

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		Report		1.		2.		3.	
Number: ▶ 26-1094125		Filed By: ▶		CANDIDATE		COMMITTEE		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: CITIZENS OF SHARON FOR HOME RULE									
Street Address: 269 NORRIS STREET									
City: SHARON				State: PA		Zip Code: 16146			
TYPE/CYCLE OF REPORT	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	4. AMENDMENT REPORT	5. YES	6. NO			
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	7. TERMINATION REPORT	8. YES	9. NO			
	7. ANNUAL REPORT	8. YEAR	9. FILING METHOD	10. PAPER	11. ✓	12. DELETE			
Place x to the right of report type/cycle			PLEASE CHECK ONE ▶						
Name of Office Sought by Candidate:				DATE OF ELECTION 11 / 06 / 07 Month Day Year		District Number		Office Code	
						Party Code		County Code	
Summary of Receipts and Expenditures: ▶		FROM: 10 / 23 / 07 TO: 11 / 26 / 07 mo. day year mo. day year				1. (See Instructions for Codes)			
A. Amount Brought Forward From Last Report		\$ 2,122.69				FOR OFFICE USE ONLY 2001 DEC - 6 P 3:22 MERCER COUNTY REGISTRATION AND ELECTION COMMISSION			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 1,330.00							
C. Total Funds Available (Sum of Lines A and B)		\$ 3,452.69							
D. Total Expenditures (From Schedule III)		\$ 2,864.98							
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 587.71							
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 948.02							
G. Unpaid Debts and Obligations (From Schedule IV)		\$ - 0 -							

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

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Name of Filing Committee or Candidate CITIZENS OF SHARON FOR HOME RULE	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)	\$ 155.00

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)	\$ 1,175.00
TOTAL for the Reporting Period (2)	\$ 1,175.00

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.)	\$ 1,330.00
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\$50.01 TO \$250.00

DSEB-502 (7-99)

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.)

Name of Filing Committee or Candidate				Reporting Period			
CITIZENS OF SHARON FOR HOME RULE				From 10-23-07 To 11-26-07			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
DAVID G. UHALIE				10	22	07	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
214 DOUGHERTY AVENUE							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
SHARON		PA	16146-				\$
Full Name of Contributor				MO.	DAY	YEAR	
JOHN C. EVANS				10	30	07	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
269 NORRIS AVENUE							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
SHARON		PA	16146-				\$
Full Name of Contributor				MO.	DAY	YEAR	
ROBERT LARK				10	17	07	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
3 GARFIELD STREET							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
WEST MIDDLESEX		PA	16159-				\$
Full Name of Contributor				MO.	DAY	YEAR	
FRANK C. MINDICINO				10	30	07	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
1315 YAHRES ROAD							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
SHARON		PA	16146-				\$
Full Name of Contributor				MO.	DAY	YEAR	
RICHARD W. WALLACE				10	29	07	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
312 EUCLID AVENUE							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
SHARON		PA	16146-				\$
Full Name of Contributor				MO.	DAY	YEAR	
ROBERT E. WILSON				10	30	07	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
1293 YAHRES ROAD							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
SHARON		PA	16146-				\$
Full Name of Contributor				MO.	DAY	YEAR	
ROBERT J. MEANS				11	1	07	\$ 150.00
Mailing Address				MO.	DAY	YEAR	
334 FORKER BLVD.							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
SHARON		PA	16146-				\$
Full Name of Contributor				MO.	DAY	YEAR	
HERSH EXTERMINATING SERVICE, INC				10	31	07	\$ 125.00
Mailing Address				MO.	DAY	YEAR	
1770 EAST STATE STREET							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
HERMITAGE		PA	16148-				\$
PAGE TOTAL							\$ 875.00

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

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.)

