

# 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="text"/>		Report Filed By: <input type="text"/>		CANDIDATE <sup>1.</sup> <input type="checkbox"/>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: <u>THE Election Committee For STEPHEN FLOOD</u>										
Street Address: <u>1266B SONS SOUET PARKWAY</u>										
City: <u>WILKESBARRE</u>			State: <u>PA</u>			Zip Code: <u>18706-3705</u>				
TYPE OF REPORT  (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO	
	ANNUAL REPORT	7.	YEAR <u>2005</u>		FILING METHOD ( <input checked="" type="checkbox"/> ) CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:					DATE OF ELECTION MO. DAY YEAR		District Number	Office Code	Party Code	County Code
								<u>074</u>	<u>Dem</u>	<u>40</u>
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY  BOARD OF ELECTIONS LUZERNE COUNTY, PA.  2005 JAN - 4 PM 1:09  RECEIVED	
		<u>9</u>	<u>20</u>	<u>2005</u>	To	<u>12</u>	<u>31</u>	<u>2005</u>		
A. Amount Brought Forward From Last Report		\$		<u>220.38</u>						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		<u>-</u>						
C. Total Funds Available (Sum of Lines A and B)		\$		<u>220.38</u>						
D. Total Expenditures (From Schedule III)		\$		<u>-</u>						
E. Ending Cash Balance (Subtract Line D from Line C)		\$		<u>220.38</u>						
F. Value of In-Kind Contributions Received (From Schedule II)		\$		<u>-</u>						
G. Unpaid Debts and Obligations (From Schedule IV)		\$		<u>80,000.00</u>						

### 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 3 day of January, 2006

[Signature]  
 PATRICIA A. SELENSKI, Notary Public  
 Wyoming, Luzerne County  
 My Commission Expires May 30, 2009

My commission expires \_\_\_\_\_ MO. DAY YR.

[Signature]  
 Signature of Person Submitting Report  
HEATHER PAULHAMUS  
 Printed Name  
570 868-1100  
 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 3 day of January, 2006

[Signature]  
 PATRICIA A. SELENSKI, Notary Public  
 Wyoming, Luzerne County  
 My Commission Expires May 30, 2009

My commission expires \_\_\_\_\_ MO. DAY YR.

[Signature]  
 Signature of Candidate  
STEPHEN L. FLOOD  
 Printed Name  
570 868-1100  
 Area Code Daytime Telephone Number

## SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>THE ELECTION COMMITTEE FOR STEPHEN FLOOD</i>	Reporting Period From <i>9/20/05</i> To <i>12/31/05</i>
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Name of Creditor <i>STEPHEN L. FLOOD</i>				Outstanding Balance of Debt \$ <i>80,000.-</i>	
Mailing Address <i>229 Country Club Drive</i>	DATE DEBT INCURRED <i>2001</i>	MO.	DAY	YEAR	
City <i>MT. TOP</i>	State	Zip Code (Plus 4) <i>18706-3705</i>			
Description of Debt <i>Loan to Committee</i>					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <i>80,000.-</i>
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