

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 <input checked="" type="checkbox"/>	LOBBYIST ³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Luz. Co 5th District Democratic Committee</i>					
STREET ADDRESS <i>PO Box 4271 / 21 9th STREET</i>					
CITY <i>WYOMING</i>		STATE <i>PA</i>	ZIP CODE <i>18644</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION	
	<i>NA</i>	<i>NA</i>	<i>NA</i>	MO.	DAY
	1. 6TH TUESDAY PRE-PRIMARY			<i>11</i>	<i>04</i>
	2. 2ND FRIDAY PRE-PRIMARY				<i>08</i>
	3. 30 DAY POST-PRIMARY			YEAR	
	4. 6TH TUESDAY PRE-ELECTION			<i>08</i>	
	5. 2ND FRIDAY PRE-ELECTION				
6. 30 DAY POST-ELECTION					
7. ANNUAL REPORT <input checked="" type="checkbox"/>					
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY	
MO.	DAY	YEAR	MO.	DAY	YEAR
<i>11</i>	<i>25</i>	<i>08</i>	<i>12</i>	<i>31</i>	<i>08</i>
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>5392.57</i>			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>			
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>		

RECEIVED
 2009 JAN 22 AM 10:47
 BOARD OF ELECTIONS
 LUZERNE COUNTY, PA.

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

22 DAY OF *January* 20*09*
 Notarial Seal
Notary Public
 Wyoming Boro, Luzerne County
 My Commission Expires March 30, 2012
 Member, Pennsylvania Association of Notaries
 MY COMMISSION EXPIRES *Mar 30, 2012*
 MO. DAY YR.

John Gilligan
 SIGNATURE OF PERSON SUBMITTING REPORT
 JOHN GILLIGAN
 PRINTED NAME
 570 693-4597
 AREA CODE 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