

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 <sup>1</sup>	COMMITTEE <input checked="" type="checkbox"/> <sup>2</sup>	LOBBYIST <sup>3</sup>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Fourth District Republican Committee						
STREET ADDRESS 1015 Aspen Dr.						
CITY Mt top		STATE Pa	ZIP CODE 18707 -			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	all republican offices		4	R	MO.	DAY
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	RECEIVED	
30 DAY POST-PRIMARY	3.	10	20	09	010 FEB - 2 AM 9:36	
6TH TUESDAY PRE-ELECTION	4.	TO	12	31	BOARD OF ELECTIONS	
2ND FRIDAY PRE-ELECTION	5.	CASH BALANCE AT END OF REPORTING PERIOD:	\$	546,57	LUZERNE COUNTY, PA.	
30 DAY POST-ELECTION	6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$	—		
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>

**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

29th DAY OF January 2010

Mary Beth Chestnut city clerk  
SIGNATURE

MY COMMISSION EXPIRES 5 31 2011  
MO. DAY YR.

Holly M Quinn  
SIGNATURE OF PERSON SUBMITTING REPORT

Holly M Quinn  
PRINTED NAME

570 793 9101  
AREA CODE DAYTIME TELEPHONE NUMBER

**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

\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER