

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	100	REPORT FILED ON BEHALF OF	CANDIDATE	1.	COMMITTEE	2. X	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Plymouth Republican Organization								
STREET ADDRESS 40 167 W. Shawnee Ave.								
CITY Plymouth			STATE PA		ZIP CODE 18651 - 2112			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY Rep		DATE OF ELECTION	
	6TH TUESDAY PRE-PRIMARY	1.						
	2ND FRIDAY PRE-PRIMARY	2.						
	30 DAY POST-PRIMARY	3.						
	6TH TUESDAY PRE-ELECTION	4.						
	2ND FRIDAY PRE-ELECTION	5.						
	30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.							X
DATES OF REPORTING PERIOD			MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
			1 1 08		TO 12 31 08		RECEIVED 2009 JAN 21 AM 11:34 BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
CASH BALANCE AT END OF REPORTING PERIOD:					\$ 965.00			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:					\$ _____			
AMENDMENT REPORT?			YES		NO	X		
TERMINATION REPORT?			YES		NO	X		

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
 19TH DAY OF Jan 2009
 Lynette Villano
 SIGNATURE
 MY COMMISSION EXPIRES 9 22 09
 MO. DAY YR.

Bernardine A. Borinski
 SIGNATURE OF PERSON SUBMITTING REPORT
 Bernardine A. Borinski
 PRINTED NAME
 570 779-4337
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

COMMONWEALTH OF PENNSYLVANIA
 NOTARY PUBLIC
 LYNETTE VILLANO, Notary Public
 Hanover Twp., Luzerne County, PA 18704

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