### CAMPAIGN FINANCE REPORT

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

	-Instructio	ns on reverse-					
	Report	CANDIDA	1.	COMMILI	2.		3.
<b>24</b> 103 11 <b>2</b>	Filed By:		in the second		Y	LOBBYT	d
Name of Filing Committee, Candidate or Lobbyist: CITIZENS OF	SHARON	FOR	HOME	RULE			
Street Address:				71000			
269 NORRIS STR	EEI	State: O A		Zip Code:			
SHABON	**************************************	PA		2 ap code.	6146	_	
TYPE/CYCLE OF REPORT  RE-PRIMARY  1. 2 TRIDAY  RE-PRIMARY	2.	30 PAY		AMENDMENT I		200	
67 TIEEBAY 4. 22° THIDAY PRE-ELECTION	5.	POST EFFCTION	6.	TERMINATION.		NO	
Place x to the ANNUAL 7.		FILING MEDIOD				100	Ki
right of report type/cycle YEAR		PLEASE CHEAL	NE 🕨	PAPER .	/ DISK	正 3	
Name of Office Sought by Candidate:		DATEOFE	VIDE THOSE	District		September 1879	
Name of Office Sought by Candidate.				District Number	Office Code	Party Code	County Code
		Month Da	6/07 y Year				
Summary of Receipts	23/07	70 11	21.07		1 (Sec Inst	uctions for	Codesi <del>f</del> :
and Expenditures:	day year		<b>26</b> / <b>07</b> day year		100 A		
				L FOI	OFFICE	USE ON	Υ
A. Amount Brought Forward From Last Report	<sup>s</sup> 2.1	22.69					TT)
B. Total Monetary Contributions and Receipts (From Schedule I)	5.	30.00				7007	LEREM M
C. Total Funds Available (Sum of Lines A and B)	\$ 3.	152.60	}			930	GIS ERC
D. Total Expenditures (From Schedule III)	s 2.	364 98	3			t	FRA N C
E. Ending Cash Balance (Subtract Line D from Line C)	\$	587.7	(			<del>Б</del>	24 20 20 20 20 20 20 20 20 20 20 20 20 20
F. Value of In-Kind Contributions Received (From Schedule II)	D.	948.0	1			U	NAN
G. Unpaid Debts and Obligations (From Schedule IV)		010.0	٨			بب م	50
S. Superior South and Companions (Cross Southand L.)		-0-				2	Z

#### SCHEDULE I

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate	Reporting Peri	iod	
CITIZENS OF SHARON FOR HUME RULE	From <u>10</u>	-23-07 T	11-26-07
· _			
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR	
TOTAL for the Reporting Period	d (1)	\$ 155	.00
			Anthrope Committee (Committee Committee Commit
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	в)		M. illas tar
Contributions Received from Political Committees (Part A)		\$ -0	_
All Other Contributions (Part B)		\$ 1,1	75.00
TOTAL for the Reporting Period	d (2)	\$ 1.1	75.00
		at the same of the	A COLOR SERVICE CONTRACTOR OF THE SERVICE SERV
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	AS IT A CONTRACTOR		
Contributions Received from Political Committees (Part C)		\$ - 0	) —
All Other Contributions (Part D)		\$ - <	) <b>–</b>
TOTAL for the Reporting Period	d (3)	\$ - (	o —
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ETC	C. (FROM P	ART E
TOTAL for the Reporting Period	d (4)	\$ - 6	) ~
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		\$ 1,33	30.00

Cover Page, Item B.)

