

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	233051234		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Hanover Twp Republican Committee								
STREET ADDRESS 24 Steve ST								
CITY HANOVER TWP			STATE PA	ZIP CODE 18706				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION		
	MO.	DAY	YEAR	MO.	DAY	YEAR		
6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD					FOR OFFICE USE ONLY RECEIVED 2008 JAN 14 AM 10:12 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
2ND FRIDAY PRE-PRIMARY	12	31	06	TO	12		31	07
30 DAY POST-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD: \$ 2069.13							
6TH TUESDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$.00							
2ND FRIDAY PRE-ELECTION	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
30 DAY POST-ELECTION	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			
ANNUAL REPORT	<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
 12 DAY OF January 20 08
 Commonwealth of Pennsylvania
 JUDITH PETIAK, Notary Public
 Hanover Twp. County of Luzerne
 My Commission Expires March 31, 2010

SIGNATURE OF PERSON SUBMITTING REPORT
 M. David A. Lubert
 PRINTED NAME
 570 822 7588
 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