Campaign Finance Report

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

Filer Identification 9000297 Report Filed B						·:	CANDI	COMM			ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	ate or L	obbyist:	•	PSPA	Poli	ical :	Support	for Pol	itical	Action						
Street Address:	600 THIRD AV	/E															
City:	KINGSTON							State:	PA			Zip Cod	ie: 18	3704-5	815		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2.		0 DA RIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.		0 DA LECT		POST-	6. X		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2007					IG METHO				PAPER DIS			DISKE	TTE	
Name of Office S	- Sought by Candida	te:			-			DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	ΥI	EAR			•			
								11		6	2007		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR				мо	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		1 1	20	007	то)	11	:	26	2007						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			11,	451.23						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$			11,4	451.23							
D. Total Expenditures (From Schedule III)						\$			1,0	00.00							
E. Ending Cash	Balance (Subtract	t Line D	From Line C)			\$			10,4	151.23						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sc	hedul	le II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV))			\$				0.00						
				AFF	IDA\	/IT	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	(f this	is a	Can	didate re	eport, o	andi	date sig	ın here.					ı
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	filed o	n pa	aper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	f , true	
Sworn to and subs	cribed before me this day of	.	20							5	Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	ro	-			_						Prin	ted Name				
My Commission Ex	_											Ema	il				
	мо	D	AY	YR					Arc	ea Cod	le	Daytim	e Telepi	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized (Comm	ittee,	Car	ndida	ate shall	sign he	ere.							1
I swear (or affirm) No 320) as amende		ny knowle	edge and belie	f this	politic	al co	ommi	ttee has n	ot viola	ted ar	y provis	ions of the act of June 3,1937 (P.L. 1333,					l
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			
	day of 											Printe	d Name				
	Signature					_											
My Commission Exp	_											Ema	il				
	МО	D	AY	ΥR					Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
PSPA Poliical Support for Political Action	From:	1/1/200	<u>7</u> To:	11/26/2007
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 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)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	nis Part to itemize only vith an aggregate val								
Name of Filing Commit	tee or Candidate		Rep	orting l	Period				
			From:			То	То:		
		•			DATE			AMOUNT	
Full Name of Contributing	g Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	,						
	•	•					$\overline{}$	PAGE TOTAL	

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

PAGE TOTAL\$ 0.00

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 Committe	ee or Candidate		Rep	oorting P	eriod			
				m:		0:		
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Froi	m:		To):	
				D	ATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	5 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	Summary Page,	Section	on 3.			PA:	GE TOTAL 0.00

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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

SCHEDULE II

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 Period		
PSPA Poliical Support for Political Action	From:	<u>1/1/2007</u> To:	11/26/2007
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Reporting Period					
From	<u>1/1/2007</u>	То:	11/26/2007		

				DATE			AMOUNT
To Whom Paid Friends of Washo and O'Brien	МО	DAY	YEAR				
Mailing Address PO Box 68				21	2007	\$	1,000.00
City Scranton	State PA	Zip Code (Plus 4) 18503	Descrip Contrib	otion of Expoution	penditure		
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							1,000.00