

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 <input checked="" type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: <u>Luzerne County 4th District Democratic Committee</u>										
Street Address: <u>116 Thomas Street</u>										
City: <u>Larksville</u>				State: <u>PA</u>		Zip Code: <u>18704 -</u>				
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	<input checked="" type="checkbox"/>	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR	<u>2007</u>	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER	<input checked="" 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	MO.	DAY	YEAR			<u>DEM</u>	<u>40</u>
			<u>11</u>	<u>6</u>	<u>2007</u>				
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
	<u>9</u>	<u>18</u>	<u>2007</u>		<u>10</u>	<u>22</u>	<u>2007</u>	
A. Amount Brought Forward From Last Report							\$	<u>1364.24</u>
B. Total Monetary Contributions and Receipts (From Schedule I)							\$	<u>0</u>
C. Total Funds Available (Sum of Lines A and B)							\$	<u>1364.24</u>
D. Total Expenditures (From Schedule III)							\$	<u>500.00</u>
E. Ending Cash Balance (Subtract Line D from Line C)							\$	<u>864.24</u>
F. Value of In-Kind Contributions Received (From Schedule II)							\$	
G. Unpaid Debts and Obligations (From Schedule IV)							\$	

RECEIVED
 2007 OCT 26 PM 12:26
 BOARD OF ELECTIONS
 LUZERNE COUNTY, PA.

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 26th day of October, 2007

Signature <u>Joan A. Pekarovsky</u> My commission expires <u>8-28-2010</u> MO. DAY YR.	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL JOAN A. PEKAROVSKY, NOTARY PUBLIC LARKSVILLE, LUZERNE COUNTY MY COMMISSION EXPIRES AUG. 28, 2010	Signature of Person Submitting Report <u>Gale Conrad</u> Printed Name <u>GALE CONRAD</u> Area Code <u>570</u> Daytime Telephone Number <u>779-5525</u>
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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 _____
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- SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>LuZerne County 4th District Democratic Committee</u>	Reporting Period From <u>9-18-07</u> to <u>10-22-2007</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
<u>SKrep + Petrilla</u>	<u>10</u>	<u>5</u>	<u>07</u>	<u>\$ 500.00</u>
Mailing Address <u>1086 Hwy. 315</u>	Description of Expenditure <u>Contribution</u>			
City <u>Wilkes-Barre</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18702-</u>		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <u>\$ 500.00</u>
