

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	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>							MO. DAY YEAR MO. DAY YEAR	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 01 01 2008 TO 12 31 2008				FOR OFFICE USE ONLY		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 156.47 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0-				RECEIVED 2009 FEB -3 AM 10:21 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
		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
 29TH DAY OF JANUARY 2009

Notarial Seal
 Robert J. Sandwick, Notary Public
 City Of Hazleton, Luzerne County
 My Commission Expires July 12, 2011
 Member, Pennsylvania Association of Notaries

SIGNATURE OF PERSON SUBMITTING REPORT
 Joseph G. Wizarda
 PRINTED NAME

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 OF CANDIDATE

 PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____