

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | | | | | | | | | |
|---|---------------------------------------|---------------------------------------|--------------------------------------|---|--|---|------------------------------|---|--|-------------|--------------|--|--|
| Filer Identification Number: <input type="text"/> | | Report Filed By: <input type="text"/> | | CANDIDATE ¹ <input type="checkbox"/> | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST ³ <input type="checkbox"/> | | | | | |
| Name of Filing Committee, Candidate or Lobbyist: HANOVER AREA COMMITTEE | | | | | | | | | | | | | |
| Street Address: 222 LINDWOOD AVE | | | | | | | | | | | | | |
| City: HANOVER TOWNSHIP | | | | State: PA | | Zip Code: 18701 | | | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 8TH TUESDAY PRE-PRIMARY ¹ | <input type="checkbox"/> | 2ND FRIDAY PRE-PRIMARY ² | <input type="checkbox"/> | 30 DAY POST-PRIMARY ³ | <input type="checkbox"/> | AMENDMENT REPORT? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | | | |
| | 8TH TUESDAY PRE-ELECTION ⁴ | <input type="checkbox"/> | 2ND FRIDAY PRE-ELECTION ⁵ | <input checked="" type="checkbox"/> | 30 DAY POST-ELECTION ⁶ | <input type="checkbox"/> | TERMINATION REPORT? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | | | |
| | ANNUAL REPORT ⁷ | <input type="checkbox"/> | YEAR | <input type="checkbox"/> | FILING METHOD () CHECK ONE <input type="checkbox"/> | | PAPER | <input checked="" type="checkbox"/> | DISKETTE <input type="checkbox"/> | | | | |
| Name of Office Sought by Candidate: | | | | | DATE OF ELECTION | | District Number | Office Code | Party Code | County Code | | | |
| | | | | | MO. DAY YEAR | | | | | | | | |
| | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | | | | |
| Summary of Receipts and Expenditures from: | | | | | FOR OFFICE USE ONLY | | | RECEIVED 2005 OCT 25 AM 10:06 BOARD OF ELECTIONS LUZERNE COUNTY, PA. | | | | | |
| | | | | | MO. DAY YEAR | | | | | | MO. DAY YEAR | | |
| | | | | | 6 06 2005 | | | | | | 10 24 2005 | | |
| A. Amount Brought Forward From Last Report | | | | | \$ 7520.92 | | | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | | \$ - 0 - | | | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | | \$ 7520.92 | | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ 736.34 | | | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | | \$ 6784.58 | | | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | | \$ | | | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | | \$ | | | | | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 25 day of OCTOBER 2005

STEPHEN M. VIDA, NOTARY PUBLIC
 KINGSTON, LUZERNE COUNTY
 MY COMMISSION EXPIRES JUNE 25, 2006.

My commission expires _____

Signature of Person Submitting Report: David Shipula
 Printed Name: DAVID SHIPULA
 Area Code: 570 Daytime Telephone Number: 825-7447

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 _____

Signature of Candidate: _____
 Printed Name: _____
 Area Code: _____ Daytime Telephone Number: _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate HANOVER AREA Committee | Reporting Period From 06-06-05 to 10-24-05 |
|--|---|

| | |
|---|-----------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ - 0 - |

| | |
|--|-----------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | \$ |
| All Other Contributions (Part B) | \$ |
| TOTAL for the Reporting Period (2) | \$ - 0 - |

| | |
|--|-----------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | \$ |
| All Other Contributions (Part D) | \$ |
| TOTAL for the Reporting Period (3) | \$ - 0 - |

| | |
|--|----|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | |
| TOTAL for the Reporting Period (4) | \$ |

| | |
|--|-----------------|
| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.) | \$ - 0 - |
|--|-----------------|

SCHEDULE III
STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate HANOVER AREA COMMITTEE | Reporting Period From 06-06-05 To 10-24-05 |
|--|---|

| To Whom Paid | MO. | DAY | YEAR | Amount |
|---|-----------|-----------|-------------|------------------|
| PNC BANK | 06 | 07 | 2005 | \$ 600 |
| Mailing Address: Market Street Description of Expenditure: BANK CHARGE | | | | |
| City: Wilkes-Barre PA Zip Code (Plus 4): - Description of Expenditure: Deposit Correction | | | | |
| Ashley Democratic Party | 09 | 10 | 2005 | \$ 100.00 |
| Mailing Address: 52 Mary Street Description of Expenditure: Tickets for Railway | | | | |
| City: Ashley PA Zip Code (Plus 4): 18706 | | | | |
| HANOVER Area Alumni Found | 09 | 10 | 2005 | \$ 250.00 |
| Mailing Address: 112 E. ST MARYS RD Description of Expenditure: Sign | | | | |
| City: Hanover Twp PA Zip Code (Plus 4): 18706 | | | | |
| HANOVER Area Alumni Foundation | 09 | 24 | 2005 | \$ 150.00 |
| Mailing Address: 112 E. ST MARYS RD Description of Expenditure: Sign | | | | |
| City: Hanover Twp PA Zip Code (Plus 4): 18706 | | | | |
| EMLAZE | 09 | 26 | 2005 | \$ 230.34 |
| Mailing Address: 280 Pinecrest Lane Description of Expenditure: Purchase Signs | | | | |
| City: Shickshinny PA Zip Code (Plus 4): 18655 | | | | |
| | | | | \$ |
| Mailing Address: Description of Expenditure: | | | | |
| City: State: Zip Code (Plus 4): - | | | | |
| | | | | \$ |
| Mailing Address: Description of Expenditure: | | | | |
| City: State: Zip Code (Plus 4): - | | | | |
| | | | | \$ |
| Mailing Address: Description of Expenditure: | | | | |
| City: State: Zip Code (Plus 4): - | | | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ **736.34**