CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

	INOTE: This report mus			ay be typeu		1.		2 4 4 5 7	2. 0	3
Filer Identification Number:			Report Filed By:	CANE	DIDATE		сомм	ITTEE	X ro	BBYIST
COMMIT	nittee, Candidate or Lobbyis TEE TO ELE		e F	RRA	Pa					
Street Address:		•		RRO	100					Section 200
339 S	Schoeneck	Avenue		State			Zip Coo	to-		
Naza	refe			اع ا	A		1800		- [2	224
TYPE OF REPORT	PRE-PRIMARY	2ND FRIDAY PRE-PRIMARY	2. Y	30 DAY	MARY	3.	AMENDA		YES	X on
a	6TH TUESDAY 4.	2ND FRIDAY		30 DAY	CTION	6.	TERMIN		YES	NO /
(place X to the right of report type)	X to ht of ANNUAL 7. YEAR FILING METHOD						PAPI	R	∠ DIS	KETTE
Name of Office Soug	ht by Candidate:			DATE (F ELEC	TION	District Number	Office	Party	County
NORTHAM	PTON COON	74 GOV	Sore	MO. DA	Y	EAR	Number	Code	RE	
		•		11 4	0	7	1.4	(SEE IN	STRUCTION	S FOR CODES
		O. DAY YEAR	1 005	MO. DA	VI V	EAR		OR OF	ICE USE	ONLY
Summary of Rand Expenditur	eceipts		То	12 6			part			
A. Amount Brought	t Forward From Last Rep	ort	\$ 6	9877	22	-				
B. Total Monetary	Contributions and Receip	ts (From Schedu	ule I) \$	950	. 00)	- ,	7	(70)	
C. Total Funds Ava	ailable (Sum of Lines A	and B)	\$ -	7827	, >	2	E.	m93	8	_
D. Total Expenditur	res (From Schedule III)		\$	4048	۰ - ۵٬	+	SI	SE	등	2
E. Ending Cash Bal	ance (Subtract Line D from	om Line C)	\$	3778	ે ને 8		ON,	==	1	ENTEREC
F. Value of In-Kin	d Contributions Received	(From Schedule	e II) \$	- o -			3	22	\supset	Æ
G. Unpaid Debts an	nd Obligations (From Scho	edule IV)	\$ /	6,149.	99		10,	220	ó	0
PART I - If this is	s a Committee report to		FIDAVIT SI		ate rep	ort, ca	ndidate s	ign here		
NAME OF TAXABLE PARTY.	at this report, including the			and the state of t		and the same	Total State of the	Toronto and	ACCUSE OF THE OWNER, OR SHADOW	belief true,
Sworn to and subser				1				,		
3 Ld day of	December	20 0	7 1	San	dra	JC.	Me	lle		
Maries	2 L L COMMONWEA	LTH OF PENNSY	LVANIA	SAUE		ature of	Person St		Report	
1-range x	Signatur Mary F.	Notarial Seal Barket, Notary Publi	_ }	Onop	RA		rinted Nar		^	
My commission expi		Twp., Northampton	County	610		_	92		358	
	MD. My COTHINGS	un Expires/Sispi. 28,	, ZU11]	Area (ode		Di	aytime T	elephone N	umber
PART II - If this is	s a report of a Candida	te's Authorized	Committe	e, candidate	shall si	gn here	atria.		200	TAY BULL
I swear (or affirm) the (P.L. 1333, No. 320) as	at to the best of my knowle s amended.	dge and belief thi	s political c	ommittee has	not viol	ated any	provision	ns of the	Act of Ju	ne 3, 1937
Sworn to and subscr	ibed before me this			/				1		
3 Ma day of	Deamler	20 🧷	714	May	gan	et ö	ire of Car	ena	no	
May E. Bo		TH OF PENNSYL		MARC	SAE	OE F	- Z.	FER	RAR	0
1	Mary E. B	otarial Seal arket, Notary Public				P	rinted Nan	ne y_ /(150	
My commission expi	res Lower Nazareth	wp., Northampton	County 2011	6(O Area C	ode	_ '	75 Da	ytime To	lephone Nu	ımber

SCHEDULE I

PAGE 2 OF ___

CONTRIBUTIONS AND RECEIPTS

	Detailed Summary Page		
Name of Filing Committee or Candidate COMMITTEE TO C	ECECT PEG FERRARO	From/0 -	10d 23-07 to/2-6-07
1. UNITEMIZED CONTRIBUTIONS	AND RECEIPTS - \$50,00 OR LESS	PER CONT	TRIBUTOR
	TOTAL for the Reporting Period	i (1)	\$ 50.00
2. CONTRIBUTIONS \$50.01 TO \$2	250.00 (FROM PART A AND PART	B)	
Contributions Received from Politic	cal Committees (Part A)		\$ 500.
All Other Contributions (Part B)			\$ 400-
	TOTAL for the Reporting Period	(2)	\$#900
	- Imparation of the Bank of		The state of the s
Contributions Received from Politic	(FROM PART C AND PART D)		s - ¬
All Other Contributions (Part D)			\$ 60 5
	TOTAL for the Reporting Period	(3)	\$ - 0 _
. OTHER RECEIPTS - REFUNDS,	INTEREST EARNED, RETURNED CH	HECKS, ETC	; (FROM PART E)
	TOTAL for the Reporting Period	(4)	\$ - 0 _
TOTAL MONETARY CONTRIBUTIO THIS REPORTING PERIOD (Add and Boxes 1, 2, 3 and 4; also enter th Cover Page, Item B.)	d enter amount totals from		\$ 950.

