

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 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	
6TH TUESDAY PRE-PRIMARY	1.					11	06	07
2ND FRIDAY PRE-PRIMARY	2.							
30 DAY POST-PRIMARY	3.							
6TH TUESDAY PRE-ELECTION	4.							
2ND FRIDAY PRE-ELECTION	5.							
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7.							<input checked="" type="checkbox"/>

  

DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		1	1	07		12	31	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"/>

  

RECEIVED  
 2008 JAN 29 PM 2:59  
 BOARD OF ELECTIONS  
 LUZERNE COUNTY, PA.

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates' 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  
 29<sup>th</sup> DAY OF January 2008

Barbara M. Mikielski  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Holly M Quinn  
 SIGNATURE OF PERSON SUBMITTING REPORT

Holly M Quinn  
 PRINTED NAME

570 793 9101  
 AREA CODE DAYTIME TELEPHONE NUMBER

**NOTARIAL SEAL**

BARBARA M. MIKIELSKI, Notary Public  
 My Commission Expires April 21, 2009

**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  
 29<sup>th</sup> DAY OF January 2008

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
 AREA CODE

\_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER