

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 X		2. COMMITTEE		3. LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: BILL ROMINE													
Street Address: 385 ST. GLORY ROAD													
City: GREENVILLE				State: PA		Zip Code: 16125							
TYPE/CYCLE OF REPORT	1. 1ST FRIDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY										
	4. 1ST FRIDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION X										
	7. ANNUAL REPORT	YEAR ▶		FILING METHOD		AMENDMENT REPORT		YES <input type="checkbox"/> NO <input type="checkbox"/>					
			PLEASE CHECK ONE ▶		PAPER		DISKETTE		YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name of Office Sought by Candidate: SHERIFF				DATE OF ELECTION 11 / 6 / 2007 Month Day Year		District Number		Office Code OTH		Party Code DEM		County Code 43	
Summary of Receipts and Expenditures: ▶		FROM: 10 / 23 / 07 TO: 11 / 26 / 07 mo. day year mo. day year				(See Instructions for Codes) ↑							
FOR OFFICE USE ONLY													
A. Amount Brought Forward From Last Report				\$ 0									
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 121.45									
C. Total Funds Available (Sum of Lines A and B)				\$ 121.45									
D. Total Expenditures (From Schedule III)				\$ 121.45									
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									

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 MERCER COUNTY
 REGISTRATION AND
 ELECTION COMMISSION

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate

BILL ROMINE

Reporting Period

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

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

TOTAL for the Reporting Period (1) \$ 0

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) \$ 121.45

TOTAL for the Reporting Period (2) \$ 121.45

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.)

\$ 121.45

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 <u>BILL ROMINE</u>	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 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)				\$
		—				

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 <u>BILL ROMINE</u>	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 <u>WILLIAM H. ROMINE JR.</u>				<u>10</u>	<u>23</u>	<u>07</u>	\$ <u>121.45</u>
Mailing Address <u>385 ST. GLORY ROAD</u>				<u>11</u>	<u>26</u>	<u>07</u>	\$
City <u>GREENVILLE</u>	State <u>PA.</u>	Zip Code (Plus 4) <u>16125-</u>					\$
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)					\$

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

PAGE TOTAL
\$ 121.45

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 BILL ROMINE	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)					
		-					
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)					
		-					

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

PAGE TOTAL

\$ 0

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 BILL ROMINE	Reporting Period From 10/23/07 To 11/26/07
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				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

\$ **0**

**PART E
OTHER RECEIPTS**

PAGE 7 OF 12

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 BILL ROMINE	Reporting Period From 10/23/07 To 11/26/07
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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)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

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)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

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)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

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

PAGE TOTAL

\$ 0

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 <u>BILL ROMINE</u>	Reporting Period From <u>10/23/07</u> To <u>11/26/07</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>0</u>

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

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

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.)	\$ <u>0</u>
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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 <u>BILL ROMINE</u>	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)					\$
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

\$ 0

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

PAGE 10 OF 12

Name of Filing Committee or Candidate BILL ROMINE	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)					\$
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			
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			

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 BILL ROMINE	Reporting Period From 10/23/07 To 11/26/07
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To Whom Paid DAFFINS CANDIES			MO.	DAY	YEAR	Amount
			11	2	07	\$ 11.95
Mailing Address 496 E. STATE STREET			Description of Expenditure DOOR PRIZE			
City SHARON	State PA.	Zip Code (Plus 4) 16146 -				
To Whom Paid MERCER COUNTY DEMOCRAT COMMITTEE			MO.	DAY	YEAR	Amount
			11	4	07	\$ 20.00
Mailing Address P.O. BOX 49			Description of Expenditure DINNER TICKETS			
City SHARON PA.	State PA.	Zip Code (Plus 4) 16146 -				
To Whom Paid TOM AMUNDSEN			MO.	DAY	YEAR	Amount
			11	4	07	\$ 12.50
Mailing Address 162 GREENWOOD DRIVE			Description of Expenditure POLITICAL AID			
City HERMITAGE	State PA.	Zip Code (Plus 4) 16148 -				
To Whom Paid ST. JOHN'S C.R. ORTHODOX CHURCH			MO.	DAY	YEAR	Amount
			11	16	07	\$ 20.00
Mailing Address 725 CEDAR AVENUE			Description of Expenditure RAFFLE TICKET			
City SHARON	State PA.	Zip Code (Plus 4) 16146 -				
To Whom Paid DEBBIE LITTLE			MO.	DAY	YEAR	Amount
			11	26	07	\$ 57.00
Mailing Address 235 S. FRIE ST.			Description of Expenditure POLITICAL AID			
City MERCER	State PA.	Zip Code (Plus 4) 16137 -				
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
 \$ 121.45

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>BILL ROMINE</u>	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						

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

PAGE TOTAL

\$ 0