#### 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	CITIZENS OF SHARON FOR HOME RULE From 10-23-						
JUNEAU OF CHERNIE		DATE		AMOUNT			
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			Mo	DAY	YEAR		
	State	Zip Code (Plus 4)				\$	
City	State	21p Code (Fids 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	and the second		MO.	DAY	YEAR		
Mailing Address				Chicae		\$	
Matting Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR		
					el de la companya de	\$	
Full Name of Contributing Committee			MU.	DAY	YEAR	\$	
Mailing Address			MO	DAY	YEAR	\$	
	State	Zip Code (Plus 4)	15.00	Domination of the second		3	
City	Grate	21p Code 11 103 47	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	STAN SOMETIME		MO.	DAY.	YEAR		
No.: 12 and A.			10000000			\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MOL.	DAY	YEAR		
	STATE OF THE PARTY			-		\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
	State	Zip Code (Plus 4)	<u> </u>		COLUMN CONTRACTOR CO.	\$	
City .	State	Zip code (Fids 4)	MQ.	DAY	YEAR	\$	
Full Name of Contributing Committee	200000000000000000000000000000000000000		MO.	DAY	YEAR		
Mailing Address			100100000000000000000000000000000000000	va lar		\$	
Merring Address			MO:	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	TYEAR		
				E PANIS COL		\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO	DAY	YEAR		
	Ctata	Tip Code (Div. 4)	A CONTRACTOR INC.	and the first of the		\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	England Trans		MQ.	DAY	YEAR -		
Mailing Address			. MO:	DAY	(A) Vinze	\$	
marring Advicess			e mon	L. DAT	YEAR	\$	
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR"		
	CONTRACTOR CO.			Market Street		\$	
PAGE TOTAL Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							
		•				\$ <b>-</b> 0-	

## PART B **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	DESCRIPTION OF THE PARTY OF THE			Reporting	Period		
CITIZENS OF SHARON FO	R	HOME RULE		From 1	0 -23	-07	To 11-26-07
				DATE			AMOUNT
DAVID G. UHALIE			MO.	DAY 22	YEAR O 7	\$	100.00
Mailing Address	VEN	) u E	MO.	DAY	YEAR	\$	
SHARON	State	Zip Code (Plus 4)	MD.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	BUNDAN	
JOHN C. EVANS			NO.	30 DAY	07	\$	100. <sup>™</sup>
269 NORRIS AVENU	ιE		M.U.	DAY	YEAR	\$	
SHARON	PA	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor			MO.	- DAY	YEAR	\$	100 00
KOBERT LARK			10 MO.	17	07	*	100.00
3 GARFIELD STREET	T   State				YEAR	\$	
WEST MIDDLESEX	PA	Zip Code (Plus 4)	MD.	DAY	YEAR	\$	
Full Name of Contributor	۸۵	and the Case of the State State of the Case of the Cas	MO.	30	YEAR	\$	100 00
Mailing Address			MO.	DAY	YEAR	\$	100.00
1315 YAHRES BOAT	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Ψ	
SHARON	PA	16146		1		\$	
Full Name of Contributor  R) CHARD W. WALLA Mailing Address	CE		10	29	O 7	\$	100.00
Mailing Address 312 EUCLID AVEN			WO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_	
A CONTRACTOR OF A STREET OF THE RESIDENCE AND A STREET OF A STREET	PA	16146-	-			\$	
ROBERT E. WILSON Meiling Address			MD.	30	YEAR O7	\$	100.00
Meiling Address 1293 YAHRES ROA	$\sigma$		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	2	
SHARON Full Name of Contributor		16146-	MO.	DAY	YEAR	-	
ROBERT J MEANS			11	1	07	\$	150.00
334 FORKER BLV	<b>D</b> .		MO.	DAY	YEAR	\$	
SHARON	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor			MO.	31	PAR	\$	125 00
waiting Address	_	_	MD.	DAY	YEAR	\$	125.00
City	State	EET Zip Code (Plus 4)	MO.	DAY.	YEAR	4	
HERMITAGE	PA	16148-	and North Bullions	**************************************		\$	
Enter Grand Total of Part B on Sched	ula I	Detailed Cummers	Da	Cartin		PAG #	E TOTAL  One oo
Enter Gland Total Of Fall B Oil Sciled	uie I,	Detailed Summary	rage,	Section	1 ∠.	Ъ	040

