

Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF

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

Filer Identification		Report Filed By:	CANDI	DATE	1.	COMM	TIEE -	2. X	LOBBY	ST 3.
	ittee, Candidate or Lobbyist:	- ~~ ~								-
Street Address:	THEE TO ELECT JAMES (2000M IN	<u>J</u>					-		
311	CASE AVE									
City: SHA	RON		State: (-	A A		Zip Cod			- 34 2	્લ
TYPE OF REPORT	PRE-PRIMARY PRE-PRIMARY	COLUMN TAXABLE	30 DAY POST PRIM		3.	AMENDA REPORTA		YES	1	10
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the right of report type	ANNUAL 7. YEAR		FILING MET			PARE	H'		DISKET	TE
Name of Office Sough	INTY DISTRICT ATTORNES	1	MO. DAY	Y	AR	District Number	Office Code OTH (SEE IN		REP	Code V3 R CODES
Summary of Reand Expenditur	eceipts	EAR 207 To	MO. DAY		07	F	OR OF	FICE	USE ON	Yes
A. Amount Brought	Forward From Last Report	\$	3,898	; · C	7					
B. Total Monetary	Contributions and Receipts (From Sch	edule I) \$	9,738					2	<u></u>	
C. Total Funds Available (Sum of Lines A and B)			\$ 13 636 71					(20)	REG LEC	
D. Total Expenditures (From Schedule III)			13,63(5.7	1			33	= 70	∞
E. Ending Cash Ball	ance (Subtract Line D from Line C)	\$		9.0				6	STRAT	~
F. Value of In-Kind Contributions Received (From Schedule II)			(0,0	0	NOO!				
G. Unpaid Debts an	d Obligations (From Schedule IV)	\$	(0.0	0			<u>~</u>	1ISS	Z

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
COMMITTER TO ELECT NAMES GOODWIN	From 10/22 9007 To 11/24/2007

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER	CONT	RIBUT	OR
TOTAL for the Reporting Period	(1)	\$	50.00

2. CONTRIBUTIONS \$80.01 TO \$250.00 (FROM PART A AND PART B)	V.	图
Contributions Received from Political Committees (Part A)	4	200.00
All Other Contributions (Part B)	\$	100.00
TOTAL for the Reporting Period	(2) \$	300.00

8. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	400,00
All Other Contributions (Part D)	\$	8,988.64
TOTAL for the Reporting Period	(3) \$	9,388,64

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	CKS, ETC	. (FRC	M PART E
TOTAL for the Reporting Period	(4)	\$	0,00

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.)	\$	9, 738, 64
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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.

Full Name of Contributing Committee	Committee to ELECT JAMES	Gan	DWIN		From 1		007 To 11 26 2007
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		- •	,	3	-,		2 300,00

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	
COMMITTEE TO ELECT JAMES GOODWIN	From 10 32 20	107 To 11/26/2007
	DATE	AMOUNT
Full Name of Contributor JOHN 6. JOHN 20N	MO. DAY YEAR	\$ 100.00
Mailing Address	MO. DAY YEAR	\$
105 S. PITT ST	MO. DAY YEAR	
MERCER PA 16137 -1211		\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	-
_	, tean	\$
Full Name of Contributor	MO. DAY YEAR	\$
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Mailing Address	MO. DAY YEAR	\$
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City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	4
Mailing Address		\$
	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. PAY YEAR	•
		\$ PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summar	y Page. Section 2	\$ 100.00
	,	

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	Reporting Period		
COMMITTER TO ELECT JAMES 60	MIMAG	From 10 22 20	17 To 11/26/2007
		DATE	AMOUNT
Full Name of Contributing Committee MERCER COUNTY REPUBLICAN COMM		MO. DAY YEAR	\$ 400.00
Mailing Address	17162	MO. DAY YEAR	100,00
558 CRESTVIEW DRIVE			\$
City State	Zip Code (Plus 4)	MO. DAY YEAR	\$
	1012.4 -		*
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEARS	ė.
			\$
City State	Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee		MO. DAY YEAR	
			\$
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City State	Zip Code (Plus 4)	MO. DAY YEAR	· ·
S.S.S.	-	MO. DAY TEAR	† \$
Full Name of Contributing Committee		MO. DAY YEAR	
			\$
Mailing Address		MO. DAY YEAR	\$
City State	Zip Code (Plus 4)	MO. DAY YEAR	3
	_		\$
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	-
•		MO. DAT TEAR	\$
City	Zip Code (Plus 4)	MO. DAY YEAR	4.
			1 \$
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	
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City	Zip Code (Plus 4)	MO. DAY YEAR	\$
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Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	
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			5
Mailing Address		MO. DAY YEAR	\$
City State	Zip Code (Plus 4)	MO. DAY YEAR	
	_	MO. DAT TEAM	\$
			PAGE TOTAL
Enter Grand Total of Part C on Schedule	l, Detailed Summar	y Page, Section 3.	\$ 400.00
DSEB-502 (7-99)		,	100.00

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.)

