








## 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 Number: 		Report Filed By: 		1. 		2. 		3. 	
Name of Filing Committee, Candidate or Lobbyist: <u>FRIENDS OF TIM HOFIUS</u>									
Street Address: <u>450 SUNSET BLVD.</u>									
City: <u>HERMITAGE</u>				State: <u>PA</u>		Zip Code: <u>16148</u>			
TYPE/CYCLE OF REPORT		1.		2.		3.		4.	
		4.		5.		6.		7.	
Place x to the right of report type/cycle		7.		YEAR 		X		X	
Name of Office Sought by Candidate: <u>MERCER COUNTY Recorder of Deeds</u>				DATE OF ELECTION: <u>11 / 06 / 2007</u> Month Day Year		District Number		Office Code	
						OTIT		D&M	
Summary of Receipts and Expenditures: 		FROM: <u>10 / 23 / 07</u> mo. day year		TO: <u>11 / 26 / 2007</u> mo. day year					
A. Amount Brought Forward From Last Report		\$		1,135.84		MERCER COUNTY REGISTRATION AND ELECTION COMMISSION 01 DEC - 41 P 12:54			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		395.00					
C. Total Funds Available (Sum of Lines A and B)		\$		1,530.84					
D. Total Expenditures (From Schedule III)		\$		1,530.84					
E. Ending Cash Balance (Subtract Line D from Line C)		\$		— 0 —					
F. Value of In-Kind Contributions Received (From Schedule II)		\$		— 0 —					
G. Unpaid Debts and Obligations (From Schedule IV)		\$		— 0 —					

AFFIDAVIT SECTION

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <i>FRIENDS OF TIM HOFIUS</i>	Reporting Period From <i>10-23-07</i> To <i>11-26-2007</i>
---	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <i>395.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <i>— 0 —</i>
All Other Contributions (Part B)	\$ <i>— 0 —</i>
TOTAL for the Reporting Period (2)	\$ <i>— 0 —</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <i>— 0 —</i>
All Other Contributions (Part D)	\$ <i>— 0 —</i>
TOTAL for the Reporting Period (3)	\$ <i>— 0 —</i>

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (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>395.00</i>
--	------------------

## 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>FRIENDS OF TIM HOFIUS</u>	Reporting Period From <u>10-23-2007</u> To <u>11-26-2007</u>
---	---

				DATE			AMOUNT
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)					\$
							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$

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

PAGE TOTAL

\$ 0

**PART B**  
**ALL OTHER CONTRIBUTIONS**

PAGE 4 OF 12

**\$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 <i>FRIENDS OF TIM HOFIUS</i>	Reporting Period From <i>10-23-2007</i> To <i>11-26-2007</i>
---	---

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

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

PAGE TOTAL
\$ <u>0</u>

## 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 <i>FRIENDS OF TIM HOFIUS</i>	Reporting Period From <i>11-23-2007</i> To <i>11-26-2007</i>
---	---

				DATE			AMOUNT
				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	\$
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

\$ — 0 —

**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 <i>FRIENDS OF TIM HOFIUS</i>	Reporting Period From <i>10-23-2007</i> To <i>11-26-2007</i>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
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  
\$ 0

**PART E  
OTHER RECEIPTS**

PAGE 7 OF 12

**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 <i>FRIENDS OF TIM HOPIUS</i>	Reporting Period From <i>10-23-2007</i> To <i>11-26-2007</i>
---	---

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**

\$ *100*

**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 <i>FRIENDS OF TIM HOFIUS</i>	Reporting Period From <i>10-23-2007</i> To <i>11-26-2007</i>
---	---

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <i>- 0 -</i>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ <i>- 0 -</i>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ <i>- 0 -</i>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>- 0 -</i>
---	-----------------



**SCHEDULE II  
PART F**

PAGE 9 OF 12

**IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate <i>FRIENDS OF TIM HOEIVUS</i>	Reporting Period From <i>10-23-2007</i> To <i>11-26-2007</i>
--	---

