

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:	Report Filed By:	<input type="checkbox"/> CANDIDATE ^{1.}	<input checked="" type="checkbox"/> COMMITTEE ^{2.}	<input type="checkbox"/> LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: THE FIFTH DISTRICT OF THE REPUBLICAN COMM OF LUZ CTY				
Street Address: 75 N. GATES AVE.				
City: KINGSTON	State: PA	Zip Code: 18704 -		

TYPE OF REPORT (place X to the right of report type)	<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY ^{1.}	<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY ^{2.}	<input type="checkbox"/> 20 DAY POST-PRIMARY ^{3.}	<input type="checkbox"/> AMENDMENT REPORT? YES <input type="checkbox"/> NO
	<input type="checkbox"/> 8TH TUESDAY PRE-ELECTION ^{4.}	<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION ^{5.}	<input type="checkbox"/> 30 DAY POST-ELECTION ^{6.}	<input type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO
	<input checked="" type="checkbox"/> ANNUAL REPORT ^{7.}	<input type="checkbox"/> YEAR <u>2004</u>	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	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				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:		FOR OFFICE USE ONLY
	MO. DAY YEAR	
	<u>06 01 2004</u>	
	To	
	MO. DAY YEAR	
	<u>12 31 2004</u>	
A. Amount Brought Forward From Last Report	\$	RECEIVED 2006 JAN 30 PM 4:55 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	
C. Total Funds Available (Sum of Lines A and B)	\$	
D. Total Expenditures (From Schedule III)	\$	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	

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 29th day of SEP 2006

Leopette Villano
 Signature

My commission expires 9 22 09
 MO. DAY YR.

Michael Jacobs
 Signature of Person Submitting Report

MICHAEL JACOBS
 Printed Name

570 283-1114
 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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate THE FIFTH DISTRICT OF THE REPUBLICAN COMM. OF LUZERNE COUNTY	Reporting Period From <u>6/1/04</u> To <u>12/31/04</u>
--	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ <u>— 0 —</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <u>— 0 —</u>
All Other Contributions (Part B)		\$ <u>— 0 —</u>
	TOTAL for the Reporting Period	(2) \$ <u>— 0 —</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <u>— 0 —</u>
All Other Contributions (Part D)		\$ <u>— 0 —</u>
	TOTAL for the Reporting Period	(3) \$ <u>— 0 —</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$ <u>— 0 —</u>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <u>— 0 —</u>
---	-----------------

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate THE FIFTH DISTRICT OF THE REPUBLICAN COMMITTEE OF LUZERNE COUNTY	Reporting Period From 06/01/04 To 12/31/04
--	---

To Whom Paid WEGMANS	MO. 10	DAY 21	YEAR 04	Amount \$ 256.45
Mailing Address		Description of Expenditure REFRESHMENTS FOR CKT PARTY		
City Wilkes-Barre	State PA	Zip Code (Plus 4) 18702-		

To Whom Paid ROBERT JACOBS	MO. 10	DAY 21	YEAR 04	Amount \$ 38.00
Mailing Address 105 SECOND AVE		Description of Expenditure REIMBURSEMENT FOR CKT PARTY EXPENSES		
City Kingston	State PA	Zip Code (Plus 4) 18704		

To Whom Paid SANDRA PANZITTA	MO. 10	DAY 21	YEAR 04	Amount \$ 140.52
Mailing Address SUSQUEHANNA AVE		Description of Expenditure SUPPLIES FOR CKT PARTY		
City W. Pittston	State PA	Zip Code (Plus 4) 18640		

To Whom Paid AMER. LEGION POST 395	MO. 10	DAY 21	YEAR 04	Amount \$ 320.00
Mailing Address Wyoming Ave		Description of Expenditure RENTAL - HALL + BAR		
City Kingston	State PA	Zip Code (Plus 4) 18704-		

To Whom Paid ROBERTA HOLLECK	MO. 10	DAY 21	YEAR 04	Amount \$ 50.00
Mailing Address		Description of Expenditure BARTENDER		
City Kingston	State PA	Zip Code (Plus 4) 18704-		

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 \$ 804.97
