

CAMPAIGN FINANCE REPORT

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

-Instructions on reverse-

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. <input checked="" type="checkbox"/> CANDIDATE		2. <input type="checkbox"/> COMMITTEE		3. <input type="checkbox"/> LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: <u>TIM RUFFO</u>									
Street Address: <u>1326 WAKEFIELD DR.</u>									
City: <u>HERMITAGE PA</u>				State: <u>PA</u>		Zip Code: <u>16148</u>			
TYPE/CYCLE OF REPORT	1. <input type="checkbox"/> 1 ST FRIDAY PRE-PRIMARY	2. <input type="checkbox"/> 2 ND FRIDAY PRE-PRIMARY	3. <input type="checkbox"/> 30 DAY POST-PRIMARY	AMENDMENT REPORT		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Place x to the right of report type/cycle	4. <input type="checkbox"/> 1 ST FRIDAY PRE-ELECTION	5. <input type="checkbox"/> 2 ND FRIDAY PRE-ELECTION	6. <input checked="" type="checkbox"/> 30 DAY POST-ELECTION	TERMINATION REPORT		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
	7. <input type="checkbox"/> ANNUAL REPORT	YEAR <input type="checkbox"/>		FILING METHOD PLEASE CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate:				DATE OF ELECTION <u>11 / 06 / 2007</u> Month Day Year		District Number	Office Code <u>OTH</u>	Party Code <u>DEM</u>	County Code <u>43</u>
Summary of Receipts and Expenditures: <input type="checkbox"/>		FROM: <u>10 / 22 / 07</u> TO: <u>11 / 26 / 07</u> mo. day year mo. day year				(See Instructions for Codes) ↑			
A. Amount Brought Forward From Last Report		\$		0		MERCER COUNTY REGISTRATION AND ELECTION COMMISSION 2007 DEC - 6 P 3: 38			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		0					
C. Total Funds Available (Sum of Lines A and B)		\$		0					
D. Total Expenditures (From Schedule III)		\$		540 ⁰⁰					
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					

CAMPAIGN FINANCE REPORT

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

-Instructions on reverse-

Filer Identification Number:		Report Filed By:		1. CANDIDATE	2. COMMITTEE	3. LOBBYIST
Name of Filing Committee, Candidate or Lobbyist:						
Street Address:						
City:				State:		Zip Code:

TYPE/CYCLE OF REPORT	1.	2.	3.	4.	5.	6.	7.
	10 DAY POST-PRIMARY	10 DAY PRE-PRIMARY	10 DAY POST-PRIMARY	10 DAY PRE-PRIMARY	10 DAY POST-PRIMARY	10 DAY PRE-PRIMARY	10 DAY POST-PRIMARY
	10 DAY POST-PRIMARY	10 DAY PRE-PRIMARY	10 DAY POST-PRIMARY	10 DAY PRE-PRIMARY	10 DAY POST-PRIMARY	10 DAY PRE-PRIMARY	10 DAY POST-PRIMARY
Place x to the right of report type/cycle	8.	9.	YEAR		DATE		10.
	10 DAY POST-PRIMARY	10 DAY PRE-PRIMARY	YEAR		DATE		10 DAY POST-PRIMARY

Name of Office Sought by Candidate:			DATE OF BIRTH		District Number	Office Code	Party Code	County Code
			____/____/____ Month Day Year					

**Summary of Receipts
and Expenditures:** FROM: ____/____/____ TO: ____/____/____
mo. day year mo. day year

A. Amount Brought Forward From Last Report	\$	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	
C. Total Funds Available (Sum of Lines A and B)	\$	
D. Total Expenditures (From Schedule III)	\$	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	

AFFIDAVIT SECTION**PART I: If this is a Committee Report, treasurer sign here. If this is a Candidate report, candidate sign here.**I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.
Sworn to and subscribed before me this

____ day of _____ 20____

Signature of Person Submitting Report_____
Signature_____
Printed Name

My commission expires ____ MO. ____ DAY ____ YR.

E-mail address: _____

Daytime Phone Number: (____) _____

PART II: If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

____ day of _____ 20____

Signature of Candidate_____
Signature_____
Printed Name

My commission expires ____ MO. ____ DAY ____ YR.

E-mail address: _____

Daytime Phone Number: (____) _____

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate <i>Tim Ruffo</i>	Reporting Period From <i>10-22-07</i> To <i>11-26-07</i>
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$
--------------------------------	-----	----

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$
---	----

All Other Contributions (Part B)	\$
----------------------------------	----

TOTAL for the Reporting Period	(2)	\$
--------------------------------	-----	----

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$
---	----

All Other Contributions (Part D)	\$
----------------------------------	----

TOTAL for the Reporting Period	(3)	\$
--------------------------------	-----	----

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM 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.)