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		_		Reporting		
COMMITTEE TO ELECT	TH	ZE FERRARI	2	From/c	1-20	-07 TO 10-6-07
				DATE		AMOUNT
Full Name of Contributing Committee REPUBLICAN LEADERSHI	.20	The FED	MO.	DAY	YEAR	\$ 350,
Mailing Address	PC	OURCLE PAC	/O	29 DAY	YEAR	
106 Street Suite 710						\$
1	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
WASHINGTON	DC	00000				\$
Full Name of Contributing Committee	>		LO	DAY	YEAR	\$ 250.
CITIZENS FOR PAT BR	000	NE	MO.	/8 DAY	YEAR	
435 BUSINESS PARK	LAI	NE				\$ (Rec'd after last repidate)
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	14	18109 9143				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<u> </u>
						1 \$
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	l .
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
The state of Contribution Committee			110	DAY.	VEAR	3
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Contribution Committee			MO.	DAY	YEAR	
Full Name of Contributing Committee			mu.	DA.	TCAN	\$
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	
			thro.	- DA.	TEAL	\$
/						PAGE TOTAL
Enter Grand Total of Part A on Sched	lule I	, Detailed Summary	Page,	Section	12.	\$.500

Reporting Period

PART B **ALL OTHER CONTRIBUTIONS**

Name of Filing Committee or Candidate

\$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.)

COMMITTEE TO ELE	CT	PEG FERR	ARO	From JC	~23-	07 TdZ-6-07
				DATE	G	AMOUNT
RONOLD and KINBERLY	KΔ	ease 14	/ O	30	YEAR .	\$ 250.
Mailing Address 529 CREEK ROAD	1)17		MO.	DAY	YEAR	\$
BANGOR	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor LOUISE MOORE PIN			MO.	DAY	YEAR	\$ 150.
Mailing Address		100	MO.	DAY	YEAR	\$
151 COUNTRY CLUB	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
ZASTON	PA	18045-2527				\$
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			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			MU.	DAT	TEAN	\$
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			MO.	DAY .	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			- МО.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
					5	PAGE TOTAL
Enter Grand Total of Part B on Sched	lule I,	Detailed Summary	Page,	Section	1 2.	\$ 400.

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			- 1	neporting	renou	
CTE PEGFERRADO			i	From /	3-33-	-07 To/2-6-07
To Whom Paid			1	DAY	LVEAR	Amount
			MO.	DAT	YEAR	\$ 1-345.41
BNC RCO Mailing Address			Descrip	tion of Exp	o7	\$1310.
					Julia ita u	
POBOX 377	1	T =	1-	1A1C	-	
A / A = 4 A = 5	00	Zip Code (Plus 4) /8064 -	1			
NAZARETH	TA	1/0061-		19 Land		A STATE OF THE STA
To Whom Paid			MO.	DAY	YEAR	Amount \$134.852,8-3
HALLOWELL+BRANSTE	TTE	ER	11		07	8/34 852
Mailing Address			Descrip	tion of Exp	enditure	
88 PLYNOUTH CIRCLE	_			106	none	7
City	State	Zip Code (Plus 4)	_	1	10.00	4
HERSHEY	PA	17033-				
			-	1		(Amenia)
HACLOSINELL & BOANS	~~	-512	MO.	DAY	YEAR	\$ 1850.
TO Whom Paid //ACCOWELL + BRANSTE Mailing Addypss	//	ERC	11	1 /	07	\$ 1850.
Mailing Address			Descrip	tion of Exp	enditure	1.0
88 FLYMOUTH CIRCLE			100	200C	LTIA	J G
HERSHEY	PA	Zip Code (Plus 4)	1			
HEROTILT	74	17033				
To Whom Paid			MO.	DAY	YEAR	Amount
				T		s
Mailing Address			Descrip	ion of Exp	enditure	
			1			
City	State	Zip Code (Plus 4)	 			
		_				
F. M B.14					1	Amount
To Whom Paid			MO.	DAY	YEAR	
N-22- Add			Danas la	ion of Exp		\$
Mailing Address			Descrip	ITON OF EXP	enditure	
City		Zip Code (Plus 4)				
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)	773			
			1			
To Whom Paid			MO.	DAY	YEAR	Amount
			-			\$
Mailing Address			Descript	ion of Exp	enditure	
•						
City	State	Zip Code (Plus 4)	 			
		-				
				_	_	
To Whom Paid		1	MO.	DAY	YE AR	Amount
						\$
Mailing Address			Descript	ion of Exp	enditura	
City	State	Zip Code (Plus 4)	1			
		_				
						PAGE TOTAL
Enter Grand Total of Expenditures on Pag		Papart Caves D	14	-m D		211 400
Enter Grand Total of Expenditures on Pag	je 1, 1	report Cover Pa	age, Iti	sid D.		\$4048.

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 CTE PEG FERRARD			From /		-07 то <i>12-6-0</i> 7
MARGARET L. FERRAR				13.21	Outstanding Balance of Debt
Mailing Address 339 Schoeneck Ave.	DATE DEBT INCURRED	мо.	Zip Code	99	
Nazaufl Description of Debt	1 1 1 1 1 1 1	PA	18064		
Campaign loan					Outstanding Balance of Debt
Name of Creditor MARCARET K, FERRA Melling Address	RO	MO.	DAY	YEAR	\$ 10,000
City Same	DATE DEBT INCURRED	5 State	// Zip Code	05	
Description of Debt ADDR					
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT INCURRED	MO.		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			yarr 1 - 1 - 2		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					
					PAGE TOTAL

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

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