

CAMPAIGN FINANCE REPORT

PAGE 1 OF

7

(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: <i>FRIENDS OF RHONDA McCLELLAND</i> | | | | | | | | | | | | | | |
| Street Address: <i>32 ARNOCA PALMER DR.</i> | | | | | | | | | | | | | | |
| City: <i>GROVE CITY</i> | | | | State: <i>PA</i> | | Zip Code: <i>16127 -</i> | | | | | | | | |
| 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 ^{4.} | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| | 6TH TUESDAY PRE-ELECTION ^{4.} | | 2ND FRIDAY PRE-ELECTION ^{5.} | | 30 DAY POST-ELECTION ^{6.} <input checked="" type="checkbox"/> | | TERMINATION REPORT ^{7.} | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| | ANNUAL REPORT ^{7.} | | YEAR | | FILING METHOD | | PAPER <input checked="" type="checkbox"/> | | DISKETTE <input type="checkbox"/> | | | | | |
| Name of Office Sought by Candidate: | | | | | DATE OF ELECTION | | District Number | | Office Code | | Party Code | | County Code | |
| <i>RECORDER OF DEEDS</i> | | | | | MO. DAY YEAR | | | | <i>07H</i> | | <i>REP</i> | | <i>43</i> | |
| | | | | | <i>11 06 2007</i> | | | | | | | | | |
| Summary of Receipts and Expenditures from: | | | | | MO. DAY YEAR | | MO. DAY YEAR | | FOR OFFICE USE ONLY MERCER COUNTY REGISTRATION AND ELECTION COMMISSION 2007 DEC - 6 P 1:14 | | | | | |
| | | | | | <i>10 23 07</i> | | <i>11 26 2007</i> | | | | | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ | | <i>3909.38</i> | | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | | \$ | | <i>525.00</i> | | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | | \$ | | <i>4434.38</i> | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ | | <i>3536.68</i> | | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | | \$ | | <i>897.70</i> | | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | | \$ | | <i>0</i> | | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | | \$ | | <i>350.37</i> | | | | | | | |

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate <i>Friends of Rhonda McClellins</i> | Reporting Period From <i>10/23/07</i> To <i>11/26/07</i> |
|--|---|

| | |
|--|-------------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period | (1) \$ <i>25-</i> |

| | |
|---|--------------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | \$ <i>100-</i> |
| All Other Contributions (Part B) | \$ |
| TOTAL for the Reporting Period | (2) \$ <i>100-</i> |

| | |
|---|--------------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | \$ <i>400-</i> |
| All Other Contributions (Part D) | \$ |
| TOTAL for the Reporting Period | (3) \$ <i>400-</i> |

| | |
|---|-----------------|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | |
| TOTAL for the Reporting Period | (4) \$ <i>0</i> |

| | |
|---|----------------|
| 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.) | \$ <i>525-</i> |
|---|----------------|

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 <i>FRIENDS OF RHONDA McCLANAHAN</i> | Reporting Period From <i>10/23/07</i> To <i>11/26/07</i> |
|--|---|

| | | | | DATE | | | AMOUNT |
|---|--|--|--|-----------|-----------|-------------|-----------------|
| | | | | MO. | DAY | YEAR | |
| Full Name of Contributing Committee <i>People For Brooks</i> | | | | <i>11</i> | <i>09</i> | <i>2007</i> | <i>\$ 100 -</i> |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | | | MO. | DAY | YEAR | \$ |
| State | | | | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | | | | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | | 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 Contributing Committee | | | | 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 Contributing Committee | | | | 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 Contributing Committee | | | | 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 Contributing Committee | | | | 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 Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | | | MO. | DAY | YEAR | \$ |
| State | | | | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | | | | MO. | DAY | YEAR | \$ |

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

PAGE TOTAL

\$ 100 -

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

FRIENDS OF RHONDA McCLELLAND

Reporting Period

From 10/23/07 To 11/26/07

| | | | DATE | | | AMOUNT |
|---------------------------------------|-------|-------------------|------|-----|------|----------|
| MO. | DAY | YEAR | | | | |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | |
| Mercer County Republican Party | | | 11 | 09 | 2007 | \$ 400 - |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| Cp AL Boland, Treas, 558 Crestview Dr | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| TRANSFER | PA | 16154 | | | | |
| 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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 400 -

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 6 OF 7

| | |
|--|---|
| Name of Filing Committee or Candidate FRIENDS OF Rhonda McClelland | Reporting Period From 10/23/07 To 11/26/07 |
|--|---|

| | | | | |
|--|--|------------------------------------|---------------------|-----------------------------|
| To Whom Paid Sharon Herald | MO 10 | DAY 24 | YEAR 07 | Amount \$ 537.72 |
| Mailing Address PO Box 51 | Description of Expenditure ADS | | | |
| City Sharon | State PA | Zip Code (Plus 4) 16146- | | |
| To Whom Paid Revero Arcus | MO 10 | DAY 30 | YEAR 07 | Amount \$ 140.00 |
| Mailing Address 10 Penn Ave. | Description of Expenditure ADS | | | |
| City Greenville | State PA | Zip Code (Plus 4) 16125 | | |
| To Whom Paid Shenango Valley Chamber | MO 11 | DAY 01 | YEAR 07 | Amount \$ 60.- |
| Mailing Address 41 Chestnut St | Description of Expenditure Dinner Donation | | | |
| City Sharon | State PA | Zip Code (Plus 4) 16146 | | |
| To Whom Paid Angel Tree | MO | DAY | YEAR | Amount \$ 100.00 |
| Mailing Address C/O Matthews Real Estate | Description of Expenditure Donation | | | |
| City 702 W Main St, Grove City | State PA | Zip Code (Plus 4) 16127 | | |
| To Whom Paid Howe Coffee | MO 11 | DAY 26 | YEAR 07 | Amount \$ 98.96 |
| Mailing Address W Main St. | Description of Expenditure DONATIONS FOR Luncheon | | | |
| City Grove City | State PA | Zip Code (Plus 4) 16127 | | |
| To Whom Paid Rhonda McClelland | MO 11 | DAY 20 | YEAR 2007 | Amount \$ 2000.00 |
| Mailing Address 32 Arnold Palmer Dr | Description of Expenditure PARTIAL Repayment of Debt | | | |
| City Grove City | State PA | Zip Code (Plus 4) 16127 | | |
| To Whom Paid Rhonda McClelland | MO 11 | DAY 25 | YEAR 2007 | Amount \$ 600.00 |
| Mailing Address [Same] | Description of Expenditure PARTIAL Repayment of Debt | | | |
| 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
\$ 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 FRIENDS OF RHONDA McClelland | Reporting Period From 10/23/07 To 11/26/07 |
|--|---|

| | | | | | | |
|---|--|--|-----------------------------------|------------------|---|--|
| Name of Creditor Terry & Rhonda McClelland | | | | | Outstanding Balance of Debt \$ 350.37 | |
| Mailing Address 32 Arnolds Palmer Dr | | DATE DEBT INCURRED 08/14-9/12/2007 | MO. 08 | DAY 14 | YEAR 2007 | |
| City Grove City, | | State PA | Zip Code (Plus 4) 16127 | | | |
| Description of Debt Balance of Loans From Candidate - 8/14 thru 9/12/07 | | | | | | |

| | | | | | | |
|---------------------|--|--------------------|-------------------|-----|--|--|
| 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 | | | | | | |

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 350.37