

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	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) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
					NO.	DAY	YEAR	
						5	16	06
	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY		
			5	1	06	RECEIVED 2006 JUN 13 PM 2:22 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
			CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>2783.98</u>					
			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>					
		AMENDMENT REPORT?	YES	NO				
				<input checked="" type="checkbox"/>				
		TERMINATION REPORT?	YES	NO				
				<input checked="" 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 <u>13th</u> DAY OF <u>June</u> 2006 <u>Ann Marie Cook</u> SIGNATURE MY COMMISSION EXPIRES <u>11 22 2008</u> MO. DAY YR.	<u>Sarah T. Lottick</u> SIGNATURE OF PERSON SUBMITTING REPORT <u>SARAH T. LOTTICK, TREAS</u> PRINTED NAME <u>570</u> <u>287-0608</u> AREA CODE DAYTIME TELEPHONE NUMBER
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PART II -
 If statement is filed on behalf of a Political Candidate or 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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NOTARIAL SEAL
 ANN MARIE COOK, NOTARY PUBLIC
 KINGSTON, LUZERNE COUNTY
 MY COMMISSION EXPIRES NOVEMBER 22, 2008