

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 LENNY BRENNER								
STREET ADDRESS 150 JOHNS AVENUE								
CITY HAZLETON			STATE PA	ZIP CODE 18201 -				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY		City Council		116	Rep		MO.	DAY
2. 2ND FRIDAY PRE-PRIMARY							05	19
3. 30 DAY POST-PRIMARY								09
4. 6TH TUESDAY PRE-ELECTION							FOR OFFICE USE ONLY	
5. 2ND FRIDAY PRE-ELECTION							RECEIVED 2009 MAY -8 AM 11:40 BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
6. 30 DAY POST-ELECTION								
7. ANNUAL REPORT								
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR		
				04	27	09	TO	
				MO.	DAY	YEAR		
				05	04	09		
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		125.00		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		Ø		
		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
8 DAY OF **MAY** 20**09**

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

Ann Louise Brenner
 SIGNATURE OF PERSON SUBMITTING REPORT
ANN LOUISE BRENNER
 PRINTED NAME
570 **459-1734**
 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
8 DAY OF **May** 20**09**

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

Lenny Brenner
 SIGNATURE OF CANDIDATE
LENNY BRENNER
 PRINTED NAME
570 **459-1734**
 AREA CODE DAYTIME TELEPHONE NUMBER