

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 Fourth District Republican Committee					
STREET ADDRESS 1015 Aspen Drive					
CITY Mountaintop		STATE Pa	ZIP CODE 18707 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE N/A		DISTRICT NO. -	PARTY REP	
	DATE OF ELECTION				
	MO. DAY YEAR		MO. DAY YEAR		
	6TH TUESDAY PRE-PRIMARY		11 06 07		
	2ND FRIDAY PRE-PRIMARY				
	30 DAY POST-PRIMARY				
	6TH TUESDAY PRE-ELECTION				
2ND FRIDAY PRE-ELECTION					
30 DAY POST-ELECTION <input checked="" type="checkbox"/>					
ANNUAL REPORT					
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR	
		10 23 07		TO 11 26 07	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 600.93			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -			
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>	
FOR OFFICE USE ONLY					
RECEIVED 2007 DEC -6 PM 2:48 BOARD OF ELECTIONS LUZERNE COUNTY, PA.					

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 _____ DAY OF _____ 2007

NOTARIAL SEAL
 SHARON A. BART Notary Public
 Wyoming, Luzerne County, PA
 My Commission Expires Jan. 25, 2011

Signature: _____
 SIGNATURE OF PERSON SUBMITTING REPORT

Printed Name: Holly M. Quinn
 PRINTED NAME

Area Code: 570
 DAYTIME TELEPHONE NUMBER: 793-9101

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

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: _____
 SIGNATURE OF CANDIDATE

Printed Name: _____
 PRINTED NAME

Area Code: _____
 DAYTIME TELEPHONE NUMBER: _____

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.