## PART B 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			R	eporting	Period		
CITIZENS OF SHARON FOR HUME RULE			From 10-23-07 To 11-26-0				
				DATE	V/21/4/10/11/23		AMOUNT
KAPITAL REALTY LP			мо. 10	DAY 29	o 7	\$	100.00
Mailing Address 1001 HIGHLAND ROAD			MO.	DAY	YEAR	\$	
SHARON	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor	CONTRACT.	THE PROPERTY OF THE PROPERTY O	MO.	DAY	YEAR	\$	
PAULD F. GEORGE			MO.	DAY	O 7	*	100.00
1244 YAHRES ROAT	>					\$	
SHARON	State.	Zip Code (Plus 4) 16146 -	MD.	DAY	YEAR	\$	
Full Name of Contributor		3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	MO	DAY	YEAR	\$	100
Mailing Address		Address of the second s	MO	DAY	O7 YEAR		100.00
3435 LAMOR ROAD	State	Zip Code (Plus 4)	· MD.	DAY	YEAR	\$	
HERM ITAGE	PA	16148-	MU.	DATE:	TEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MD.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO. 8	DAY	YEAR	\$	
Full Name of Contributor			MD.	DAY	YEAR	E-territorio	
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) -	MO	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	adamantal di Godinini Andrika yang kadasa di Kangarana da bang dana mengan
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	\$	-
Full Name of Contributor	Accessed to the second		MO.	DAY	YEAR	W. 100	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MÓ.	DAY	YEAR	\$	
			A STATE OF THE PARTY OF THE PAR	and the second		\$	and the state of t
Full Name of Contributor			, MO.	DAY	RABY	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
			unitary of the second	lever		PAG	GE TOTAL
Enter Grand Total of Part B on Sched	lule I,	Detailed Summary	/ Page,	Section	າ 2.	\$	300. <sup>∞</sup>

#### 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				eporting	Period	
CITIZENS OF SHARON	6-07 To 11-26-07					
DAYS NATIONAL TROUBLE PARTY FOR THE PARTY NATIONAL PROPERTY OF THE PARTY NATIONAL PROPERTY NATIONAL PR				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	
	200000000000000000000000000000000000000				AND THE PERSON SERVICES	\$
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) 	мо.	DAY	YEAR.	\$
Full Name of Contributing Committee	NCT-MELLINE LOSS		MO.	DAY	YEAR	
-						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	МО.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
					65961 C250 S280	\$
City	State	Zip Code (Plus 4) —	MD.	DAY	YEAR.	\$
Full Name of Contributing Committee	e medetti fragus Porca		Mo.	DAY	YEAR	\$
Mailing Address			MO:-	DAY	YEAR	\$
Сіту	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	Acres Allers		MO.	DAY	YEAR	
Mailing Address			MO.	DAY .		\$
City	State 1	Tip Code (Clue A)			RABY	\$
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	\$
			And a second section of the property of the second			PAGE TOTAL
Enter Grand Total of Part C on School	lule I,	Detailed Summary	Page,	Section	າ 3.	\$ -0-
OSEB-502 (7-99)						The state of the s

## ALL OTHER CONTRIBUTIONS

PAGE 7 OF 13

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.)

