

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 5TH DISTRICT DEMOCRATIC COMMITTEE																	
STREET ADDRESS 156 BUTLER ST																	
CITY KINGSTON		STATE PA	ZIP CODE 18704														
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 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 checked="" type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION NO. DAY YEAR 11 8 05												
	DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>25</td><td>05</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>28</td><td>05</td></tr> </table>		MO.	DAY	YEAR	10	25	05	MO.	DAY	YEAR	11	28	05	FOR OFFICE USE ONLY		
	MO.	DAY	YEAR														
	10	25	05														
	MO.	DAY	YEAR														
	11	28	05														
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>1229.06</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>		RECEIVED 2005 DEC -5 AM 11:24 BOARD OF ELECTIONS LUZERNE COUNTY, PA.														
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																	
TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																	
ANNUAL REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>																	

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
5th DAY OF December 2005
Ann Marie Cook
 SIGNATURE
 MY COMMISSION EXPIRES 11 22 2008
 COMMONWEALTH OF PENNSYLVANIA 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 statement is filed on behalf of a Contributing Lobbyist'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