

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. /	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DUNYEA DEMOCRATIC ORGANIZATION									
STREET ADDRESS % 551 POND ST									
CITY DUNYEA			STATE PA		ZIP CODE 18642-1447				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY 1.							MO.	DAY	
2ND FRIDAY PRE-PRIMARY 2.								YEAR	
30 DAY POST-PRIMARY 3.									
6TH TUESDAY PRE-ELECTION 4.									
2ND FRIDAY PRE-ELECTION 5.									
30 DAY POST-ELECTION 6.									
ANNUAL REPORT 7. <input checked="" type="checkbox"/>									
		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
				01 01 06		TO 12 31 06		RECEIVED 2007 FEB - 1 PM 3:22 BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 205.10					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ NONE					
		AMENDMENT REPORT?		YES	NO				
		TERMINATION REPORT?		YES	NO				

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
 DAY OF Feb 20 2007
 Signature: *Donna M. Kraus*
 SIGNATURE OF WEALTH OF PENNSYLVANIA

Signature: *Audrey C. Marcinko*
 SIGNATURE OF PERSON SUBMITTING REPORT
 AUDREY C. MARCINKO
 PRINTED NAME

MY COMMISSION EXPIRES: [NOTARIAL SEAL] DONNA M. KRAUS, Notary Public, Wyoming, Luzerne County, PA, My Commission Expires July 25, 2009

(570) AREA CODE
 457-4377 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

MY COMMISSION EXPIRES: MO. DAY YR.

SIGNATURE OF CANDIDATE
 PRINTED NAME
 AREA CODE DAYTIME TELEPHONE NUMBER