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:	D	CANDIDATE	1.	COMM	TTEE	2. ×	LOB	BYIST 3	
Name of Filing Comm	ittee, Candidate or L KESP YOU		OICE IN			1264.17					L		
Street Address:	256 SHEAR												
City:	20 N)					State: DA		Zip Cod		-			
TYPE OF REPORT	BTH TUESDAY	1.	2ND FRIDA PRE-PRIMA			DAY OST PRIMARY	3.	AMENDA REPORT?		YES		NO	
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		-	30 DAY POST ELECTION 6.		TERMINA REPORT?		YES	X	NO	
the right of report type)	ANNUAL REPORT	7.	YEAR		FIL (ING METHOD CHECK ONE		PAPE	8	×	DISK	ETTE	
Name of Office Sough	nt by Candidate:					DATE OF ELEC	TION	District Number	Office		Party Code	Cour	
					Г		207		(SEE I	ISTRUC	TIONS	FOR CO	DES
									OR OF	FICE	USE C	MLY	
Summary of Reand Expenditur		/ C		007 -	ro L	7 1	207					REGI	7
A. Amount Brought	Forward From La	ast Rep	ort	s		0.00				,	250	TION RCE	ź
B. Total Monetary	Contributions and	Receip	ts (From Scho	edule I) \$		1120.2	.O			ב	<u>!</u>	~ > ~	J
C. Total Funds Ava	ilable (Sum of Lin	es A a	nd B)	\$		1120 20	<u></u> -	1		3	- D	TION A	2
D. Total Expenditu	res (From Schedul	e III)		\$		112020)				ည်	SSI	Y
E. Ending Cash Bal	ance (Subtract Lin	e D fro	om Line C)	\$		0.0	O .				A	SION SION	
F. Value of In-Kin	d Contributions R	eceived	(From Sched	lule II) \$		0 00	0						
G. Unpaid Debts ar	nd Obligations (Fro	m Sch	edule IV)	ş		0.00)						

SCHEDULE I

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate

KERP YOUR VOICE IN 60098 AND From 10 22 07 To 11 26 07

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUTO	
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	3) \$	340.20

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECK	S, ET(: (FROI	V 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			R		Period	
KEED YOOK VOICE	110	6009711M8N7		From _	10 22	07 To 11-26-07
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
•					1	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	s
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	Ļ			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<u> </u>
						 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	<u> </u>			\$ /
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	<u></u>			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	_
					IEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	<u> </u>			\$ /
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 Scho	edule l	. Detailed Summers	/ Page	Section	n 2	PAGE TOTAL
	/V 1,	, seconda Guillilai)	, raye,	Section	11 4.	\$ 0,00
SEB-502 (7-99)						

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		Reporting Period
KERP YOUR DOICE	10 60012 MUSION	From 10 12 07 to 11 26 07

KESP YOUR DOICE	1/0	9001% WILLS 101		110111 113		
				DATE		AMOUNT
ull Name of Contributor DIANE T			MO.	15 15	200 7	\$ 200.00
lailing Address	mu !		MO.	DAY.	YEAR	
JUL SERVICE AUG						\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
244 SERVICE AUG SHARON	ρ_{A}	Zip Code (Plus 4) 16146 -				\$
ull Name of Contributor			MO.	DAY	YEAR	\$
			L	2.55	VEAR	
Mailing Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
,		_		- J	12701	\$
ull Name of Contributor			MO.	DAY	YEAR	•
						\$
failing Address			MO.	DAY	YEAR	\$
31	State	Zip Code (Plus 4)	 	5.00	VELE	
ity	State		MO.	DAY	YEAR	\$
			H MC	DAY	VEAR -	
ull Name of Contributor			MO.	DAY	YEAR	\$
failing Address			MO.	DAY	YEAR	
						\$ /
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	/
		-				\$
ull Name of Contributor			MO.	DAY	YEAR	\$
			L			<u> </u>
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
,		-	MU.	UAT	TEAN	\$
ull Name of Contributor		I	MO.	DAY	YEAR	<u> </u>
an Marie of Contributor						\$
Mailing Address			MO.	DAY	YEAR	<u></u>
						\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
ull Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			1	5	VE 15	ļ —
mening regisee			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	7
		_			1200	\$
full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MQ.	DAY	YEAR	
						\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
						PAGE TOTAL
Inter Grand Total of Part B on S	Schedule I	Detailed Summan	/ Page	Section	n 2	\$ 200.00

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	R	eporting				
KEEP YOUR VOICE IN		From /	220	17 10 11 26 07		
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					, , , , , ,	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	<u></u>					,
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					<u> </u>	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	
Pull Name of Contributing Committee				- JA.	i can	\$
Mailing Address			MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	<u> </u>		V=10	Y
City	3.0.0		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	1	-			1.2	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			100		V=10	4
mening 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	\$
			1 110	210		
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
City	State	Zip Code (Flus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	1	1	MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	MO.	- VAT	IEAR	\$
				•		PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I	, Detailed Summary	/ Page	Section	n 3.	\$ 0-00
			-3-,			. 0-00

PART D

PAGE _____OF _______

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.)

