

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"/>		CANDIDATE ^{1.} <input type="checkbox"/>		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: <u>FIRST DISTRICT DEMOCRATIC PARTY</u>										
Street Address: <u>135 E HICKORY STREET</u>										
City: <u>HAZLETON</u>				State: <u>PA</u>		Zip Code: <u>18201 -</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 <input type="checkbox"/> NO <input type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST-ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>		YEAR <u>2006</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 <u>11 07 06</u>		<u>151</u>			
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from: <input type="checkbox"/>		MO. DAY YEAR <u>01 02 06</u>			To			MO. DAY YEAR <u>12 31 06</u>			FOR OFFICE USE ONLY RECEIVED 2007 JAN 24 AM 11:30 BOARD OF ELECTIONS LUZERNE COUNTY			
		A. Amount Brought Forward From Last Report		\$		<u>1486.45</u>		B. Total Monetary Contributions and Receipts (From Schedule I)		\$				
C. Total Funds Available (Sum of Lines A and B)		\$		<u>1486.45</u>		D. Total Expenditures (From Schedule III)		\$		<u>00</u>				
E. Ending Cash Balance (Subtract Line D from Line C)		\$		<u>1486.45</u>		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 16 day of January 2006

Maryanne M. Trella
 NOTARIAL PUBLIC
 BUTLER TWP., COUNTY OF LUZERNE
 My commission expires 03 22 2007

Joseph A. Zoba
 Signature of Person Submitting Report
JOSEPH A ZOBA
 Printed Name
570 455-7531
 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