

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 ² <input checked="" type="checkbox"/>	LOBBYIST ³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST BUTLER TOWNSHIP REPUBLICAN PARTY COMMITTEE					
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. 1ST	PARTY REP	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY ¹					MO. DAY YEAR
2ND FRIDAY PRE-PRIMARY ²	DATES OF REPORTING PERIOD		TO		
30 DAY POST-PRIMARY ³	MO. DAY YEAR		MO. DAY YEAR		
6TH TUESDAY PRE-ELECTION ⁴					
2ND FRIDAY PRE-ELECTION ⁵					
30 DAY POST-ELECTION ⁶					
ANNUAL REPORT ⁷ <input checked="" type="checkbox"/>					
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>12.98</u>			FOR OFFICE USE ONLY		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____			RECEIVED 2007 JAN 30 AM 10:05 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

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 John Mazzola, Notary Public Butler Township, Luzerne County My commission expires October 2, 2009 SIGNATURE MY COMMISSION EXPIRES <u>10</u> <u>03</u> <u>09</u> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT PRINTED NAME AREA CODE DAYTIME TELEPHONE NUMBER
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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 MY COMMISSION EXPIRES _____ MO. DAY YR.	SIGNATURE OF CANDIDATE PRINTED NAME AREA CODE DAYTIME TELEPHONE NUMBER
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