

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		STATE PA	ZIP CODE 18224			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		
	DATE OF ELECTION					
			NO.	DAY	YEAR	
	6TH TUESDAY PRE-PRIMARY ¹					11 6 2007
	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		TO		FOR OFFICE USE ONLY		
MO. DAY YEAR		MO. DAY YEAR		RECEIVED 2008 FEB - 1 PM 12:43 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
11 27 07		12 31 07				
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 181.47				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -0-				
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
TERMINATION REPORT?		YES	NO	<input checked="" 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.

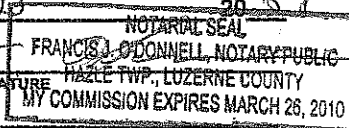
If statement is filed on behalf of a Candidate, the Candidate must sign here.

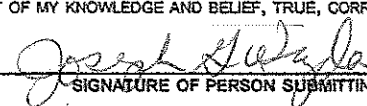
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

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

1 DAY OF FEB 20 2008




 SIGNATURE OF PERSON SUBMITTING REPORT
 JOSEPH G. WIZA
 PRINTED NAME
 570 636-2858
 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