

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 <sup>1</sup>	COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3</sup>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST The Election Committee For STEPHEN FLOOD							
STREET ADDRESS 1266-B Sawi Souci Parkway							
CITY WILKES-BARRE			STATE PA	ZIP CODE 18706 - 3705			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	Controller - Conway			Demo	MO.	DAY	YEAR
	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
	2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR	RECEIVED 2005 APR - 4 AM 9:33 BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
	30 DAY POST-PRIMARY	3.	1 01 05		3 28 05		
	6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 1,224.39				
	2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 80,000.00				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
ANNUAL REPORT	7.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>		

**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

04 DAY OF APRIL 2005

DAVID J. MUROSKI COUNTY PUBLIC SAFETY COMMISSIONER LUZERNE COUNTY, PA

SIGNATURE

MY COMMISSION EXPIRES

MO. DAY YR.

Heather Paulhamus

SIGNATURE OF PERSON SUBMITTING REPORT

Heather Paulhamus

PRINTED NAME

570 868-6000

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

04 DAY OF APRIL 2005

DAVID J. MUROSKI COUNTY PUBLIC SAFETY COMMISSIONER LUZERNE COUNTY, PA

SIGNATURE

MY COMMISSION EXPIRES

MO. DAY YR.

STEPHEN FLOOD

SIGNATURE OF CANDIDATE

STEPHEN FLOOD

PRINTED NAME

570 868-6000

AREA CODE DAYTIME TELEPHONE NUMBER