CITIZENS OF SHARON FOR	P HOUS RIVE	From 10	-23-07 To	11-26-07
CHIELNS OF CHARAN FU		DATE		MOUNT
Full Name of Contributor	Augustus -	MO. DAY	the second second second	
Mailing Address			\$	
City	State Zip Code (Plus 4)	MO. DAY	YEAR \$	
Employer Name	harmon and the second s	Occupation		-
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor		MO. DAY	YEAR \$	
Mailing Address	<u>annon managan annon managan annon an airmean ann an Adhara an Annon an Annon an Annon an Annon an Annon an An</u>	MO. DAY	YEAR \$	
City	State Zip Code (Plus 4)	MO. DAY	YEAR \$	
Employer Name	I I	Occupation		
Employer Mailing Address/Principal Place of Business	All the second s			
Full Name of Contributor		MO. DAY	YEAR	
Puli Marile di Contributor			\$	
Mailing Address		MO. DAY	\$	
City	State Zip Gode (Plus 4)	MO, DAY	YFAR \$	
Employer Name		Occupation		
Employer Mailing Address/Principal Place of Business			PANE	
Full Name of Contributor		MO, DAY	YEAR	
		MO. DAY	\$ YEAR	
Mailing Address			\$	
City	State Zip Code (Plus 4)	MO. DAY	\$	,
Employer Name		Occupation		
Employer Mailing Address/Principal Place of Business				Acceptable of the second secon
Full Name of Contributor		MO, DAY	YEAR \$	من المنظمة الم المنظمة المنظمة
Mailing Address		MO: DAY	\$	
City	State Zip Code (Plus 4)	MC. DAY	YEAR \$	
Employer Name		Occupation		
Employer Mailing Address/Principal Place of Business		1		
			PAGE TO	TAL
Enter Grand Total of Part D on Sched	dule I, Detailed Summary	/ Page, Section	1 3.	•

DSEB-502 (7-99)

## 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				porting l		
CITIZENS OF SHARON FO	R	HOME RULE	F	rom 1	0-23	5-07 To 11-26-07
Full Name	220000		Section State of the Section of the Section of the Section Sec	AC STRAIGHT STRAIGHT	S20/1	and the second s
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	•					
Full Name				THE STATE OF THE S	A CONTRACTOR A	10 C
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	11					With House, Marian Constant Constant
Full Name				.u-zoki aniverio		
Mailing Address	Victoria - Austria					
City	State	Zip Code (Plus 4)	- Mo.	DAY	YEAR	Amount \$
Receipt Description			1			4
Full Name			10.187 No. 07 (10.27 Card of	e company and the second		Marie Company of the marie of the second of
Mailing Address	*****					
City	State	Zip Code (Plus 4)	MG.	DAY	YEAR	Amount \$
Receipt Description						
Full Name	(classes of the			and the state of t	Office of the second	
Mailing Address						
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	Amount \$
Receipt Description	J					
Full Name						
Mailing Address						**
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description						<b>!</b> \$
			MANAGERY SIM ASMAN	and the same of	16711122112	PAGE TOTAL
Enter Grand Total of Part E on Sched	dule I,	Detailed Summary	Page, S	Section	ղ 4.	\$ -0-

# SCHEDULE II PAGE 9 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	Reporting Period
CITIZENS OF SHARON FUR HOME RULE	From 10-23-07 To 11-26-07
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the Reporting Period	od (1) \$ - O -
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM PART F)
TOTAL for the Reporting Perio	od (2) \$ 628.02
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G)
TOTAL for the Reporting Perio	od (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

