

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: **30-0215039** Report Filed By: **CANDIDATE** <sup>1.</sup> **COMMITTEE** <sup>2.</sup>  **LOBBYIST** <sup>3.</sup>

Name of Filing Committee, Candidate or Lobbyist: **FRIENDS OF FRANK J CIAVARELLA JR.**

Street Address: ~~196 PROQUOIS AVENUE~~ **227 Ridge ST**

City: ~~PLAINS~~ **ASHLEY** State: **PA.** Zip Code: **18706**

TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	<input checked="" type="checkbox"/> YEAR <b>2006</b>		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: **HANOVER TWP COMMISSIONER**

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR				
				<b>OTHDEM</b>		<b>40</b>

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report								2006 DEC 29 AM 11:30 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA
B. Total Monetary Contributions and Receipts (From Schedule I)								
C. Total Funds Available (Sum of Lines A and B)								
D. Total Expenditures (From Schedule III)								
E. Ending Cash Balance (Subtract Line D from Line C)								
F. Value of In-Kind Contributions Received (From Schedule II)								
G. Unpaid Debts and Obligations (From Schedule IV)								

**AFFIDAVIT SECTION**

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 29 day of Dec 2006

Frank J Ciavarella Signature

My commission expires Notarial Seal  
Frank J. Ciavarella, Notary Public  
Hanover Twp, Luzerne County

Nancy B. Ciavarella Signature of Person Submitting Report  
Nancy B. Ciavarella Printed Name  
570 Area Code 970-8662 Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 29 day of Dec 2006

Frank J Ciavarella Signature

My commission expires Notarial Seal  
Frank J. Ciavarella, Notary Public  
Hanover Twp, Luzerne County

Frank Ciavarella JR Signature of Candidate  
FRANK CIAVARELLA JR Printed Name  
570 Area Code 970-8662 Daytime Telephone Number

**Hanover Twp, Luzerne County**  
**My Commission Expires April 26, 2009**

## SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <b>FRIENDS OF FRANK J CIAVARELLA JR</b>	Reporting Period From <b>12-31-05</b> To <b>12-31-06</b>
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Name of Creditor <b>FRANK J CIAVARELLA SR</b>				Outstanding Balance of Debt <b>\$ 190.00</b>	
Mailing Address <b>326 Lee PARK AVE</b>	DATE DEBT INCURRED	MO. <b>2</b>	DAY <b>17</b>	YEAR <b>06</b>	
City <b>WILKES-BARRE P.A. 18706</b>	State <b>PA</b>	Zip Code (Plus 4) <b>187-06</b>			
Description of Debt <b>LATE Fee COUNTY (LUZERNE)</b>					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					PAGE TOTAL <b>\$ 190.00</b>
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