

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 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				
				MO.	DAY	YEAR		
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>				11	04	08		
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>								
30 DAY POST-PRIMARY <input type="checkbox"/>								
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>								
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>								
30 DAY POST-ELECTION <input type="checkbox"/>								
ANNUAL REPORT <input checked="" type="checkbox"/>								
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		01	01	2008		12	31	2008
CASH BALANCE AT END OF REPORTING PERIOD:		\$ -0-						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -0-						
AMENDMENT REPORT?		YES		NO	X			
TERMINATION REPORT?		YES	X	NO	X			
FOR OFFICE USE ONLY								
RECEIVED 2009 JAN 27 AM 10:19 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
 23 DAY OF JAN 2009

John Mazzola, Notary Public
 Butler Township, Luzerne County
 My commission expires October 3, 2009

Signature of person submitting report: *Brian Kisermetics*
 PRINTED NAME: BRIAN Kisermetics
 AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 789-3429

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: _____
 AREA CODE: _____ DAYTIME TELEPHONE NUMBER: _____

MY COMMISSION EXPIRES
 MO. DAY YR.