

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

(COVER PAGE)

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

Filer Identification Number:			Report Filed By:			CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}				
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT JAMES GOODWIN														
Street Address: 311 CASE AVE														
City: SHARON						State: PA		Zip Code: 16146 - 3429						
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRE-PRIMARY		2.	30 DAY POST-PRIMARY		3.	AMENDMENT REPORT?		YES	NO	
	8TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY PRE-ELECTION		5.	30 DAY POST ELECTION		6. <input checked="" type="checkbox"/>	TERMINATION REPORT?		YES	NO	
	ANNUAL REPORT		7.	YEAR		FILING METHOD () CHECK ONE		PAPER		DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code		
MERCER COUNTY DISTRICT ATTORNEY						MO. DAY YEAR 11 6 2007				OTH	REP	43		
									(SEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:						MO. DAY YEAR 10 22 2007			To			MO. DAY YEAR 11 26 2007		
A. Amount Brought Forward From Last Report						\$ 3,898.07								
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ 9,738.64								
C. Total Funds Available (Sum of Lines A and B)						\$ 13,636.71								
D. Total Expenditures (From Schedule III)						\$ 13,636.71								
E. Ending Cash Balance (Subtract Line D from Line C)						\$ 0.00								
F. Value of In-Kind Contributions Received (From Schedule II)						\$ 0.00								
G. Unpaid Debts and Obligations (From Schedule IV)						\$ 0.00								
						FOR OFFICE USE ONLY <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2007 DEC - 6 P 2 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> MERCER COUNTY REGISTRATION AND ELECTION COMMISSION </div> </div>								

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF

13

Detailed Summary Page

Name of Filing Committee or Candidate COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 50.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 200.00
All Other Contributions (Part B)		\$ 100.00
TOTAL for the Reporting Period	(2)	\$ 300.00

3. 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 CHECKS, ETC. (FROM 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
--	-------------

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 COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							
FRIENDS OF DICK STEVENSON				10	30	2007	\$ 100.00
Mailing Address				MO.	DAY	YEAR	\$
10 WOODLAND CENTER DR							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
GROVE CITY	PA	16127 - 4678					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
PEOPLE TO ELECT BROOKS				11	1	2007	\$ 100.00
Mailing Address				MO.	DAY	YEAR	\$
4963 BUSH ROAD							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
JAMESTOWN	PA	16134 -					
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	\$
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

\$ 200.00

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 COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
---	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
JOHN G. JOHNSON	11	1	2007				\$ 100.00
Mailing Address	MO.	DAY	YEAR				\$
105 S. PITT ST							\$
City	MO.	DAY	YEAR				\$
MERCER							\$
State	MO.	DAY	YEAR				\$
PA							\$
Zip Code (Plus 4)	MO.	DAY	YEAR				\$
16137 -1211							\$
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				\$
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				\$

PAGE TOTAL
\$ 100.00

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

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 COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee MERCER COUNTY REPUBLICAN COMMITTEE				11	2	2007	\$ 400.00
Mailing Address 558 CRESTVIEW DRIVE				MO.	DAY	YEAR	\$
City TRANSFER	State PA	Zip Code (Plus 4) 16154 -		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	\$

PAGE TOTAL

\$ 400.00

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

PART D
ALL OTHER CONTRIBUTIONS

PAGE 6 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.)

Name of Filing Committee or Candidate COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
--	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
JAMES & COLLEEN GOODWIN	10	26	2007				\$ 6,000.00
Mailing Address 311 CASE AVE	MO.	DAY	YEAR				\$ 2,802.14
City SHARON	MO.	DAY	YEAR				\$ 186.50
State PA	Zip Code (Plus 4) 16146-3429		MO.	DAY	YEAR		
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)		MO.	DAY	YEAR		
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)		MO.	DAY	YEAR		
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)		MO.	DAY	YEAR		
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)		MO.	DAY	YEAR		
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
\$ 8,988.64

**PART E
OTHER RECEIPTS**

PAGE 7 OF 13

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 COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
--	---

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						

PAGE TOTAL
\$ <u>0.00</u>

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

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	Reporting Period
COMMITTEE TO ELECT JAMES GOODWIN	From <u>10/22/2007</u> To <u>11/26/2007</u>

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <u>0.00</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <u>0.00</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>0.00</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>0.00</u>
---	----------------

**SCHEDULE II
PART F**

PAGE 9 OF 13

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From <u>10/27/2007</u> To <u>11/26/2007</u>
--	---

			DATE			AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	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 \$ <u>0.00</u>

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

PAGE 10 OF 13

Name of Filing Committee or Candidate <u>COMMITTEE TO ELECT JAMES GOODWIN</u>	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)					\$
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 \$ 0.00
--

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
--	---

To Whom Paid C/O MAUREEN MILD TASTEFULLY SIMPLE, INC	MO. 10	DAY 24	YEAR 2007	Amount \$ 57.95
Mailing Address	Description of Expenditure DOOR PRIZE			
City ALEXANDRIA	State MN	Zip Code (Plus 4) 56308-		
To Whom Paid POSTMASTER	MO. 10	DAY 26	YEAR 2007	Amount \$ 2,604.95
Mailing Address SHENANGO AVE	Description of Expenditure MAILERS			
City SHARON	State PA	Zip Code (Plus 4) 16146 -		
To Whom Paid GRACE ANNA BOGGS	MO. 10	DAY 26	YEAR 2007	Amount \$ 3,228.09
Mailing Address 117 BROWN ROAD	Description of Expenditure ADVERTISING			
City STONEBORO	State PA	Zip Code (Plus 4) 16153-9026		
To Whom Paid KEYSTONE BLIND ASSOCIATION	MO. 10	DAY 30	YEAR 2007	Amount \$ 50.00
Mailing Address 1230 STAMBAUGH AVE	Description of Expenditure FUND RAISER TICKET			
City SHARON	State PA	Zip Code (Plus 4) 16146 -		
To Whom Paid SHARON HERALD	MO. 11	DAY 1	YEAR 2007	Amount \$ 499.50
Mailing Address 52 S. DOCK ST Box 51	Description of Expenditure ADVERTISING			
City SHARON	State PA	Zip Code (Plus 4) 16146 -		
To Whom Paid SHENANGO VALLEY CHAMBER OF COMMERCE	MO. 11	DAY 1	YEAR 2007	Amount \$ 60.00
Mailing Address 41 CHESTNUT ST	Description of Expenditure ANNUAL DINNER			
City SHARON	State PA	Zip Code (Plus 4) 16146 -		
To Whom Paid SHARON COMMERCIAL PRINTING & MAILING	MO. 11	DAY 5	YEAR 2007	Amount \$ 2,383.83
Mailing Address 309 PENN AVE PO BOX 681	Description of Expenditure MAILERS			
City SHARON	State PA	Zip Code (Plus 4) 16146 -		
To Whom Paid SHARON COMMERCIAL PRINTING & MAILING	MO. 11	DAY 5	YEAR 2007	Amount \$ 68.54
Mailing Address 309 PENN AVE PO BOX 681	Description of Expenditure HAND OUTS			
City SHARON	State PA	Zip Code (Plus 4) 16146 -		

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

PAGE TOTAL \$ 8,952.86

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
--	---

To Whom Paid GRACE ANNA BOGGS			MO. 11 DAY 16 YEAR 2007	Amount \$ 4,164.14		
Mailing Address 117 BROWN ROAD			Description of Expenditure ADVERTISING			
City STONEBORO	State PA	Zip Code (Plus 4) 16153 -9026				
To Whom Paid LEE WAYNE CORPORATION			MO. 11 DAY 16 YEAR 2007	Amount \$ 34.86		
Mailing Address 1980 INDUSTRIAL DRIVE PO BOX 61081			Description of Expenditure SIGNS			
City STERLING	State IL	Zip Code (Plus 4) 61081 -				
To Whom Paid GRACE ANNA BOGGS			MO. 11 DAY 21 YEAR 2007	Amount \$ 186.50		
Mailing Address 117 BROWN ROAD			Description of Expenditure			
City STONEBORO	State PA	Zip Code (Plus 4) 16153 -9026				
To Whom Paid CAROL KAROL			MO. 11 DAY 21 YEAR 2007	Amount \$ 244.01		
Mailing Address 452 FRANKLIN ST			Description of Expenditure REIMBURSEMENT - EXPENSES			
City SHARPSVILLE	State PA	Zip Code (Plus 4) 16150 -	FOR FUND RAISER			
To Whom Paid SHARON CITY SCHOOL DISTRICT			MO. 11 DAY 21 YEAR 2007	Amount \$ 54.34		
Mailing Address 1129 E. STATE STREET			Description of Expenditure FUND RAISER			
City SHARON	State PA	Zip Code (Plus 4) 16146 -	SUPPLIES			
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

\$ 4,683.85

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 COMMITTEE TO ELECT JAMES GOODWIN	Reporting Period From 10/22/2007 To 11/26/2007
---	---

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

\$ 0.00