

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. X	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Butler Township Republican 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.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY 1.				1st	Rep		MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY 2.							11	06	2007
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	FOR OFFICE USE ONLY		
		01 01 07 TO 12 31 07					RECEIVED 2008 JAN 25 AM 9:29 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 12.98							
		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		

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 NOTARIAL SEAL John Mazzola, Notary Public Butler Township, Luzerne County My commission expires 3, 2009		SIGNATURE OF PERSON SUBMITTING REPORT BRIAN KISENWEIHER PRINTED NAME	
MY COMMISSION EXPIRES MO. DAY YR.	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 _____ DAY OF _____ 20____ _____ SIGNATURE		SIGNATURE OF CANDIDATE _____ PRINTED NAME	
MY COMMISSION EXPIRES MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER	