

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	23 2993771		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST ³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Mary						
STREET ADDRESS 1015 Aspen Drive						
CITY Mountaintop			STATE Pa	ZIP CODE 18707-		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	Recorder of Deeds		-	R	MO.	DAY
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	2008 JAN 29 PM 2:59	
30 DAY POST-PRIMARY	3.	1	1	07	RECEIVED	
6TH TUESDAY PRE-ELECTION	4.	MO.	DAY	YEAR	BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
2ND FRIDAY PRE-ELECTION	5.	1	31	07		
30 DAY POST-ELECTION	6.	CASH BALANCE AT END OF REPORTING PERIOD:		\$	1,000.91	
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	3500.00	
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 2008

Barbara M. Mikielski
 SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

Holly M. Quinn
 SIGNATURE OF PERSON SUBMITTING REPORT

Holly M. Quinn
 PRINTED NAME

570 7939101
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 BARBARA M. MIKIELSKI, Notary Public
 Township of Lake, Luzerne County, PA
 My Commission Expires April 21, 2009

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
 29th DAY OF January 2008

Barbara M. Mikielski
 SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

Mary K. Dysleski
 SIGNATURE OF CANDIDATE

MARY K. DYSLESKI
 PRINTED NAME

570 696-2293
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 BARBARA M. MIKIELSKI, Notary Public
 Township of Lake, Luzerne County, PA
 My Commission Expires April 21, 2009