

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 FREELAND DEMOCRATIC COMMITTEE									
STREET ADDRESS 215 ADAMS ST									
CITY FREELAND, PA			STATE PA		ZIP CODE 18224 -				
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE N.A.		DISTRICT NO. 1	PARTY DEM.		DATE OF ELECTION			
					MO.	DAY	YEAR		
					MO.	DAY	YEAR		
							FOR OFFICE USE ONLY		
							RECEIVED 2009 MAY - 6 AM 9:39 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 01 01 09 TO 05 04 09							
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>76.⁹⁷</u>							
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>							
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>							
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>							

AFFIDAVIT SECTION


PART I -

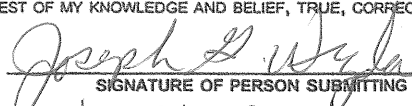
If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

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

5 DAY OF MAY 2009

 SIGNATURE

 SIGNATURE OF PERSON SUBMITTING REPORT

JOSEPH G WIZDA PRINTED NAME

MY COMMISSION EXPIRES _____

NOTARIAL SEAL
 MO. FRANCIS DAY DONNELLY NOTARY PUBLIC
 HAZLE TWP., LUZERNE COUNTY
 MY COMMISSION EXPIRES MARCH 26, 2010

570 AREA CODE 636-2858 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