Name of Filing Committee or Candidate				Reporting P			
COMMITTEE TO ELECT JAME	23	GODWIN		From 10	22 5 0 C	<u>,7_</u>	To 11 36 2007
				DATE			AMOUNT
Full Name of Contributor JAMES & COUREN GOO	ima i	N	MO.	DAY 26	YEAR 9007	\$	6,000,00
Mailing Address 3il CASE AVE			MO.		YEAR ACC 7	\$	a, 80 a, 14
CITY SHARON	State PA	Zip Code (Plus 4) 16146 - 3429	MQ.	DAY	YEAR 2007	\$	186.50
Employer Name			Occupa	ition			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor		4	MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY :	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer Name			Occupa	l I		Ψ	
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			MO.	DAY	YEAR		
						\$	
Mailing Address			MC.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$	
Employer Name	 		Occup	ation			
Employer Mailing Address/Principal Place of Business	··· ·· ·· ·· · · · · · · · · · · · · ·						
Full Name of Contributor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer Name	L		Occup	ation			
Employer Mailing Address/Principal Place of Business			<u> </u>				NATURIAN KARIMINIA PERINDARA KARIMINIA KARIMINIA KARIMINIA KARIMINIA KARIMINIA KARIMINIA KARIMINIA KARIMINIA K
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Employer Name			Occup	ation	1		
Employer Mailing Address/Principal Place of Business			1				
							(= = 2, = 1, 1)

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 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 Comm	nittee or Candidate	į	*.*	Reporting Period	
COMMITTEE	to river	2 JAMAL	GOODWIN	From 10 22 20	07 To 11 26 2007
Full Name					
Mailing Address					
City		State	Zip Code (Plus 4)	MO. DAY YEAR	E Amount
City				MU.	\$
Receipt Description					
Full Name					
Mailing Address			:		
City		State	Zip Code (Plus 4)	MO. DAY YEAR	Amount \$
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Full Name					
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City		State	Zip Code (Plus 4)	MO. DAY YEAR	Amount \$
Receipt Description			ALIMANA MARIANTA MARI		13
Full Name					
Mailing Address			·		
City		State	Zip Code (Plus 4)	MO. DAY YEAR	
Receipt Description					\$
, , , , , , , , , , , , , , , , , , ,			ć.		
					PAGE TOTAL
Enter Grand Tot	al of Part E o	n Schedule I,	Detailed Summa	ary Page, Section 4.	\$ 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	Reporting Per	iod	
COMMITTEE TO ELECT JAMES GOODWIN	From 10/2	2 2007	To 11 36 207
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OK I	ESS P	ER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 FROM	/ PART	F)
TOTAL for the Reporting Period	d (2)	\$	0.00
			0,00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART C)	
TOTAL for the Reporting Period	d (3)	\$	G 001
TOTAL TOT the Reporting Ferror	(0)	۴	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS			
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,		\$	$\bigcirc \cdot \bigcirc 0$
and 3; also enter on Page 1, Report Cover Page, Item F.)			

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		<u> </u>		neporting Period	7 m 112 land 7
COMMITTEE TO ELECT VAN	タデン	Gordmin		From WCE	7 To 1)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	\$
Employer of Contributor			Occup	ation	Становического при
Employer Mailing Address/Principal Place of Business		and a light to the second	Descri	ption of Contribution	
Full Name of Contributor			MO.	DAY YEAR	\$
Mailing Address	***************************************		MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY YEAR	\$
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Employer Mailing Address/Principal Place of Business			Descri	iption of Contribution	
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Full Name of Contributor			MO.	DAY YEAR	\$
Mailing Address			MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$
Employer of Contributor	*;		Occup	pation	
Employer Mailing Address/Principal Place of Business		j.	Descr	iption of Contribution	
			_		PAGE TOTAL
Enter Grand Total of Part G on School Summary Page, Section 3.	dule	II, In-Kind Contribu	itions	Detailed	\$ 0.00

DSEB-502 (7-99)

\$ 8,952.86

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT JAMES GOODWIN	From 10/22/7007 To 11/26/2007
TO WHOM PAID TASTEFULLY SIMPLE, INC.	MO. DAY YEAR Amount 10 24 3007 \$ 57.95
Mailing Address	DOOR PRIZE
ALEXYMORIA MN 56308-	
TO Whom Pald POST MASTER	10 26 2007 \$ 2,604.95
Mailing Address SHENANGO AVE	Description of Expenditure MAILERS
SHARON State Zip Code (Plus 4)	
To Whom Paid GRACE ANNA BOGGS Maillon Address	10 26 3007 \$ 3, 228, 09
Mailing Address 117 BROWN ROAD	Description of Expenditure ADVELTISING
STONEBURD State Zip Code (Pius 4) PA 16153 -9126	
TO WHOM Paid KEYSTONE BLIND ASSOCIATION	in 30 2007 \$ 50.00
Melling Address 1230 STAMBAUGH AVE	Description of Expenditure PUND RAISER TICKET
SHARON State Zip Code (Plus 4) PA 16146-	
TO WHOM PAID SHARON HERALD	MO. DAY YEAR Amount 499,50
Mailing Address 52 S. DOCK ST BOX 51	Description of Expenditure ADVERTISING
SHARON PA 16146 -	
TO WHOM POID SHOWANDO VALLEY CHAMBER OF COMMERCE	MO. DAY YEAR Amount \$ 60.00
Mailing Address 'I CHESTNUT ST	Description of Expenditure ANNUAL DINNER
SHARON State Zip Code (Plus 4) PA 16146 -	
SHARON COMMERCIAL PRINTING , MAILING	11 5 2007 \$ 31,383.83
Mailing Address 309 PENN AVE PO BOX 681	Description of Expenditure MAI LERS
SHARON PA 16146 -	
SHARON COMMERCIAL PRINTING + MAILING	MO. DAY YEAR Amount 68.54
Melling Address 309 PENN AVE PO BOX 681	Description of Expenditure HAND OUTS
SHARON State Zip Code (Plus 4)	
	PAGE TOTAL

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

SCHEDULE III

STATEMENT OF EXPENDITURES

Number of Filing Committee on Condition	
Name of Filing Committee or Candidate Commutate TO ELECT JAMES 6000WIN	Reporting Period From 10 22 2007 To (1 26 2007)
COMMITTEE TO ELECT JAMES GWDWIN	From 10 122 2007
	MO DAY YEAR Amount
TO WHOM PAID GRACE ANNA BOOGS	11 16 2007 \$ 4,164.14
Mailing Address 117 BROWN ROAD	Description of Expenditure ADVERTISING
City State Zip Code (Plus 4)	
STUNEBORO PA 16153 -9036	
LEE WAYNE CORPORATION	MO. DAY YEAR Amount 34.86
Mailing Address 1980 INDUSTRIAL DRIVE PO BOX 61081	Description of Expenditure SIGNS
STERLING State Zip Code (Plus 4)	
To Whom Paid	MO. DAY YEAR Amount
GRACE ANNA BOGGS Mailing Address	U AI 3007 \$ (86.50)
117 BROWN ROAD	Description of Expenditure
State Zip Code (Plus 4) STONEBORO PA 16153 -9024	
To Whom Paid	MO. DAY YEAR Amount
CAROL KAROL	11 21 3007 \$ 244.01
Meiling Address 452 FRANKLIN ST	Description of Expenditure REIMBURSEMENT - EXPENSES
City State Zip Code (Plus 4)	FOR FUND RAISER
SMAKPSVICLE PA 16150 -	MATERIAL DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE PROPER
SHARON CITY SCHOOL DISTRICT	11 21 2007 \$ 54.34
Mailing Address 11 29 E. STATE STREET	Description of Expenditure FUND RAISER
SHARON State Zip Code (Plus 4) PA 16146 -	SNAGUES
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
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City State Zip Code (Plus 4)	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	age, Item D. \$4,683.85

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	9		Reporting Period	
COMMITTEE TO ELECT	2 3MAV 7	GOOD WIN	From 10 22	2007 To 11 26 2007
Name of Creditor				Outstanding Balance of Debt
				\$
Mailing Address		DEBT	MO. DAY YEAR	
City		INCURRED St	ate Zip Code (Plus 4)	
Description of Debt				
Name of Creditor		•		Outstanding Balance of Debt
Mailing Address		DATE	MO. DAY VEAR	\$
		DEBT INCURRED		
City		St	ate Zip Code (Plus 4)	
Description of Debt				1770 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Creditor				Outstanding Balance of Debt
Mailing Address		DATE	MO. DAY YEAR	NORTH BUTCHERING
City		DEBT INCURRED		
City		St	tate Zip Code (Plus 4)	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
				\$
Mailing Address		DEBT	MO. DAY YEAR	
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City		St	tere Lip Code (Flas 4)	000000000000000000000000000000000000000
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Description of Debt		St	219 0000 (1725 4)	
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Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address		DATE DEBT INCURRED Se DATE DEBT INCURRED	MO. DAY YEAR tate Zip Code (Plus 4) MO. DAY YEAR	Substanding Balance of Debt
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Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	Debts on Page 1.	DATE DEBT INCURRED DATE DEBT INCURRED St	MO. DAY YEAR tate Zip Code (Plus 4) MO. DAY YEAR tate Zip Code (Plus 4)	Substanding Balance of Debt