SHARON  Description of Contribution:  POSTAGE (PREVIOUSLY LISTED AS UNPAID DEBT) + T. SHIRTS  Full Name of Contributor  MARILYNN MOSS  Mailing Address  499 RICHMOND DRIVE  City  SHARON  Description of Contribution:  POSTAGE  Full Name of Contribution:  POSTAGE  MO. DAY YEAR \$  11 26 07 \$ 123.41  MO. DAY YEAR \$  SHARON  DESCRIPTION OF CONTRIBUTION:  POSTAGE  Full Name of Contributor  DAVID GEORGE  Mailing Address  11 26 07 \$ 127.08  MO. DAY YEAR \$  11 26 07 \$ 127.08  MO. DAY YEAR \$  STATE STORM STATE	Name of Filing Committee or Candidate		Reporting Period	
	CITIZENS OF SHARON FO	R HOME RULE	From 10-23	3-07 To 11-26-07
NILLIAM G. MCCONNELL, JR.   10   12   07   37.65     1312	and the second s		DATE	AMOUNT
WEITING AGREEM  1312 YAHRES ROAD  STATE ZIP Code (Plus 4) MC: DAY VEAR \$  120.00  STATE STATE (PREVIOUSLY LISTED AS UNPAID DEBT) + T. SHIRTS  WILLIAMS of Contribution  MRILLYNN MOSS  499 RICHMOND DRIVE  STATE ZIP Code (Plus 4) MO: DAY VEAR \$  STATE ZIP Code (Plus 4) MO: DAY VEAR \$  SHARON  PA (6146 - WEITING AGREEMENT OF CONTRIBUTION OF THE PAIR OF THE	Full Name of Contributor			\$ 9265
1312		ELL, JR		
SHARON PA 16146 - PA 16146 - POSTAGE (REVIOUSLY LISTED AS UNPAIN DEBT) + T. SHIRTS PUT Name of Contribution  MARILYANN MOSS  499 RICHMOND DRIVE GITY SHARON PA 16146 - DESCRIPTION OF CONTRIBUTION  PA 16146 -  DESCRIPTION OF CONTRIBUTION  POSTAGE FULL Name of CONTRIBUTION  PA 16146 -  DESCRIPTION OF CONTRIBUTION  PA 16146 -  DESCRIPTION OF CONTRIBUTION  PA 16146 -  STARON  DESCRIPTION OF CONTRIBUTION  PA 16148 -  DESCRIPTION OF CONTRIBUTION  PA 16148 -  DESCRIPTION OF CONTRIBUTION  PA 16148 -  DESCRIPTION OF CONTRIBUTION  MG. DAY START  \$  MG. DAY START				\$ 120.00
Description of Contribution  POSTAGE (PREVIOUSLY LISTED AS UNPAID DEBT) + T. S.H.RTS  Full Name of Contributor  MARILLYNN MOSS  MILEYON MOSS	City	1	MO: DAY YEAR	\$
POSTAGE (PREVIOUSLY LISTED AS UNPAID DEBT) + T.S.H.RTS  WARK LYNN MOSS  HAPPON MOSS  HAPPON DRIVE  CITY  PARON PA 16146 -  State Zio Code (Plus 4)  PA 16146 -  STATE SION MOS DAY VEAR  SUBJECT SION MOS DAY VEAR	SHARON	PA 16146-		
MARTILYAN MOSS  MAINING Address  H99 RICHMOND DRIVE  STATE  LY9 CODE (Plus 4)  PA (G146 - MO. DAY VEAR \$  \$ 123.41  26 07 \$ \$ 123.41  MO. DAY VEAR \$  STATE  LY CODE (Plus 4)  PA (G146 - MO. DAY VEAR \$  STATE  POST AS E  FULL HAMD OF CONTINUATION  PARCH 12 24 YAHRES ROAD  CITY  STATE  LY HY AHRES ROAD  CITY  STATE  LY HAMD OF CONTINUATION  PAPER  FULL HAMD OF CONTINUATION  FULL HAMD OF CONTINUATION  MO. DAY VEAR \$  \$ 164.88  MO. DAY VEAR  \$ 164.88  PAGE TOTAL	POSTAGE (PREVIOUSLY LISTED AS UN	JPAID DEBT ) + T.SH	IRTS	
Milling Address  499 RICHMOND DRIVE GITY State Zip Code (Plus 4) PA (G146	Full Name of Contributor	the state of the second se	MO. DAY YEAR	6 10 2 11 1
## State   Zip Code (Plus 4)   NO. DAY   YEAR    State   Zip Code (Plus 4)   NO. DAY   YEAR    State   Zip Code (Plus 4)   NO. DAY   YEAR    Full Name of Contributor   NO. DAY   YEAR    State   Zip Code (Plus 4)   MO. DAY   YEAR    State   Zip Code (Plus 4)   MO. DAY   YEAR    STATE   YEAR   YEAR				14.621
State Space (Plus 4) NO. DAY YEAR \$  Description of Contributor.  POST AGE  Full Name of Contributor.  Description of Contributor.  PAPER  Full Name of Contributor.  Full Name of Contributor.  PAPER  Full Name of Contributor.  Full Name of Contributor.  PAPER  Full Name of Contributor.  Full Name of Contributor.  PAPER  Full Name of Contributor.  State Zip Code (Plus 4) NO. DAY YEAR \$  Mailing Address  Mo. DAY YEAR \$  State Zip Code (Plus 4) NO. DAY YEAR S  State Zip Code (Plus 4) NO. DAY YEAR S  State Zip Code (Plu		<b>.</b>	MU. DAT TEAR	\$
Description of Contributor  Post ASE Full Name of Contributor  DANID GEORGE  Mailing Address  State  PAPER  Full Name of Contributor  State  PAPER  Full Name of Contributor  PAPER  Full Name of Contributor  State  PAPER  Full Name of Contributor  PAPER  Full Name of Contributor  State  PAPER  Full Name of Contributor  State  PAPER  Full Name of Contributor  MG. DAY YEAR S  MG. DAY YEAR S  STATE  STATE  Full Name of Contributor  MG. DAY YEAR S  MG. DAY YEAR S  MG. DAY YEAR S  MG. DAY YEAR S  State  St	City DICHMOND DAI	State Zip Code (Plus 4)	MO. DAY YEAR	<b>f</b>
POSTAGE FULL Name of Contributor  DANID GEORGE  11 26 07 \$ 127.08  MILLING Address  12 44 YAHRES ROAD  City SHARON PA 16146 -  Description of Contribution  PAPER Full Name of Contributor  Aling Address  3435 LAMOR ROAD  City HERMITAGE PA 16148 -  Description of Contributor  PAPER Full Name of Contributor  PAPER Full Name of Contributor  State PA 16148 -  Description of Contributor  PAPER Full Name of Contributor  State PA 16148 -  Description of Contributor  PAPER Full Name of Contributor  Full Name of Contributor  State  State  Zip Code (Plus 4)  MO DAY YEAR  MO DAY YEAR  MO DAY YEAR  S  Mailing Address  MO DAY YEAR  S  Mailing Address  MO DAY YEAR  S  Mailing Address  MO DAY YEAR  S  Moiling Address  MO DAY YEAR  S  Description of Contributor  MO DAY YEAR  S  PAGE TOTAL	SHARON	PA 16146 -		*
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## SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

