

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE 1.		COMMITTEE 2. <input checked="" type="checkbox"/>		LOBBYIST 3.			
Name of Filing Committee, Candidate or Lobbyist: <u>5TH DISTRICT DEMOCRATIC COMMITTEE</u>											
Street Address: <u>156 BUTLER ST.</u>											
City: <u>KINGSTON</u>					State: <u>PA</u>		Zip Code: <u>18704-</u>				
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 <input type="checkbox"/> NO <input type="checkbox"/>				
	8TH TUESDAY PRE-ELECTION 4.		OND FRIDAY PRE-ELECTION 5. <input checked="" type="checkbox"/>		30 DAY POST-ELECTION 6.		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT 7.		YEAR <u>2005</u>		FILING METHOD (X) CHECK ONE <input checked="" type="checkbox"/>		PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO. DAY YEAR <u>11 8 05</u>						
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from:			MO. DAY YEAR <u>6 7 05</u>			To			MO. DAY YEAR <u>10 24 05</u>		
			A. Amount Brought Forward From Last Report			\$			<u>2829.06</u>		
B. Total Monetary Contributions and Receipts (From Schedule I)			\$			<u>0</u>					
C. Total Funds Available (Sum of Lines A and B)			\$			<u>2829.06</u>					
D. Total Expenditures (From Schedule III)			\$			<u>1600.00</u>					
E. Ending Cash Balance (Subtract Line D from Line C)			\$			<u>1229.06</u>					
F. Value of In-Kind Contributions Received (From Schedule II)			\$			<u>0</u>					
G. Unpaid Debts and Obligations (From Schedule IV)			\$			<u>0</u>					
FOR OFFICE USE ONLY											
2005 OCT 27 AM 11:07 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA.											

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 2nd day of October 2005

Ann Marie Cook
Signature

My commission expires 11 22 2008
MO. DAY YR.

Sarah T. Lottick
Signature of Person Submitting Report

SARAH T. LOTTICK
Printed Name

570 287-0608
Area Code 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 _____ day of _____ 20____

NOTARIAL SEAL
ANN MARIE COOK, NOTARY PUBLIC
MUNICIPALITY OF KINGSTON, LUZERNE COUNTY
MY COMMISSION EXPIRES NOVEMBER 22, 2008

Signature

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate 5TH DISTRICT DEMOCRATIC COMMITTEE	Reporting Period From 6/7/05 To 10/24/05
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To Whom Paid	MO.	DAY	YEAR	Amount
Checkerboard Inn	10	12	05	\$ 1600 -
Mailing Address 385 Carverton Rd.	Description of Expenditure Cost of food for picnic			
City Trucksville	State PA	Zip Code (Plus 4) 18708-		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL	\$ 1600.00
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