\$ *0*

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-family: cursive; font-size: 1.2em; margin-top: 5px;">Tim Ruffo</div>	Reporting Period From <u>10-22-07</u> To <u>11-26-07</u>
--	---

Full Name of Contributing Committee			DATE			AMOUNT
			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	\$
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	\$
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	\$
		—				

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

PAGE TOTAL

\$

PART B
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

\$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-family: cursive; font-size: 1.2em; margin-top: 5px;">Tim Ruffo</div>	Reporting Period From <u>10-22-2007</u> To <u>11-26-2007</u>
--	---

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

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

PAGE TOTAL <div style="font-size: 1.5em; margin-top: 5px;">\$ 0</div>
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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>Tim Ruffo</u>	Reporting Period From <u>10-22-2007</u> To <u>11-26-2007</u>
---	---

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

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

PAGE TOTAL

\$ 0

PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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 <i>Tim Ruffo</i>	Reporting Period From <i>10-22-2007</i> To <i>11-26-2007</i>
---	---

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

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

PAGE TOTAL

\$

PART E

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 <i>Tim Ruffo</i>	Reporting Period From <i>10-22-2007</i> To <i>11-26-2007</i>
---	---

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

Receipt Description	Amount	Category	Account	Balance

Full Name _____

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

[illegible]

Full Name _____

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description	Amount	Category	Account	Balance
...

Full Name _____

100

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

[illegible]

Full Name _____

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description	Amount	Balance
10/1/2018		
10/2/2018		
10/3/2018		
10/4/2018		
10/5/2018		
10/6/2018		
10/7/2018		
10/8/2018		
10/9/2018		
10/10/2018		
10/11/2018		
10/12/2018		
10/13/2018		
10/14/2018		
10/15/2018		
10/16/2018		
10/17/2018		
10/18/2018		
10/19/2018		
10/20/2018		
10/21/2018		
10/22/2018		
10/23/2018		
10/24/2018		
10/25/2018		
10/26/2018		
10/27/2018		
10/28/2018		
10/29/2018		
10/30/2018		
10/31/2018		
11/1/2018		
11/2/2018		
11/3/2018		
11/4/2018		
11/5/2018		
11/6/2018		
11/7/2018		
11/8/2018		
11/9/2018		
11/10/2018		
11/11/2018		
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12/26/2018		
12/27/2018		
12/28/2018		
12/29/2018		
12/30/2018		
12/31/2018		
1/1/2019		
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1/6/2019		
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1/26/2019		
1/27/2019		
1/28/2019		
1/29/2019		
1/30/2019		
1/31/2019		
2/1/2019		
2/2/2019		

Full Name _____

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$

Receipt Description	Amount	Balance
10/1/2018		
10/2/2018		
10/3/2018		
10/4/2018		
10/5/2018		
10/6/2018		
10/7/2018		
10/8/2018		
10/9/2018		
10/10/2018		
10/11/2018		
10/12/2018		
10/13/2018		
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10/29/2018		
10/30/2018		
10/31/2018		
11/1/2018		
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11/8/2018		
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12/1/2018		
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12/3/2018		
12/4/2018		
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12/8/2018		
12/9/2018		
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1/2/2019		
1/3/2019		
1/4/2019		
1/5/2019		
1/6/2019		
1/7/2019		
1/8/2019		
1/9/2019		
1/10/2019		
1/11/2019		
1/12/2019		
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1/27/2019		
1/28/2019		
1/29/2019		
1/30/2019		
1/31/2019		
2/1/2019		
2/2/2019		

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

PAGE TOTAL

\$

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 <i>Tim Ruffo</i>	Reporting Period From <i>10-22-2017</i> To <i>11-26-2007</i>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$
--------------------------------	-----	----

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period	(2)	\$
--------------------------------	-----	----

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)

TOTAL for the Reporting Period	(3)	\$
--------------------------------	-----	----

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

**SCHEDULE II
PART F**

PAGE _____ OF _____

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <div style="font-size: 1.2em; font-family: cursive;">Tim Ruffo</div>	Reporting Period From <u>10-22-2007</u> To <u>11-26-2007</u>
---	---

				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:							

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

PAGE TOTAL

\$ 9

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

PAGE _____ OF _____

Name of Filing Committee or Candidate

Tim Ruffo

Reporting Period

From 10-22-2007 To 11-26-2007

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

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

PAGE _____ OF _____

Name of Filing Committee or Candidate <i>Tim Ruffo</i>	Reporting Period From <i>10-22-2007</i> To <i>11-26-2007</i>
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To Whom Paid <i>TED Dunham</i>			MO. <i>11</i>	DAY <i>01</i>	YEAR <i>2007</i>	Amount <i>\$ 540⁰⁰</i>
Mailing Address <i>630 LATONKA DRIVE</i>			Description of Expenditure <i>COST OF PRODUCING AND</i>			
City <i>MERCER</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16137 -</i>	<i>AIRING T.V. COMMERCIAL</i>			
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 540⁰⁰

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 <u>TIM RUFFO</u>	Reporting Period From <u>10-22-2007</u> To <u>11-26-2007</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						

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

PAGE TOTAL

\$ 0