

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

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

Filer Identification Number:		Report Filed By:	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>					
Name of Filing Committee, Candidate or Lobbyist: <u>FRIENDS OF LOU BARLETTA</u>										
Street/Address: <u>1529 TERRACE BLVD.</u>										
City: <u>HAZZLETON</u>			State: <u>PA</u>	Zip Code: <u>18201-</u>						
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	<input checked="" type="checkbox"/>	NO
	8TH TUESDAY PRE-ELECTION	<input checked="" type="checkbox"/>	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES		NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER		DISKETTE	

Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		MO.	DAY	YEAR	116	20	BSP	40
				11	08	2005				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
		10	07		2005		09
A. Amount Brought Forward From Last Report				\$	3,121.86		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	- 0 -		
C. Total Funds Available (Sum of Lines A and B)				\$	3,121.86		
D. Total Expenditures (From Schedule III)				\$	926.00		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	2,195.86		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	- 0 -		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	67,755.88		

FOR OFFICE USE ONLY

2005 OCT 28 AM 10:02

RECEIVED

BOARD OF ELECTIONS  
 LUZERNE COUNTY, PA.

**AFFIDAVIT SECTION**

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 25 day of OCTOBER, 2005

Cherie A. Homa Signature of Person Submitting Report  
Francis J. Barletta Printed Name  
FRANCIS J. BARLETTA Printed Name

My commission expires 12-12-05 Area Code 570 Daytime Telephone Number 455-1200

HAZZLETON, LUZERNE CO., PA. MO. DAY YR.

**PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 25 day of OCTOBER, 2005

Cherie A. Homa Signature of Candidate  
Louis J. Barletta Printed Name  
LOUIS J. BARLETTA Printed Name

My commission expires 12-12-05 Area Code 570 Daytime Telephone Number 459-4910

HAZZLETON, LUZERNE CO., PA. MO. DAY YR.

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF LOU BARLETTA</b>	Reporting Period From <b>06/07/05</b> To <b>09/19/05</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <b>- 0 -</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <b>- 0 -</b>
All Other Contributions (Part B)	\$ <b>- 0 -</b>
TOTAL for the Reporting Period	(2) \$ <b>- 0 -</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>- 0 -</b>
All Other Contributions (Part D)	\$ <b>- 0 -</b>
TOTAL for the Reporting Period	(3) \$ <b>- 0 -</b>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <b>- 0 -</b>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <b>- 0 -</b>
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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 <p style="font-size: 1.2em; margin: 0;"><b>FRIENDS OF LOU BARLETTA</b></p>	Reporting Period From <u>06/07/05</u> To <u>09/19/05</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$ - 0 -
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

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

PAGE TOTAL
\$ - 0 -



**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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <u>FRIENDS OF LOU BARLETTA</u>	Reporting Period From <u>06/07/05</u> To <u>09/19/05</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee							- 0 -
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	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
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	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
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	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
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	\$
		-					\$

**PAGE TOTAL**  
 \$ - 0 -

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PART D  
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 <b>FRIENDS OF LOU BARLETTA</b>	Reporting Period From <u>06/07/05</u> To <u>09/19/05</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$ <u>0</u>
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
\$ 0

**PART E  
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 <b>FRIENDS OF LOU BARLETTA</b>	Reporting Period From <u>06/07/05</u> To <u>09/19/05</u>
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Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

<b>PAGE TOTAL</b>
\$ <u>0</u>

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**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 <b>FRIENDS OF LOU BARLETTA</b>	Reporting Period From <b>06/07/05</b> to <b>09/19/05</b>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <b>0</b>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$ <b>0</b>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$ <b>0</b>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <b>0</b>
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SCHEDULE II  
PART F  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <b>FRIENDS OF LOU BARLETTA</b>	Reporting Period From <u>06/07/05</u> To <u>09/19/05</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>0</u>
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**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <b>FRIENDS OF LOU BARLETTA</b>	Reporting Period From <u>06/07/05</u> To <u>09/19/05</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ <u>    0    </u>

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF LOU BARLETTA</b>	Reporting Period From <b>06/07/05</b> To <b>09/19/05</b>
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To Whom Paid <b>MUSTO SENATE Committee</b>	MO. <b>06</b>	DAY <b>16</b>	YEAR <b>2005</b>	Amount <b>\$ 250.00</b>
Mailing Address <b>PO BOX 786</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>Pittston</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18640</b>		

To Whom Paid <b>HAZLETON AREA SPORTS HALL OF FAME</b>	MO. <b>07</b>	DAY <b>11</b>	YEAR <b>2005</b>	Amount <b>\$ 90.00</b>
Mailing Address <b>201 BERNER AVENUE</b>		Description of Expenditure <b>ADVERTISEMENT</b>		
City <b>HAZLETON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18201 -</b>		

To Whom Paid <b>4th ANNUAL MEMORIAL GOLF TOUR</b>	MO. <b>07</b>	DAY <b>18</b>	YEAR <b>2005</b>	Amount <b>\$ 125.00</b>
Mailing Address		Description of Expenditure <b>SPONSORSHIP</b>		
City	State	Zip Code (Plus 4)		

To Whom Paid <b>POSTMASTER</b>	MO. <b>09</b>	DAY <b>02</b>	YEAR <b>2005</b>	Amount <b>\$ 111.00</b>
Mailing Address <b>231 N. Wyoming STREET</b>		Description of Expenditure <b>POSTAGE</b>		
City <b>HAZLETON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18201</b>		

To Whom Paid <b>FRIENDS OF HAGBERTY</b>	MO. <b>09</b>	DAY <b>12</b>	YEAR <b>2005</b>	Amount <b>\$ 100.00</b>
Mailing Address <b>840 W. MARKET STREET</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>KINGSTON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18704</b>		

To Whom Paid <b>FRIENDS OF CHARLIE SPANO</b>	MO. <b>09</b>	DAY <b>12</b>	YEAR <b>2005</b>	Amount <b>\$ 150.00</b>
Mailing Address <b>718 STAFFORD AVENUE</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>SCRANTON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18504</b>		

To Whom Paid <b>MUSTO FOR SENATE Committee</b>	MO. <b>09</b>	DAY <b>19</b>	YEAR <b>2005</b>	Amount <b>\$ 100.00</b>
Mailing Address <b>PO BOX 786</b>		Description of Expenditure <b>CONTRIBUTION</b>		
City <b>Pittston</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18640</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

PAGE TOTAL  
**\$ 926.00**

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**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 <b>FRIENDS OF LOU BARLETTA</b>	Reporting Period From <u>06/07/05</u> To <u>09/19/05</u>
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Name of Creditor <b>LOU BARLETTA</b>					Outstanding Balance of Debt <b>\$ 67,755.88</b>	
Mailing Address <b>1529 TERRACE BLVD</b>			DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>HAZLETON</b>			State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
Description of Debt <b>LOANS</b>						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City			DATE DEBT INCURRED	MO.	DAY	YEAR
State			Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City			DATE DEBT INCURRED	MO.	DAY	YEAR
State			Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City			DATE DEBT INCURRED	MO.	DAY	YEAR
State			Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City			DATE DEBT INCURRED	MO.	DAY	YEAR
State			Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City			DATE DEBT INCURRED	MO.	DAY	YEAR
State			Zip Code (Plus 4)			
Description of Debt						

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

**PAGE TOTAL**  
**\$ 67,755.88**