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

**Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.**

**PAGE TOTAL**  
\$ 00

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

PAGE 10 OF 12

Name of Filing Committee or Candidate <u>FRIENDS OF TIM HOFIUS</u>	Reporting Period From <u>10-23-2007</u> To <u>11-26-2007</u>
---	---

Full Name of Contributor				DATE			AMOUNT
	MO.	DAY	YEAR				\$
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	\$
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	\$
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	\$
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	\$
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			

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

PAGE TOTAL  
\$ 00

## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>FRIENDS OF TIM HOFIUS</i>	Reporting Period From <i>10-23-2007</i> To <i>11-26-2007</i>
---	---

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<i>SHENANGO VALLEY CHAMBER OF COMMERCE</i>	<i>10</i>	<i>26</i>	<i>2007</i>	<i>\$ 120.00</i>	<i>ANNUAL DINNER</i>
Mailing Address <i>33 CHESTNUT AVE.</i>					
City <i>SHARON</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16146 -</i>			
<i>DEBORAH LITTLE</i>	<i>10</i>	<i>29</i>	<i>2007</i>	<i>\$ 427.25</i>	<i>AD EXPENSES SHARON HERALD -</i>
Mailing Address <i>235 S. ERIE ST.</i>					
City <i>MERCER</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16121 -</i>		<i>CAMPAIGN BREAKFAST EXPENSES</i>	
<i>HERMITAGE POSTMASTER</i>	<i>11</i>	<i>02</i>	<i>2007</i>	<i>\$ 41.00</i>	<i>CAMPAIGN POSTAGE EXPENSE</i>
Mailing Address <i>HERMITAGE SQUARE SHOPPING CENTER</i>					
City <i>HERMITAGE</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16148 -</i>			
<i>KENNEDY CATHOLIC HIGH SCHOOL</i>	<i>11</i>	<i>02</i>	<i>2007</i>	<i>\$ 62.25</i>	<i>BASKET DONATION AND</i>
Mailing Address <i>2120 SHENANGO VALLEY FREEWAY</i>					
City <i>HERMITAGE</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16148 -</i>		<i>AD EXPENSE</i>	
<i>MERCER COUNTY DEMOCRATIC COMMITTEE</i>	<i>11</i>	<i>04</i>	<i>2007</i>	<i>\$ 20.00</i>	<i>ANNUAL DINNER</i>
Mailing Address <i>P.O. BOX 49</i>					
City <i>SHARON</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16146 -</i>			
<i>WAL-MART</i>	<i>11</i>	<i>06</i>	<i>2007</i>	<i>\$ 21.97</i>	<i>DOUGHNUTS FOR CAMPAIGN</i>
Mailing Address <i>1275 N. HERMITAGE RD.</i>					
City <i>HERMITAGE</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16148 -</i>		<i>WORKBOOKS</i>	
<i>THE HERALD</i>	<i>11</i>	<i>16</i>	<i>2007</i>	<i>\$ 138.00</i>	<i>AD EXPENSE</i>
Mailing Address <i>52 S. ROCK ST.</i>					
City <i>SHARON</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16146 -</i>			
<i>ANN HOFIUS</i>	<i>11</i>	<i>25</i>	<i>2007</i>	<i>\$ 700.37</i>	<i>REIMBURSEMENT CAMPAIGN EXPENSES -</i>
Mailing Address <i>450 SUNSET BLVD</i>					
City <i>HERMITAGE</i>	State <i>PA</i>	Zip Code (Plus 4) <i>16148 -</i>		<i>MAILINGS, PHOTOCOPY, SIGNS, SHIRTS</i>	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

*\$ 1,530.84*

# 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 <u>FRIENDS OF TIM HOFIUS</u>	Reporting Period From <u>10-23-2007</u> To <u>11-26-2007</u>
---	---

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 —