOLENCE AND ASSESSMENT OF THE PROPERTY OF THE P		
Employer Mailing Address/Principal Place of Business			Descri	Description of Contribution				
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address		The state of the s	МО	DAY	YEAR	\$		
City	State	Zip Code (Plus 4	Mo.	DAY	YEAR	\$		
Employer of Contributor	k		Occup	etion				
Employer Mailing Address/Principal Place of Business			Descri	ption of Cor	tribution			
Full Name of Contributor			мо	DAY	YEAR	\$		
Meiling Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) Mo.	DAY	YEAR	\$		
Employer of Contributor			Occup	Occupation				
Employer Mailing Address/Principal Place of Business		Descri	ption of Cor	itribution				
Full Name of Contributor			Mo.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4	MO.	DAY	YEAR	\$		
Employer of Contributor			Оссир	ation				
Employer Mailing Address/Principal Place of Business			Descri	ption of Cor	itribution			
Full Name of Contributor			мо.	DAY	YEAR	\$		
Mailing Address			Mo.		YEAR	\$		
City	State	Zip Code (Plus 4 —			YEAR	\$		
Employer of Contributor			Occup					
Employer Mailing Address/Principal Place of Business			Descri	ption of Cor	itribution			
Enter Grand Total of Part G on Sched Summary Page, Section 3.	ule II	, In-Kind Contr	ibutions	Detailed		PAGE TOTAL \$ O,OO		

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
JAMES GOODWIN	From 10/22 2007 To 11/26/2007
TO Whom Paid STAPLES	MO. DAY YEAR Amount 10 05 8007 \$ 10.59
Mailing Address 439 S. HERMIMGE ROMO	Description of Expenditure $1400 \sim 000$
HERMITAGE PA 16148	e (Pius 4)
COMMITTEE TO ELECT JAMES COODWI	
Mailing Address 311 CASE AVE	Description of Expenditure DONATION TO CAMPAIGN
	- ያ ዛሬፋ
POLITICAL CALLING. COM	MO. DAY YEAR Amount 11 1 2007 \$ 602.48
Mailing Address 712 5TH ST SUITE E	Description of Expenditure TELEPHONE CAUS
MAVIS CA 95616	e (Plus 4) —
DOWAR TREE STORES, INC	MO. DAY YEAR Amount 11 A 2007 \$ 2.12
Mailing Address L950 E. STATE ST	Description of Expenditure MISC . SWPCIES
City State Zip Cod PA 16148	e (Plus 4)
OFFICE DEPOT	MO. DAY YEAR Amount \$ 100.04
Mailing Address 3378 E. STATE ST	Description of Expenditure LHAND - CUTS
HERMITAGE PA 16148	e (Plus 4)
COMMITTEE TO ELECT JAMES GOODWIN	
Mailing Address 311 CASE AVE	Description of Expenditure DOWNTON TO CAMPAIGN
	-342C1
COMMITTEE TO ELECT JAMES COCIDIVIA	MO. DAY YEAR Amount 1
Mailing Address 211 CASE AVE	Description of Expenditure DONATION TO CAMPAIGN
	e (Plus 4) -3429
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expanditure
City State Zip Cod	e (Plus 4)
Enter Grand Total of Expenditures on Page 1, Report	PAGE TOTAL Cover Page, Item D. \$ 0.702 0.7

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			Reporting		
JAMES GOODWIN			From _	10/03/3	2017 To 11/26/2007
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	мо.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
			-	-	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
		\$10.14 SC 10		7	\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	-
City	INCURRED	State	Zip Code	(Plus 4)	
			-	•	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address			1 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		<u> </u>
Meeting Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	T MODINGS	State	Zip Code		
Description of Debt					
Name of Creditor				HEEST AND THE	Outstanding Balance of Debt
Mailing Address	DATE	MO.	L BASS	Te weare	<u> </u>
manny reactors	DEBT INCURRED	MOS	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt			······································	······································	
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	
C.i.	DEBT INCURRED				
City		State	Zip Code		
Description of Debt	***************************************				
Name of Creditor					
waine of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Gine 4)	
,		Jacate	zip Gude	erius + /	
Description of Debt					
Enter Grand Total of Unpaid Debts on Page 1, 1	Report Cover	Page	ltam G		PAGE TOTAL \$ O()
Date total of Dipara Debte on Fage 1,	INPOIL GOVE	, age,	item G.		\$ <i>C</i> , 00