

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 BUTLER TOWNSHIP REPUBLICAN PARTY										
STREET ADDRESS 39 OAK STREET										
CITY DRUMS			STATE PA		ZIP CODE 18222					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY REP	DATE OF ELECTION				
						MO.	DAY	YEAR		
6TH TUESDAY PRE-PRIMARY	1.					11	02	04		
2ND FRIDAY PRE-PRIMARY	2.									
30 DAY POST-PRIMARY	3.									
6TH TUESDAY PRE-ELECTION	4.									
2ND FRIDAY PRE-ELECTION	5.									
30 DAY POST-ELECTION	6.									
ANNUAL REPORT	7.									
	X									
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
				01	01	2004		12	31	2004
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		49.98				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$						
		AMENDMENT REPORT?		YES		NO	X			
		TERMINATION REPORT?		YES		NO	X			
								FOR OFFICE USE ONLY		
								RECEIVED 2005 JAN 26 AM 9:31 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		

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
 21 DAY OF January 2005

NOTARIAL SEAL
 MARYANN P. STEIN, Notary Public
 BUTLER TWP., COUNTY OF LUZERNE
 MY COMMISSION EXPIRES MARCH 22, 2007

SIGNATURE OF PERSON SUBMITTING REPORT
 Brian Kisenwether
 PRINTED NAME
 570 AREA CODE 788-3409 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 OF CANDIDATE

 PRINTED NAME

 SIGNATURE

 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____
 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____