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## SCHEDULE III

## STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate		_	ļ	Reporting Period	
CITIZENS OF SHARON FO	OR F	TONE RULE	:	From 10-23	-07 To 11-26-07
	WAR CONTRACTOR	NAME OF THE OWNER OWNER OF THE OWNER OWNE	1 1/4550	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Control of the Control of the Section of the Control of the Contro
To Whom Paid	ASSESSMENT OF THE PARTY OF THE	CONTRACTOR OF THE PARTY OF THE	MO.	DAY YEAR	Amount
THE HERALD			10	27 07	\$ 2609.25
Mailing Address			Descrip	otion of Expenditure	
52 S. DOCK STREET			LA	DVERTISEMI	ENTS
City	State	Zip Code (Plus 4)			
SHARON	PA	16146			
MCCONNELL COLLABORATI		1.	MQ:	DAY YEAR	Amount \$ 255.73
MCCONNELL COLLABORATI	VE_	MEDIA	11	25 07	\$ 255.73
Mailing Address			Descrip	otion of Expenditure	
5071 EAST STATE STREET	State	Zip Code (Plus 4)	ļ		
City		· · · · · · ·			
	PA	16148	CHILDREN.	ALCOHOL: SERVICE	
To Whom Paid			MOS	DAY YEAR	Amount \$
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PAGE 130F 13

## 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 Period					
CITIZENS OF SHARON F	FOR HOME RULE From 10-23			0-23	-07 To 11-26-07
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			POPEN STANDARD POPENSÁ A TAME	- And State Baseline	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor		OETO VIOLENCE VARI		WIND STATE OF THE PARTY OF THE	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt				~·····	
Name of Creditor				***************************************	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	1 \$
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Description of Debt					
Name of Creditor					Outstanding Balance of Debt
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Name of Creditor		00.41.41.000.000		PLETY HOSPITURE	Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	1 \$
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		1			
			Andrew Comment Co.		PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					\$-0-