KESP Your Ucice	145	housenear		From 1		07 to 1126 07
Mile Jose octob	7 7 7			DATE		AMOUNT
Full Name of Contributor	ì	AF	MO.	DAY	YEAR	\$ 43.00
Mailing Address	1 UC	<i>A</i> >	∂O MO.	30 DAY	07 YEAR	70,00
1124 HALL AUE			17	15	07	\$ 300.00
SHALO1)	State	Zip Code (Plus 4)	MO.	23	o 7	s .20
Employer Name (17 OF SHARON) Employer Meiling Address/Principal Place of Business 155 WEST CONNELL			Occupa	ion NAYO.	l	
Employer Mailing Address/Principal Place of Business	A,	MA CHARRE	1	11.1	ul.	
Full Name of Contributor	ما فرم	377:80.0	MO.	DAY	YEAR	_
Part Haine of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupa	tion		
Employer Mailing Address/Principal Place of Business			1		***************************************	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		A	Occupa	tion		1
Employer Mailing Address/Principal Place of Business			<u></u>			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	<u> </u>		Occupa	tion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MQ.	DAY	YEAR	s
Mailing Address			MO.	DAY	YEAR	
						\$ /
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name		***************************************	Occupa	tion		
Employer Mailing Address/Principal Place of Business			<u> </u>			-
				T		
Enter Grand Total of Part D on Sche	dule i	, Detailed Summary	Page	, Sectio	n 3.	PAGE TOTAL \$ 340,20
DSFR-502 (7-99)						\$ 340.20

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.

				Reporting Period					
KERP YOUR VOICE	10	CUERMENT		From /	0 23	_07 TO_	11 2607		
Full Name									
Mailing Address									
			-,						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$	1		
Receipt Description	LL		<u> </u>		l		The state of the s		
							· •		
Full Name									
Mailing Address							·		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount			
City	State		MIO.	DAT	7EAR	\$	· .		
Receipt Description			-		4				
Full Name							<u>\</u>		
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	7		
		-	<u></u>		<u> </u>	\$			
Receipt Description									
Full Name									
Mailing Address									
•									
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	÷		
Receipt Description			1		L	\$	<u>-</u>		
							- -		
Full Name							d Printer gare		
Mailing Address									
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$			
Receipt Description				1	L	,	_/		
						PAGE TO			
Enter Grand Total of Part E on S	schedule I,	Detailed Summary	/ Page	, Section	n 4.	\$ (),00		
CER-E03 (7-00)									

SCHEDULE II

PAGE 8 OF 12

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 Perio		
KEEP YOUR VOICE IN GOVERNERS	From <u>6 2</u>	<u>2 07</u> то <u>I/</u>	1601
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR LE	SS PER CONT	RIBUTOR
TOTAL for the Reporting Period	d (1)	\$	
			\
2: IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	0.00 (FROM	PART F)	
TOTAL for the Reporting Period	d (2)	s	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G)		
TOTAL for the Reporting Period	d (3)	s /	
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.)		\$ 0.0	,O

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Reporting Period						
KEEP YOUR VOICE 11	N	GOVERMENT		From 10) 22	07 To 11 26 07
				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:			i			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Description of Contribution:	1					ļ
Full Name of Contributor			MO.	DAY	YEAR	s
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	1		1			
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	s /
Mailing Address			Mo.	DAY	YEAR	s /
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	- h		MO.	DAY	YEAR	\$
City	itate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Enter Grand Total of Part F on Schedul	le II,	In-Kind Contributi	ons De	tailed		PAGE TOTAL
Summary Page, Section 2.						\$ 0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

KEEP YOUR VOICE IN	ر (outher wi		From /	0 22	07 To 11 26 07
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupat	ion	1	
Employer Mailing Address/Principal Place of Business			Descrip	tion of Cor	ntribution	William Charles
Full Name of Contributor				DAY	YEAR	s
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	s
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupat	ion		
Employer Mailing Address/Principal Place of Business		Descript	tion of Cor	tribution	1	
Full Name of Contributor		MO.	DAY	YEAR	s	
Mailing Address		MO.	DAY	YEAR	s /	
City	State	Zip Code (Plus 4)	MQ.	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			Occupat	ion	L	
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	f
Enter Count Total 1 2 2 2						PAGE TOTAL
Enter Grand Total of Part G on Sched Summary Page, Section 3.	iule II,	, In-Kind Contribu	tions D	etailed		\$ 0.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Cardidate KEEP YOUR VOICE IN GOVERNITENT	Reporting Period From 10 22 07 To 11 26 07
To Whan Paid MERCER LOUNTY ELECTION OFFICE	MO. DAY YEAR AMOUT 40-00
MELCEL LOUNT COULT HOUSE	LATE FRINS FEES
MERCER PAI -	
TO Whom Paid WPIC RADIO	MO. DAY YEAR Amount 11 5 07 \$ 75.00
Mailing Address 2030 PINE HOLLOW BLVD	CADIO AD
City HEAM , TAGE PA 16148-	
DESANTIS SIENS AND GRAPHICS, INC	MO. DAY YEAR AMOUNT 708.40
Mailing Address 540 WFST 18 TH STREST City State Zip Code Plus 4)	SIENS & bompa STICKEL:
ER12 PA 16502 -1721	Control of the Contro
HICKORY PRINTING	MO. DAY YEAR AMOUNT 2.96.8.0
Mailing Address 1460 EAST STATE STREE State Zip Code (Plus 4)	LEAF LETS
SHALON PA 16146-	
To Whom Peld	WO. DAY YEAR Amount
Mailing Address	and the same of th
	\$
Mailing Address City State Zip Code (Plus 4) — To Wnom Paid	S Rescription of Expanditure MO. DAY YEAR Amount S
Mailing Address City State Zip Code (Plus 4) — To Whom Paid Mailing Address	S Rescription of Expanditure MO. DAY YEAR Amount
Mailing Address City State Zip Code (Plus 4) — To Wnom Paid	S Rescription of Expanditure MO. DAY YEAR Amount S
Mailing Address City State Zip Code (Plus 4) — To Whom Paid Mailing Address	S Rescription of Expanditure MO. DAY YEAR Amount S
Mailing Address City State Zip Code (Plus 4) — To Whom Paid Mailing Address City State Zip Code (Plus 4) — To Whom Paid Mailing Address	MO. DAY YEAR AMOUNT S Pescript on of Expanditure N.D. DAY YEAR AMOUNT AMOUNT S Pescript on of Expanditure
Mailing Address City State Zip Code (Plus 4) — To Whom Paid Mailing Address City State Zip Code (Plus 4) — To Whom Paid	MO. DAY YEAR AMOUNT S Rescript on of Expanditure MED. DAY YEAR AMOUNT S RESCRIPTION OF EXPANDITURE MED. DAY YEAR AMOUNT S
Mailing Address City State Zip Code (Plus 4) To Whom Paid Mailing Address City State Zip Code (Plus 4) — To Whom Paid Mailing Address	MO. DAY YEAR AMOUNT S Rescript on of Expanditure MED. DAY YEAR AMOUNT S RESCRIPTION OF EXPANDITURE MED. DAY YEAR AMOUNT S
Mailing Address City State Zip Code (Plus 4) To Whom Peld Mailing Address City State Zip Code (Plus 4) To Whom Peld Mailing Address City State Zip Code (Plus 4) To Whom Peld Mailing Address	MC. DAY YEAR Amount S Description of Expanditure MC. DAY YEAR Amount S Description of Expanditure MC. DAY YEAR Amount S MC. DAY MEAR Amount
Mailing Address City State Zip Code (Plus 4) To Whom Paid Mailing Address City State Zip Code (Plus 4) To Whom Paid Mailing Address City State Zip Code (Plus 4) To Whom Paid	MC. DAY YEAR Amount S Description of Expanditure MC. DAY YEAR Amount S Description of Expanditure MC. DAY YEAR Amount S MC. DAY YEAR Amount S Amount

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		Reporting Perio	
KEEP YOUR UDI	CE IN GOUSTNOM	SNI From 10	27 07 to 11 26 07
Name of Creditor			Outstanding Balance of Debi
Mailing Address	DATE DEBT	MO. DAY YEA	R Committee of the Comm
City	INCURRED	State Zip Code (Plus	Article Control of the
Description of Debt			Marie de la companya
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE	MO. DAY YEA	\$
	DEBT INCURRED		
City		State Zip Code (Plus	4)
Description of Debt			
			Outstanding Balance of Deb
Name of Creditor			S Sanding Balance of Deb
Mailing Address	DATE DEBT	MO. DAY YEA	R
City	INCURRED	State Zip Code (Plus	4)
Description of Debt			}
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE	MO. DAY YEA	\$ /
	DEBT INCURRED		
City		State Zip Code (Plus	4)
Description of Debt			
Name of Creditor			Outstanding Balance of Deb
			S Salance of Deb
Mailing Address	DATE DEBT	MO. DAY YEA	B. C.
City	INCURRED	State Zip Code (Plus	
Description of Debt			
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE	MO. DAY YEA	\$
	DEBT INCURRED		
City		State Zip Code (Plus	4)
Description of Debt			
			DACE TOTAL
Enter Grand Total of Unpaid Deb	ots on Page 1. Report Cover	Page, Item G	PAGE TOTAL
		3-, 0.	\$ ().0()