

due 6/18/09 Thursday

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		DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		all republican offices		4	R		MO.	DAY
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	11	3
30 DAY POST-PRIMARY		05 05 09 TO 6 8 09				YEAR	09	
6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD:		\$		546.57		
2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		-		
30 DAY POST-ELECTION		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
ANNUAL REPORT		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
FOR OFFICE USE ONLY								
RECEIVED 2009 JUN 17 PM 1:11 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  
 17th DAY OF June 2009  
 Mary Beth Che Linski  
 SIGNATURE  
 MY COMMISSION EXPIRES 4 2016  
 MO. DAY YR.

Holly M. Quinn  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 Holly M Quinn  
 PRINTED NAME  
 570 793 9101  
 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  
 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE  
 MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 AREA CODE DAYTIME TELEPHONE NUMBER