

Commonwealth of Pennsylvania

PAGE	1	OF		
			(COVER DA	\overline{c}

CAMPAIGN FINANCE REPORT

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

-Instructions on reverse-

Filer Identification	Report	1.		2.		3.,
Number:	Filed By:	CANDIDATE	COMMITTE	勝調 ×	LOBBYIS	
Name of Filing Committee, Candidate or Lobbyist: 5HARON P	ROFESSION	M FIRE FIGHTER	2 LOCAL	1#4	17	
Street Address: 155 W. CONNE	elly Blio					
City: SHORON		State: PA -	Zip Code:	6146		
Constitution of the Consti	2.	30 DAY 3.	AMENDMENT	7/2	NO	
4. 2 s	UDAY 5.	30 DAY 6.	TERMINATION REPORTS	Tex	X	
Place x to the right of report REPORT 7.		FILING METHOD	PAPER	DISK 5		
type/cycle		Planyie died come				
Name of Office Sought by Candidate:		DATE OF ELECTION	District Number	Office Code	Party Code	County
		// / 06 / 07 Month Day Year				
Summary of Receipts FRO	M: 10 , 23, 0	17 TO: 11 ,26,07		-1-(See linst	nterons for	odes)#
and Expenditures:	mo. day ye	ar mo. day year	Hole	(0) 5 31.	usir ond	
A. Amount Brought Forward From Last Report	\$ \$		230000000000000000000000000000000000000	=	Mag	
B. Total Monetary Contributions and Receipts (From S	Schedule I) \$ - 9	38.58	1	DEC	RCE	
C. Total Funds Available (Sum of Lines A and B)	\$ 9	37.58		-	R CC ATII	
D. Total Expenditures (From Schedule III)		38.58		U	SIMMIS	
E. Ending Cash Balance (Subtract Line D from Line C	s Ø			Æ	SION	
F. Value of In-Kind Contributions Received (From Sch	nedule II) \$			-	2	
G. Unpaid Debts and Obligations (From Schedule IV)						
MANUFACTOR 100 TO 100 T		DAVIT SECTION >	Piccian and an electric	March Control	enament moreous	Physical Resident

SCHEDULE I

PAGE 2 OF ____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page		
Name of Filing Committee or Candidate	Reporting Peri	od .
	From	То
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR
TOTAL for the Reporting Period	d (1)	\$
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)	STREET, STREET, ST.
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	d (2)	\$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	470	成於關於中華公司即於
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 938.58
TOTAL for the Reporting Period	d (3)	\$ 938.58
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	HECKS, ETC	(FROM PART E)
TOTAL for the Reporting Period	d (4)	\$
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		\$ 938.58

Cover Page, Item B.)

ALL OTHER CONTRIBUTIONS

PAGE	OF	

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				Reporting	Period	
				From		To
				DATE		AMOUNT
Full Name of Contributor			MO.	The second second	YEAR	Company of the compan
SHARON DROFESSIONAL FIRES	F1647	TESTS LOCAL 417	10	24	07	\$ 938.58
Mailing Address	, -, , ,		MO.		YEAR	\$
City	State	Zip Code (Plus 4)	450	DAY	YEAR	
	State		MO,		TEAG	\$
Employer Name			Occupa	tion		
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			Occupa	tion		•
Employer Mailing Address/Principal Place of Business			L			
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupa	tion	1	
Employer Mailing Address/Principal Place of Business			<u>.</u>	177		
Full Name of Contributor			MO.	DAY	YEAR	
run Maine of Contributor			HIO.	DAI	I EAII	\$
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>			
Full Name of Contributor			MQ.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		_	Occupa			\$
Employer Mailing Address/Principal Place of Business			Occupa	tion		
Employer Mailing Address/Principal Place of Business						

PAGE	(DF .
		´'

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			F	Reporting	Period	/ / /-
SHARON Prof. F.F. LOCAL	41	7		From 💋	123/	07 to 11/26/07
				•		
To Whom Paid			MO.	DAY	YEAR	Amount 15000
CHAPLES			10	27	07	Amount 68.90
Mailing Address 439 S. HERMITACE Rd. City			Descript	ion of Exp	enditure	
HERMITAGE	State PA,	Zip Code (Plus 4) [6/47 -				
LLP PRINTING			MO.	DAY 29	YEAR 07	Amount 90,00
Mailing Address 3007 E. STATE CT. City			Descript	ion of Exp		
SHAKET HERMITAGE	State	Zip Code (Plus 4) 16159 -				
To Whom Paid The HERALD Malling Address			MO.	JOY 30	YEAR OF	\$ 690.00
Mailing Address 5 2 S. Dock ST.			Descript	ion of Exp		
SHAROW	PA	Zip Code (Plus 4)				
	ZIN	TING	MO.	DAY	YEAR OF	Amount \$9, 68
TO Whom Paid SHARON Commercial Pro Mailing Address 309 DEWN Ave. City			Descript	ion of Exp	enditure	
SHARON 1	PA	Zip Code (Plus 4) (6146 -				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descrip	tion of Exp	enditure	
City	State	Zip Code (Plus 4)				
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover P	age, It	em D.		PAGE TOTAL \$ 938.58

PAGE	OF	

Reporting Period

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.

	From	То
	DATE	AMOUNT
Full Name of Contributing Committee	DAY YEA	\$
Mailing Address MO-	DAY YEA	\$
City State Zip Code (Plus 4) MO.	DAY YEA	\$
Full Name of Contributing Committee	DAY YEA	\$
Mailing Address MO.	DAY YEA	\$
City State Zip Code (Plus 4) MO.	DAY YEA	\$
Full Name of Contributing Committee MO.	DAY YEA	\$
Mailing Address MO.	DAY YEA	\$
City State Zip Code (Plus 4) — MO. —	DAY YEA	\$
Full Name of Contributing Committee MO.	DAY YEA	\$
Mailing Address MO.	DAY YEA	\$
City State Zip Code (Plus 4) MO.	DAY YEA	\$
Full Name of Contributing Committee	DAY YEA	\$
Mailing Address MO.	DAY YEA	\$
City State Zip Code (Plus 4) - MO.	DAY YEA	\$
Full Name of Contributing Committee MO.	DAY YEA	\$
Mailing Address MO.	DAY YEA	\$
City State Zip Code (Plus 4) MO.	DAY YEA	\$
Full Name of Contributing Committee MO.	DAY YEA	\$
Mailing Address MQ.	DAY YEA	\$
City State Zip Code (Plus 4) MO.	DAY YEA	\$
Full Name of Contributing Committee MO.	DAY YEA	\$
Mailing Address MO.	DAY	\$
City State Zip Code (Plus 4) MO.	DAY YEA	\$
Enter Grand Total of Part A on Schedule I, Detailed Summary Page	e, Section 2.	PAGE TOTAL \$

Name of Filing Committee or Candidate

PAGE	OF

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

From _____ To _____

				DATE		AMOUNT
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			MD.	DAY	YEAR	\$
						—
Mailing Address			MD.	DAY	YEAR	\$
	10.	2: 5: 15: 1				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		_				4
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
			<u> </u>			—
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
						
Mailing Address			MO.	DAY	YEAR	\$
						Ψ
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	
	<u>L</u>	-				\$
Full Name of Contributor			MO.	DAY	YEAR	•
]			\$
Mailing Address			MO.	DAY	YEAR	\$
						Ψ
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
						4
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
						4
Mailing Address			MO.	DAY	YEAR	\$
	1		<u> </u>			Ψ
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
	,	_				\$
Full Name of Cortalization			MO.	DAY	YEAR	\$
						3
Mailing Address			MO.	DAY	YEAR	\$
						•
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
						PAGE TOTAL
Enter Grand Total of Part B on Schee	dule i	Datailed Summer	, Daga	Santin		\$
Lines Grand Total Of Part B Off Sched	uuit I,	, Detailed Sullillary	, rage,	Section	1 4.	*

PAGE	0	F

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.

				From		То
				DATE	- A	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	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	tate	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on Schedu	ie i,	Detailed Summary	Page	, Section	n 3.	\$

Name of Filing Committee or Candidate

PAGE	OF	

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	g Period	·
			From _		То
Name of Creditor					Outstanding Balance of Debt
	1-2-				\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Cod	e (Plus 4)	Time She to be seen to
				_	一类似为此种种种种种种的
Description of Debt			L		
Name of Creditor					Outstanding Balance of Debt
Matthew Address	T				\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Cod	le (Plus 4)	
				_	
Description of Debt			1		
Name of Creditor				-	Outstanding Balance of Debt
Mailing Address	15		THE PERSON NAMED IN		\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Cod	le (Plus 4)	
			2.5 556		The state of the s
Description of Debt			<u> </u>		THE RESERVE THE PARTY OF THE PA
Name of Creditor	10000000				Outstanding Balance of Debt
No. 10.	Y-12				\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	THE RESERVE OF THE PARTY OF THE
City	INCURRED	State	Zip Cod	le (Plus 4)	
				_	9.00
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	110	PAY	LVELD	\$
	DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Cod	le (Plus 4)	
				-	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	140	50 PSC	VEAS	\$
	DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Cod	le (Plus 4)	
				_	
Description of Debt					
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, F	Report Cover	Page,	Item G.		\$

SCHEDULE II

PAGE	OF	

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 Peri	od
	From	То
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Perio	od (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART F)
TOTAL for the Reporting Perio	od (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PART G	
TOTAL for the Reporting Perio	od (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.)		\$

PAGE	OF	

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				From	Period	То
Full Name of Contributor			MO.	DATE	YEAR	AMOUNT
Tan Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:	L	<u> </u>				
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		L	<u> </u>		<u> </u>	
					E VIENE	
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					I1	
Full Name of Contributor			MO.	DAY	YEAR	•
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:		L	<u> </u>			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			J			-
Full Name of Contributor			ELECTRIC STREET			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:						
						PAGE TOTAL
Enter Grand Total of Part F on Sched Summary Page, Section 2.	ule il	, In-Kind Contribut	ions [Detailed		\$
-						

PAG	E	OF	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting	Period			
				From _		То		
				DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occup	ation				
Employer Mailing Address/Principal Place of Business			Descr	iption of Co	ntribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer of Contributor			Occup	ation				
Employer Mailing Address/Principal Place of Business			Descr	iption of Co	ntribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor		<u> </u>	Occup	Occupation				
Employer Mailing Address/Principal Place of Business			Descr	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			Occup	ation	•			
Employer Mailing Address/Principal Place of Business			Descr	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	Occup	ation	•					
Employer Mailing Address/Principal Place of Business			Descr	Description of Contribution				
Summary Page, Section 3.	Enter Grand Total of Part G on Schedule II, In-Kind Contribu Summary Page, Section 3.					PAGE TOTAL \$		
DSEB-502 (7-99)								

PAGE	OF

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.

Name of Filing Committee or Candidate			F	Reporting Period From To			
Full Name							
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	
Enter Grand Total of Part E on Sched	lule I,	Detailed Summary	Page,	Sectio	n 4.	\$	