

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 FIRST DISTRICT REPUBLICAN PARTY								
STREET ADDRESS PO BOX 182								
CITY HAZLETON			STATE PA		ZIP CODE 18201			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY					116	REP	MO.	DAY
2ND FRIDAY PRE-PRIMARY							05	19
30 DAY POST-PRIMARY								09
6TH TUESDAY PRE-ELECTION								
2ND FRIDAY PRE-ELECTION								
30 DAY POST-ELECTION								
ANNUAL REPORT								
		DATES OF REPORTING PERIOD					FOR OFFICE USE ONLY	
		MO. DAY YEAR			MO. DAY YEAR		RECEIVED	
		04 22 09			05 04 09		2009 MAY - 8 AM 11:40	
		CASH BALANCE AT END OF REPORTING PERIOD:			\$ 0		BOARD OF ELECTIONS	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ 0		LUZERNE COUNTY, PA.	
		AMENDMENT REPORT?		YES	NO			
		TERMINATION REPORT?		YES	NO			

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
 8 DAY OF MAY 2009
 Cherie A. Homa
 SIGNATURE
 NOTARIAL SEAL 12-09
 MY COMMISSION EXPIRES
 CHERIE A. HOMA, NOTARY PUBLIC
 HAZLETON, LUZERNE CO., PA.

RICHARD MORELLI
 SIGNATURE OF PERSON SUBMITTING REPORT
 RICHARD MORELLI
 PRINTED NAME
 570 AREA CODE
 428-4462 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