

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	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST		
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)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY				05	19	09
2ND FRIDAY PRE-PRIMARY						
30 DAY POST-PRIMARY <input checked="" type="checkbox"/>						
6TH TUESDAY PRE-ELECTION						
2ND FRIDAY PRE-ELECTION						
30 DAY POST-ELECTION						
ANNUAL REPORT						
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
MO. DAY YEAR		MO. DAY YEAR		RECEIVED 2009 JUN 19 AM 11:09 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
05 05 09		06 08 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	NO			
TERMINATION REPORT?		YES	NO			

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
19 DAY OF June 2009

 SIGNATURE OF PERSON SUBMITTING REPORT
Joseph G. Wyzda
 PRINTED NAME

 NOTARIAL SEAL
 FRANCIS J. O'DONNELL, NOTARY-PUBLIC
 HAZLE TWP., LUZERNE COUNTY
 MY COMMISSION EXPIRES MARCH 26, 2010

 SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

 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 OF CANDIDATE

 PRINTED NAME

 SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER