

CAMPAIGN FINANCE REPORT

(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: <i>KEEP YOUR VOICE IN GOVERNMENT</i> | | | | | | | | | | | | | | | | | | |
| Street Address: <i>1256 SHARMAN AVE</i> | | | | | | | | | | | | | | | | | | |
| City: <i>SHARON</i> | | | | | | | | State: <i>PA</i> | | | Zip Code: <i>16146</i> | | | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 8TH 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 | <input checked="" type="checkbox"/> | NO | | | | |
| | ANNUAL REPORT | | 7. | YEAR | | | | FILING METHOD () CHECK ONE | | PAPER | | <input checked="" type="checkbox"/> | DISKETTE | | | | | |
| Name of Office Sought by Candidate | | | | | | | | DATE OF ELECTION | | | District Number | | Office Code | | Party Code | | County Code | |
| | | | | | | | | MO. DAY YEAR <i>11 6 2007</i> | | | | | | | | | | |
| | | | | | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | | | | | |
| Summary of Receipts and Expenditures from: | | | | | | | | MO. DAY YEAR <i>10 22 2007</i> | | | MO. DAY YEAR <i>11 26 2007</i> | | | FOR OFFICE USE ONLY MERCER COUNTY REGISTRATION AND ELECTION COMMISSION 001 DEC -41 A 8:51 | | | | |
| | | | | | | | | To | | | | | | | | | | |
| A. Amount Brought Forward From Last Report | | | | | | | | \$ | | | <i>0.00</i> | | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | | | | | \$ | | | <i>1120.20</i> | | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | | | | | \$ | | | <i>1120.20</i> | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | | \$ | | | <i>1120.20</i> | | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | | | | | \$ | | | <i>0.00</i> | | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | | | | | \$ | | | <i>0.00</i> | | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | | | | | \$ | | | <i>0.00</i> | | | | | | | |

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

| | |
|---|---|
| Name of Filing Committee or Candidate KEEP YOUR VOICE IN GOVERNMENT | Reporting Period From 10 22 07 To 11 26 07 |
|---|---|

| | |
|---|---------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ 580 |

| | |
|--|------------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | \$ 0.00 |
| All Other Contributions (Part B) | \$ 200.00 |
| TOTAL for the Reporting Period (2) | \$ 200.00 |

| | |
|--|------------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | \$ 0.00 |
| All Other Contributions (Part D) | \$ 340.20 |
| TOTAL for the Reporting Period (3) | \$ 340.20 |

| | |
|--|----------------|
| 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.) | \$ 1120.20 |
|--|-------------------|

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>KEEP YOUR VOICE IN GOVERNMENT</u> | Reporting Period From <u>10-22-07</u> To <u>11-26-07</u> |
|---|---|

| | | | | DATE | | | AMOUNT |
|-------------------------------------|-------|-------------------|--|------|-----|------|--------|
| | | | | MO. | DAY | YEAR | |
| Full Name of Contributing Committee | | | | | | | \$ |
| 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

\$ 0.00

\$50.01 TO \$250.00

(Exclude contributions from political committees reported in Part A.)

Reporting Period
From 10 22 07 To 11 26 07

| Full Name of Contributor | | | | MO. | DAY | YEAR | |
|--------------------------|-------|-------------------|--|-----|-----|------|-----------|
| Mailing Address | | | | MO. | DAY | YEAR | |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | |
| DIANE THOT | | | | 11 | 15 | 2007 | \$ 200.00 |
| 244 SERVICE AVE | | | | | | | \$ |
| SHARON | PA | 16146 - | | | | | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |

PAGE TOTAL
\$ 200.00

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 <u>KEEP YOUR VOICE IN GOVERNMENT</u> | Reporting Period From <u>10 22 07</u> To <u>11 26 07</u> |
|---|---|

| | | | | 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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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 KEEP YOUR VOICE IN BEVERLYHILLS | Reporting Period From 10 22 07 To 11 26 07 |
|---|---|

| | | | | DATE | | | AMOUNT |
|---|-----------------|----------------------------------|--|-------------------------|-----------|-----------|------------------|
| | | | | MO. | DAY | YEAR | |
| Full Name of Contributor Robert J Lucas | | | | 10 | 30 | 07 | \$ 40.00 |
| Mailing Address 1124 HALL AVE | | | | 11 | 15 | 07 | \$ 300.00 |
| City SHARON | State MA | Zip Code (Plus 4) 01614-6 | | 11 | 23 | 07 | \$.20 |
| Employer Name CITY OF SHARON | | | | Occupation MAYOR | | | |
| Employer Mailing Address/Principal Place of Business 155 WEST CONNELL BLVD SHARON MA 01614 | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | 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 | 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 | 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 | 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

\$ **340.20**

PART E
OTHER RECEIPTS

PAGE 7 OF 11

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 <u>KEEP YOUR VOICE IN GOVERNMENT</u> | Reporting Period From <u>10 22 07</u> To <u>11 26 07</u> |
|---|---|

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------|
| 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 \$ <u>0.00</u> |
|--|------------------------------|

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 <u>KEEP YOUR VOICE IN GOVERNMENT</u> | Reporting Period From <u>10 22 07</u> To <u>11 26 07</u> |
|---|---|

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

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

| | |
|---|----|
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | |
| TOTAL for the Reporting Period (3) | \$ |

| | |
|---|----------------|
| 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 0 OF 12

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| | |
|---|---|
| Name of Filing Committee or Candidate <div style="font-size: 1.2em; font-family: cursive;">KEEP YOUR VOICE IN GOVERNMENT</div> | Reporting Period From <u>10 22 07</u> To <u>11 26 07</u> |
|---|---|

| | | | | DATE | | | AMOUNT |
|------------------------------|-------|-------------------|--|------|-----|------|--------|
| | | | | MO. | DAY | YEAR | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| 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

\$ 0.00

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

PAGE 10 OF 12

| | |
|---|---|
| Name of Filing Committee or Candidate <u>KEEP YOUR VOICE IN GOVERNMENT</u> | Reporting Period From <u>10 22 07</u> To <u>11 26 07</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 | | | |

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0.00

STATEMENT OF EXPENDITURES

| | |
|---|---|
| Name of Filing Committee or Candidate KEEP YOUR VOICE IN GOVERNMENT | Reporting Period From 10 22 07 To 11 26 07 |
|---|---|

| | | | | |
|--|--|--|-------------------|----------------------------|
| To Whom Paid MERCER COUNTY ELECTION OFFICE | MO. 10 | DAY 30 | YEAR 07 | Amount \$ 40.00 |
| Mailing Address MERCER COUNTY COURT HOUSE | Description of Expenditure LATE FILING FEES | | | |
| City MERCER | State PA | Zip Code (Plus 4) - | | |
| To Whom Paid WPIC RADIO | MO. 11 | DAY 5 | YEAR 07 | Amount \$ 75.00 |
| Mailing Address 2030 PINE HOLLOW BLVD | Description of Expenditure RADIO AD | | | |
| City HERMITAGE | State PA | Zip Code (Plus 4) 16148- | | |
| To Whom Paid DE SANTIS SIGNS AND GRAPHICS, INC | MO. 11 | DAY 23 | YEAR 07 | Amount \$ 708.40 |
| Mailing Address 540 WEST 18TH STREET | Description of Expenditure SIGNS & COMPUTER STICKERS | | | |
| City ERIE | State PA | Zip Code (Plus 4) 16502-1721 | | |
| To Whom Paid HICKORY PRINTING | MO. | DAY | YEAR | Amount \$ 296.80 |
| Mailing Address 1460 EAST STATE STREET | Description of Expenditure LEAFLETS | | | |
| City SHARON | State PA | Zip Code (Plus 4) 16146- | | |
| 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 \$ 1120.20 |
|---------------------------------|

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 <div style="font-size: 1.2em; font-family: cursive;">KEEP YOUR VOICE IN GOVERNMENT</div> | Reporting Period From 10 22 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 | | | | | 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