

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="checkbox"/> | Report Filed By: <input type="checkbox"/> | CANDIDATE ^{1.} | COMMITTEE ^{2.} <input checked="" type="checkbox"/> | LOBBYIST ^{3.} |
| Name of Filing Committee, Candidate or Lobbyist: <u>HANOVER AREA COMMITTEE</u> | | | | |
| Street Address: <u>64 E. ST. MARY'S RD.</u> | | | | |
| City: <u>HANOVER TWP.</u> | | State: <u>PA.</u> | | Zip Code: <u>18706-</u> |
| TYPE OF REPORT (place X to the right of report type) | 8TH TUESDAY PRE-PRIMARY ^{1.} | 2ND FRIDAY PRE-PRIMARY ^{2.} | 30 DAY POST-PRIMARY ^{3.} | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | 8TH TUESDAY PRE-ELECTION ^{4.} | 2ND FRIDAY PRE-ELECTION ^{5.} | 30 DAY POST-ELECTION ^{6.} | TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/> | YEAR <u>2004</u> | FILING METHOD (X) CHECK ONE <input checked="" 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: | MO. DAY YEAR | MO. DAY YEAR | | | | | FOR OFFICE USE ONLY | | | | |
| | 11 22 2004 | 12 31 2004 | To | | | | RECEIVED 2005 JAN 27 AM 11:31 BOARD OF ELECTIONS LUZERNE COUNTY, PA. | | | | |
| | A. Amount Brought Forward From Last Report | | \$ 7432.72 | | | | | | | | |
| | B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ _____ | | | | | | | | |
| | C. Total Funds Available (Sum of Lines A and B) | | \$ 7432.72 | | | | | | | | |
| | D. Total Expenditures (From Schedule III) | | \$ 250.00 | | | | | | | | |
| | E. Ending Cash Balance (Subtract Line D from Line C) | | \$ 7182.72 | | | | | | | | |
| | 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 <u>27</u> day of <u>January</u> , 20 <u>05</u> NOTARIAL SEAL DAVID J. SMITH, NOTARY PUBLIC LUZERNE COUNTY, PENNSYLVANIA COMMISSION EXPIRES NOV 13, 2008 Signature: <u>[Signature]</u> My commission expires <u>11</u> MO. <u>18</u> DAY <u>06</u> YR. | Signature of Person Submitting Report: <u>[Signature]</u> Printed Name: <u>EVELYN EVANS</u> Area Code: <u>570</u> Daytime Telephone Number: <u>829-5433</u> |
|--|--|

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 _____ MO. _____ DAY _____ YR. | Signature of Candidate: _____ Printed Name: _____ Area Code: _____ Daytime Telephone Number: _____ |
|---|---|

SCHEDULE III
STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate HANOVER AREA COMMITTEE | Reporting Period From 11-22-04 To 12-31-04 |
|--|---|

| To Whom Paid | MO. | DAY | YEAR | Amount |
|--|--|------------------------------------|-----------|------------------|
| SHANNON McCANN | 11 | 27 | 04 | \$ 100.00 |
| Mailing Address 729 River Rd. | Description of Expenditure MEMORIAL Ad | | | |
| City HANOVER Twp. | State PA | Zip Code (Plus 4) 18706- | | |
| WNAK Radio | 12 | 21 | 04 | \$ 150.00 |
| Mailing Address 84 S. PROSPECT ST. | Description of Expenditure RADIO Ad | | | |
| City NANTICORE | State PA | Zip Code (Plus 4) 18634- | | |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| | | | | \$ |
| 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 |
| \$ 250.00 |