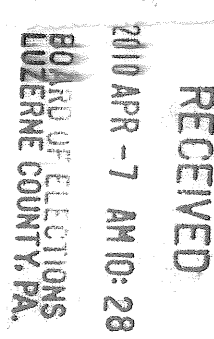


COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	1.	COMMITTEE	X	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS OF LOU BARLETTA								
STREET ADDRESS 1529 TERRACE BLVD.								
CITY HAZLETON	STATE PA	ZIP CODE 18201 -						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. 116	PARTY REP	DATE OF ELECTION				
				MO.	DAY	YEAR		
6TH TUESDAY PRE-PRIMARY	<input checked="" type="checkbox"/>			05	18	10		
2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>							
30 DAY POST-PRIMARY	<input type="checkbox"/>							
6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>							
2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>							
30 DAY POST-ELECTION	<input type="checkbox"/>							
ANNUAL REPORT	<input type="checkbox"/>							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		01	01	10		03	29	10
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 21.05						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 70,901.88						
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>			
FOR OFFICE USE ONLY								
								

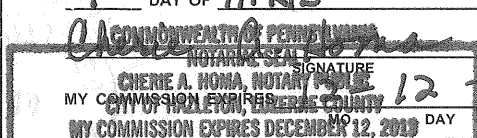
AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
1st DAY OF **APRIL** 20**10**



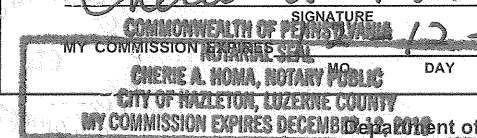
SIGNATURE OF PERSON SUBMITTING REPORT
Francis J Barletta
 PRINTED NAME
FRANCIS J. BARLETTA
 AREA CODE **570** DAYTIME TELEPHONE NUMBER **455-1200**

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
1st DAY OF **APRIL** 20**10**



SIGNATURE OF CANDIDATE
Lou Barletta
 PRINTED NAME
LOU BARLETTA
 AREA CODE **570** DAYTIME TELEPHONE NUMBER **459-4910**