

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	57		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	<input checked="" type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of MARY						
STREET ADDRESS 28 West Hollowback Ave						
CITY Wilkes-Barre			STATE PA	ZIP CODE 18702		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	Recorder of Deeds			Rep	MO.	DAY
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	NO.	DAY	YEAR	BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
30 DAY POST-PRIMARY	3.	1	1	05	2006 JAN 30 AM 11:57 RECEIVED	
6TH TUESDAY PRE-ELECTION	4.	TO	12	31		
2ND FRIDAY PRE-ELECTION	5.	CASH BALANCE AT END OF REPORTING PERIOD:		\$	66.18	
30 DAY POST-ELECTION	6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	Ø	
ANNUAL REPORT	7.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<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
 30th DAY OF January 2006

Barbara M. Mikielski
 SIGNATURE

Keith Moulas
 SIGNATURE OF PERSON SUBMITTING REPORT
 Keith Moulas
 PRINTED NAME

MY COMMISSION EXPIRES
 MO. DAY YR. 570 829-2641
 AREA CODE DAYTIME TELEPHONE NUMBER

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

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
 30th DAY OF January 2006

Barbara M. Mikielski
 SIGNATURE

MARY K. DYLESKI
 SIGNATURE OF CANDIDATE
 MARY K. DYLESKI
 PRINTED NAME

MY COMMISSION EXPIRES
 MO. DAY YR. 570 825-1641
 AREA CODE DAYTIME TELEPHONE NUMBER

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