

Commonwealth of Pennsylvania  
**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"/>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: <u>1st 6th DISTRICT DEMOCRATIC COMMITTEE</u>									
Street Address: <u>PO BOX 4271 / 21 9th St.</u>									
City: <u>WYOMING</u>					State: <u>PA</u>		Zip Code: <u>18644</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	NO <input checked="" type="checkbox"/>
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR <u>2006</u>	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE	

Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR				
				<u>11</u>	<u>07</u>	<u>2006</u>				
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	<u>11</u>	<u>27</u>	<u>2006</u>		<u>12</u>	<u>31</u>	<u>2006</u>
A. Amount Brought Forward From Last Report				\$	<u>3787.36</u>		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<u>0</u>		
C. Total Funds Available (Sum of Lines A and B)				\$	<u>3787.36</u>		
D. Total Expenditures (From Schedule III)				\$	<u>10.00</u>		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<u>3777.36</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

2007 JAN 12 PM 3:45  
 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 12 day of January, 2007

Patricia A. Galt  
 My Commission Expires March 30 2008

John G. Gilligan  
 Signature of Person Submitting Report  
JOHN GILLIGAN  
 Printed Name  
570 570-693-4597  
 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\_\_\_\_

\_\_\_\_\_  
 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 <u>LOZ G 5th DISTRICT DEMOCRATIC Comm</u>	Reporting Period From <u>11/27/2006</u> To <u>12/31/2006</u>
--	---

To Whom Paid <u>WACHOVIA BANK</u>			MO.	DAY	YEAR	Amount \$ <u>10.00</u>
Mailing Address <u>PIERCE ST</u>			Description of Expenditure <u>SERVICE charge</u>			
City <u>KINGSTON</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>				
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 \$ <u>10.00</u>
-------------------------------