Name of Filing Committee or Candidate		Reporting Period	
CITIZENS OF SHARON FOR HOME RULE		From 10-23-07 To 11-26-07	

			DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	
KAPITAL REALTY LP	10	29	07	\$ 100.00
Mailing Address	MO.	DAY	YEAR	\$
1001 HIGHLAND ROAD				\$
City	MO.	DAY	YEAR	\$
SHARON				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
16146 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
DAVID F. GEORGE	11	1	07	\$ 100.00
Mailing Address	MO.	DAY	YEAR	\$
1244 YAHRES ROAD				\$
City	MO.	DAY	YEAR	\$
SHARON				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
16146 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
JOY CONE	11	1	07	\$ 100.00
Mailing Address	MO.	DAY	YEAR	\$
3435 LAMOR ROAD				\$
City	MO.	DAY	YEAR	\$
HERMITAGE				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
16148 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
				\$
City	MO.	DAY	YEAR	\$
				\$
State	MO.	DAY	YEAR	\$
				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
-				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
				\$
City	MO.	DAY	YEAR	\$
				\$
State	MO.	DAY	YEAR	\$
				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
-				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
				\$
City	MO.	DAY	YEAR	\$
				\$
State	MO.	DAY	YEAR	\$
				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
-				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
				\$
City	MO.	DAY	YEAR	\$
				\$
State	MO.	DAY	YEAR	\$
				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
-				\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL
	\$ 300.00

\$ 1,175.00 TOTAL

PART C

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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 CITIZENS OF SHARON FOR HOME RULE				Reporting Period From 10-23-07 To 11-26-07		
--	--	--	--	---	--	--

				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 -
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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 CITIZENS OF SHARON FOR HOME RULE	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							
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**

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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 CITIZENS OF SHARON FOR HOME RULE	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 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 CITIZENS OF SHARON FOR HOME RULE	Reporting Period From 10-23-07 To 11-26-07
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTORTOTAL 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) \$ **628.02****3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)**TOTAL for the Reporting Period (3) \$ **320.00**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.)\$ **948.02**

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

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Name of Filing Committee or Candidate CITIZENS OF SHARON FOR HOME RULE	Reporting Period From 10-23-07 To 11-26-07
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
WILLIAM B. MCCONNELL, JR.	10	12	07				\$ 92.65
Mailing Address 1312 YAHRES ROAD	10	30	07				\$ 120.00
City SHARON	PA	16146 -		MO.	DAY	YEAR	\$
Description of Contribution: POSTAGE (PREVIOUSLY LISTED AS UNPAID DEBT) + T-SHIRTS							
MARILYNN MOSS	11	26	07				\$ 123.41
Mailing Address 499 RICHMOND DRIVE	MO.	DAY	YEAR				\$
City SHARON	PA	16146 -		MO.	DAY	YEAR	\$
Description of Contribution: POSTAGE							
DAVID GEORGE	11	26	07				\$ 127.08
Mailing Address 1244 YAHRES ROAD	MO.	DAY	YEAR				\$
City SHARON	PA	16146 -		MO.	DAY	YEAR	\$
Description of Contribution: PAPER							
JOY CONE	11	26	07				\$ 164.88
Mailing Address 3435 LAMOR ROAD	MO.	DAY	YEAR				\$
City HERMITAGE	PA	16148 -		MO.	DAY	YEAR	\$
Description of Contribution: PRINTING							
	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
Description of Contribution:							
	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
Description of Contribution:							

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

PAGE TOTAL
\$ 628.02

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

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Name of Filing Committee or Candidate CITIZENS OF SHARON FOR HOME RULE	Reporting Period From 10-23-07 To 11-26-07
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				DATE			AMOUNT
Full Name of Contributor BRIAN PATT				MO.	DAY	YEAR	\$ 320.00
Mailing Address 1120 HIGHLAND ROAD				MO.	DAY	YEAR	\$
City SHARON	State PA	Zip Code (Plus 4) 16146-		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution HOSTING WEB PAGE DESIGN, LAYOUT.			
Full Name of Contributor				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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 \$ 320.00

SCHEDULE III
STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate CITIZENS OF SHARON FOR HOME RULE	Reporting Period From 10-23-07 To 11-26-07
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To Whom Paid THE HERALD			MO. 10 DAY 27 YEAR 07	Amount \$ 2609.25		
Mailing Address 52 S. DOCK STREET			Description of Expenditure ADVERTISEMENTS			
City SHARON	State PA	Zip Code (Plus 4) 16146				
To Whom Paid MCCONNELL COLLABORATIVE MEDIA			MO. 11 DAY 25 YEAR 07	Amount \$ 255.73		
Mailing Address 5071 EAST STATE STREET			Description of Expenditure			
City HERMITAGE	State PA	Zip Code (Plus 4) 16148				
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
\$2864.98

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 CITIZENS OF SHARON FOR HOME RULE	Reporting Period From 10-23-07 To 11-26-07
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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 -