Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 7

(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.	СОММІ	TES X	LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist: Friends of RITONDA M	e CLEL	LAND			
Street Address: 32 ARNOCA PALMER					
Grove CITU		State: PA	Zip Cod		
TYPE OF REPORT	Control of the Lates	Post Palkant 1	REPORT	ENE YES	NO X
(place X to	TION 5.	POST ELECTION I	TERMINA PERONT?	100	No. X
the right of report type) ANNUAL 7. YEAR REPORT 2		UTILING METHOD	PA	X	DISKETTE
Name of Office Sought by Candidate:		DATE OF ELECTION	District Number	Office Code	Code Code
RECORDER OF DEEDS	-	1106 2007		(SEE INSTRUC	TIONS FOR CODES
Summary of Receipts and Expenditures from:	/	o 11 26 2007		OR OFFICE	use jointy
A. Amount Brought Forward From Last Report	\$	3909.38		2007	LEC M
B. Total Monetary Contributions and Receipts (From Sch	nedule I) \$	525.00		DEC	TIC TIC
C. Total Funds Available (Sum of Lines A and B)	\$	4434.38		1	N RR
D. Total Expenditures (From Schedule III)	\$	3536.68		σ	COM
E. Ending Cash Balance (Subtract Line D from Line C)	ş	897.70		τ	OUNT)
F. Value of In-Kind Contributions Received (From Sche	dule II) \$	0		**	SION YOUN
G. Unpaid Debts and Obligations (From Schedule IV)	\$	350.37		, ne	. <i>Z</i>

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate PRICILOS OF Physical McChild Millians	Reporting Peri	00 23	107To 111	26/07
I UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBL	ITOR	
TOTAL for the Reporting Period	d (1)	\$	25-	l.
	a more color more a familiar and an annual			
2 CONTRIBUTIONS S50.01 O'S250.00 FROM PARTIAL AND PART	即言。			則而可能進
Contributions Received from Political Committees (Part A)		\$	100-	
All Other Contributions (Part B)		\$		
TOTAL for the Reporting Perio	d (2)	\$	100 -	
3. CONTRIBUTIONS OVER \$250.00 (FROM PARTIC AND PARTID)	William in a			
Contributions Received from Political Committees (Part C)	:	\$	400 -	
All Other Contributions (Part D)		\$		
TOTAL for the Reporting Perio	d (3)	\$	400 -	-
				· · · · · · · · · · · · · · · · · · ·
A TOTALER RECEIPTS CHEENINDS INTEREST EARNED INTERIORINED O	in or state of	316	OMPARE	
TOTAL for the Reporting Perio	d (4)	\$	0	
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 Coven Page Item R.)		\$	525	_

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	11	11	Re	porting F	eriod	/
Friends of Rhouse	on Cll	MANO		From <u>//</u>	123,	107 To 11/26/07
				DATE		AMOUNT
Full Name of Contributing Committee	_		MO.	DAY	_	\$ 10.0
Full Name of Contributing Committee Copter For Brook Mailing Address 30/A/goma St City James TWK	5		MO.	-	2007 YEAR	\$ 100
201 Algama St			reio,		, san	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
JAMESTAUK	PA	Zip Code (Plus 4) 16/34 -				\$
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	The state of the s		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
		_	AND DESCRIPTION OF		CIN PROPRIES	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO,	DAY	YEAR	A
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	e
Full Name of Contributing Committee			110	DAY	VEAR	J
Full Name of Contributing Committee			IMOZ -	UAT	TEAR	\$
Mailing Address			MO.	DAY	YEAR	A
Cin.						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	VEAR	*
			100		TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				4
	3.80	- Joue (lus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I,	Detailed Summar	y Page,	Section	2.	\$ 100 -
						*/00
DSEB-502 (7-99)					_	

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	Madell	Reporting Period	2/07
Name of Filing Committee or Candidate Friends of Khana I	TICHUANS	From 10/2	3/07 To 11/26/07
		DATE	AMOUNT
Full Name of Contributor WILLIAM CATISTINE ROS. Mailing Address	Hman	MO DAY JE YEA	\$ 100-
FIG FARDOL 1		MO. DAY VEA	\$
Grove Gry Pr	Zip Code (Plus 4) - 16/27-	MO. DAY YEA	\$
Full Name of Contributor	19101	NEMONT HUDAYIN SINEA	PLEE
Mailing Address		MOST DAYELLYEA	\$
			\$
City State	Zip Code (Plus 4)	MODIL HEDAYA	\$
Full Name of Contributor		HEMOSIT INDAVIDURYEA	\$
Mailing Address		IN MORITE BOARDER	
City	Zip Code (Plus 4)	IL MOLE IL DAYILLINEA	s
Full Name of Contributor		MO.III III DAY E IYEA	DID
Mailing Address		MO: TOAY (LIVEA	\$
			\$
City State	Zip Code (Plus 4)	MOSE E DAY SYEA	\$
Full Name of Contributor		- MO III GAYAU II YEA	\$
Mailing Address	C C C C C C C C C C C C C C C C C C C	MOST IL DAY!!! I YEA	The state of the s
City	Zip Code (Plus 4)	H MO. H HIDAY	ARRI
Full Name of Contributor		MO. TAYAR A YEA	\$
			S
Mailing Address		MOS HE DAY YEA	\$
City State	Zip Code (Plus 4)	MOLI LOAY IN EYEA	\$
Full Name of Contributor		II MONTH DAY!	\$
Mailing Address		MO. DAY YEA	AR
City State	zip Code (Plus 4)		\$
State	L.p Code (Flus 4)	MO. " DAY ! YEA	\$
Full Name of Contributor		MO. " DAY." YEA	\$
Mailing Address		MOLTH DAY!! HYE	
City State	Zip Code (Plus 4)	MO. DAY I YEA	
		<u> </u>	PAGE TOTAL
Enter Grand Total of Part B on Schedule	I. Detailed Summan	v Page Section 2	
DSEB-502 (7-99)	,, Dotailed Summar	, rage, section 2.	\$ 100-

Reporting Period

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.

Friends OF RHONG	OA McClellan	0	From \angle	0/23/0	17 TO 11/26/07
			DATE		AMOUNT
Full Name of Contributing Committee PRUBLICA	in Parry	MO:	09	2007	\$ 400-
CO AL BULAND TREAS 558 CVE	STVIEW Dr	MO.	DAY	YEAR'	\$
Full Name of Contributing Committee Mercer County Republica Mailing Address Co Al Buland, Treas, 558 Cres Oity TRANSFER	L / 6/54	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	IDAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MA MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	МО.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	te Zip Code (Plus 4)	II MO. II	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
					PAGE TOTAL
Enter Grand Total of Part C on Schedule	I, Detailed Summary	y Page,	Section	n 3.	\$400

Name of Filing Committee or Candidate

SCHEDULE III

STATEMENT OF EXPENDITURES

FRIENDS OF RHANDA MCCHILIANS	From 10/23/07 To 11/26/07
Mailing Address On Devald	10 24 07 \$ 537.72
PO BOX 5 State Zip Code (Plus 4) PA 16146-	APS
Mailing Address 10 Pern ave.	MO BOAVI YEAR! Amount 10 30 07 Description of Expenditure ABS
City Greenville Pr 16125	MO THE DAY TEAR Amount
Mailing Address 4/ Chestnut St City Stope Zip Code (Plus 4)	Description of Expenditure DINNER DOMATION
Sharm PA 16146- To Whom Paid angel TRUL	MOUNT MEDAY TYEAR AMIGUME \$ 100 00
Mailing Address Comman St Real (STATE City TO 2 WMain St, Grove City PA 1612T	Description of Expenditure
To Whom Paid Howe Correc Mailing Address	Mo. T. DAYS IYEAR Amount 11 26 07 \$ 98.96 Description of Expenditure
City Crove ary State Zip Code (Plus 4)	DONATIONS FOR Luncheon.
Mailing Address 32 ARROLD PALMER DY	Description of Expenditure PARTIAL REPAYMENT OF DEBT
City Grove CITY State Zip Code (Plus 4) To Whom Said G	MO DAY: IIYEAR!! Amount
Mailing Address Same. State Zip Code (Plus 4)	Description of Expenditure PARTIAL Repayment of
To Whom Paid	MO DAY I I VE SE Amount
Mailing Address City State Zip Code (Plus 4) —	Description of Expenditura
Enter Grand Total of Expenditures on Page 1, Report Cover P	PAGE TOTAL \$ 3536.68

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	/	R	eporting	Period	11- 4/06/5-
Friends OF RHONDA MCR	elland		From _	10/2-	5/07 to 1166/07
Name of Creditor TRYY & Rhowed McClellan	11				Outstanding Balance of Debt \$ <i>35</i> 0.37
Name of Creditor TRYY & Rhough McC/Ellan Mailing Address 32 arnows lalmer br	DATE DEBT INCURRED	MO.	1/12/	YEAR 200 7	
		Sixte	Eip Code 6/27		
Description of Debt Balance of Loans From Car	rdidate	-8/19	f the	19/1	2/07
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt					The state of the s
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt					The state of the s
Name of Creditor					Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt \$
		MO.	DAY Zip Code		-
Mailing Address	DEBT				-
Mailing Address City	DEBT				-
Mailing Address City Description of Debt	DEBT INCURRED DATE DEBT				\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED DATE DEBT	State Mo.	Zip Code	(Plus 4)	S Outstanding Balance of Debt Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4) YEAR (Plus 4)	S Outstanding Balance of Debt Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	State MD.	Zip Code	(Plus 4) YEAR (Plus 4)	S Outstanding Balance of Debt Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City	DATE DEBT INCURRED	State MD.	Zip Code	(Plus 4) YEAR (Plus 4)	S Outstanding Balance of Debt Outstanding Balance of Debt