

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 <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>																				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DURVEA DEMOCRATIC ORGANIZATION																								
STREET ADDRESS 40 515 GREEN ST																								
CITY DURVEA	STATE PA	ZIP CODE 18642																						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION																				
				MO.	DAY	YEAR																		
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">DATES OF REPORTING PERIOD</td> <td>NO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>NO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td colspan="2"></td> <td>01</td> <td>01</td> <td>04</td> <td></td> <td>01</td> <td>28</td> <td>05</td> </tr> </table>	DATES OF REPORTING PERIOD		NO.	DAY	YEAR	TO	NO.	DAY	YEAR			01	01	04		01	28	05	<p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>205.10</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>—</u></p>			<p>RECEIVED</p> <p>2005 FEB -2 AM 9:50</p> <p>BOARD OF ELECTIONS LUTERNE COUNTY, PA.</p>	
DATES OF REPORTING PERIOD		NO.	DAY	YEAR	TO	NO.	DAY	YEAR																
		01	01	04		01	28	05																
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>																								
30 DAY POST-PRIMARY <input type="checkbox"/>																								
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ANNUAL REPORT <input checked="" type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>														
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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 <u>28</u> DAY OF <u>January</u> 20 <u>05</u> SIGNATURE Notarial Seal MY COMMISSION EXPIRES <u>2005</u> Notary Public Durvea Boro, Luzerne County My Commission Expires Mar 25, 2005	 SIGNATURE OF PERSON SUBMITTING REPORT AUDREY M. YAGER PRINTED NAME 570 457-2290 AREA CODE DAYTIME TELEPHONE NUMBER
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PART II - Member, Pennsylvania Association of Notaries

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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