

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 <b>FRIENDS OF LOU BARLETTA</b>							
STREET ADDRESS <b>1529 TERRACE BLVD.</b>							
CITY <b>HAZLETON</b>		STATE <b>PENNA.</b>		ZIP CODE <b>18201</b>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION			
				MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY		116	REP	11	23	09	
2ND FRIDAY PRE-PRIMARY							
30 DAY POST-PRIMARY							
6TH TUESDAY PRE-ELECTION							
2ND FRIDAY PRE-ELECTION							
30 DAY POST-ELECTION							
ANNUAL REPORT							
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY			
MO. DAY YEAR		MO. DAY YEAR		STATE OF PENNSYLVANIA LUZERNE COUNTY, PA.			
6 9 09		9 14 09		SEP 21 AM 9:45 RECEIVED			
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 21.05					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 70,906.88					
AMENDMENT REPORT?	YES		NO	X			
TERMINATION REPORT?	YES		NO	X			

**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  
18 DAY OF September 2009

Cherie A. Homa  
 NOTARIAL SEAL  
 CHERIE A. HOMA, NOTARY PUBLIC  
 MY COMMISSION EXPIRES 12-12-09  
 HAZLETON, LUZERNE CO., PA.  
 MY COMMISSION EXP. DEC. 12, 2009

Francis J. Barletta  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**FRANCIS J. BARLETTA**  
 PRINTED NAME  
570 455-1200  
 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  
18 DAY OF September 2009

Cherie A. Homa  
 SIGNATURE  
 MY COMMISSION EXPIRES 12-12-09

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

Cherie A. Homa  
 NOTARIAL SEAL  
 CHERIE A. HOMA, NOTARY PUBLIC  
 MY COMMISSION EXPIRES 12-12-09