

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

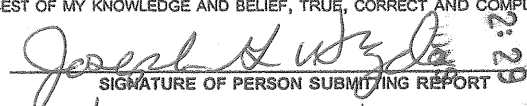
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

|   |   |  |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
|---|---|--|---|------------------------|-------------------------------------|-----------|-----------|-----------|-----|------|-----|-----|------|--|-----------|-----------|-----------|--|-----------|-----------|-----------|-------------------|-----|--------------------------|----|-------------------------------------|---------------------|-----|-------------------------------------|----|--------------------------|-----------|----------|-------------|
| FILER IDENTIFICATION NUMBER   | REPORT FILED ON BEHALF OF   | CANDIDATE <sup>1.</sup>  | COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/> | LOBBYIST <sup>3.</sup> |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br><b>FREELAND DEMOCRATIC COMMITTEE</b> |   |  |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| STREET ADDRESS<br><b>215 ADAMS ST</b>   |   |  |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| CITY<br><b>FREELAND,</b>  |   | STATE<br><b>PA</b>   | ZIP CODE<br><b>18224 -</b>                                  |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| TYPE OF REPORT (CHECK ONE)  | NAME OF OFFICE SOUGHT BY CANDIDATE  | DISTRICT NO.   | PARTY   | DATE OF ELECTION       |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
|   |   |  |   | MO.                    | DAY                                 | YEAR      |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| <input type="checkbox"/> 1. 6TH TUESDAY PRE-PRIMARY                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td colspan="3">TO</td> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td></td><td><b>10</b></td><td><b>19</b></td><td><b>09</b></td> <td></td><td><b>11</b></td><td><b>23</b></td><td><b>09</b></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>- 0 -</u></p> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table> | DATES OF REPORTING PERIOD  |   |                        | TO                                  |           |           | MO.       | DAY | YEAR | MO. | DAY | YEAR |  | <b>10</b> | <b>19</b> | <b>09</b> |  | <b>11</b> | <b>23</b> | <b>09</b> | AMENDMENT REPORT? | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | TERMINATION REPORT? | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | <b>11</b> | <b>3</b> | <b>2009</b> |
| DATES OF REPORTING PERIOD   |   |  | TO  |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| MO.   |   | DAY  | YEAR  | MO.                    | DAY                                 | YEAR      |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
|   |   | <b>10</b>  | <b>19</b>   | <b>09</b>              |                                     | <b>11</b> | <b>23</b> | <b>09</b> |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| AMENDMENT REPORT?   |   | YES  | <input type="checkbox"/>                                    | NO                     | <input checked="" type="checkbox"/> |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| TERMINATION REPORT?   |   | YES  | <input checked="" type="checkbox"/>                         | NO                     | <input type="checkbox"/>            |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| <input type="checkbox"/> 2. 2ND FRIDAY PRE-PRIMARY                                      |   | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">FOR OFFICE USE ONLY</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">2009 DEC -2 PM 2:28</p> <p style="text-align: center; font-size: 0.8em;">BOARD OF ELECTIONS<br/>LUZERNE COUNTY, PA.</p> </div> |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| <input type="checkbox"/> 3. 30 DAY POST-PRIMARY   |   |  |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| <input type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION                                    |   |  |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| <input type="checkbox"/> 5. 2ND FRIDAY PRE-ELECTION                                     |   |  |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| <input type="checkbox"/> 6. 30 DAY POST-ELECTION  |   |  |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |
| <input type="checkbox"/> 7. ANNUAL REPORT   |   |  |   |                        |                                     |           |           |           |     |      |     |     |      |  |           |           |           |  |           |           |           |                   |     |                          |    |                                     |                     |     |                                     |    |                          |           |          |             |

**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<br><b>27TH</b> DAY OF <b>NOV - 2009</b><br>COMMONWEALTH OF PENNSYLVANIA<br>Notarial Seal<br>SIGNATURE: <b>Robert J. Condrick, Notary Public</b><br>City Of Hazleton, Luzerne County<br>MY COMMISSION EXPIRES <b>July 12, 2011</b><br><small>Member, Pennsylvania Association of Notaries</small> | SIGNATURE OF PERSON SUBMITTING REPORT<br><br><b>JOSEPH G. WIZDA</b><br>PRINTED NAME<br><b>570</b> <b>636-2858</b><br>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<br>_____ DAY OF _____ 20____<br>_____<br>SIGNATURE<br>MY COMMISSION EXPIRES _____<br>MO.      DAY      YR.                                    | _____<br>SIGNATURE OF CANDIDATE<br>_____<br>PRINTED NAME<br>_____<br>AREA CODE      DAYTIME TELEPHONE NUMBER |