

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 <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>The Election Committee for Stephen Flood</i>						
STREET ADDRESS <i>1266-B Sans Souci Parkway</i>						
CITY <i>Wilkes-Barre</i>			STATE <i>PA</i>	ZIP CODE <i>18706 - 3705</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	<i>County commissioner</i>		<i>County of Luzerne</i>	<i>Democrat</i>	MO. <i>05</i>	DAY <i>15</i> YEAR <i>2007</i>
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	2. X					
30 DAY POST-PRIMARY <input type="checkbox"/>	3.	MO. DAY YEAR <i>1 1 07</i> TO <i>4 30 07</i>		RECEIVED 2007 MAY -4 PM 2:19 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>320.38</i></u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>80,000.-</i></u>				
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	5.					
30 DAY POST-ELECTION <input type="checkbox"/>	6.					
ANNUAL REPORT <input type="checkbox"/>	7.					
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

AFFIDAVIT SECTION

COMMONWEALTH OF PENNSYLVANIA

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.

(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
4 DAY OF May 2007
Carol Ann Eustice
 SIGNATURE
 MY COMMISSION EXPIRES 9 21 10
 MO. DAY YR.

Janusz Wolanin
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
570 287-6690
 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
4 DAY OF May 2007
Carol Ann Eustice
 SIGNATURE
 MY COMMISSION EXPIRES 9 21 10
 MO. DAY YR.

Heather Paulhan
 SIGNATURE OF CANDIDATE
 PRINTED NAME Heather Paulhanus POA/Plenary Guardian
570 868-1100
 AREA CODE DAYTIME TELEPHONE NUMBER