

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="text"/>		Report Filed By: <input type="text"/>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: DOROTHY A. STANKOVIC									
Street Address: 410 ESPY STREET									
City: NANTICOKE					State: PA		Zip Code: 18634		
TYPE OF REPORT  (place X to the right of report type)	1. 5TH TUESDAY PRE-PRIMARY	<input checked="" type="checkbox"/>	2. 2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	3. 30 DAY POST-PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>
	4. 8TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	5. 2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	6. 30 DAY POST-ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	7. ANNUAL REPORT	<input type="checkbox"/>	YEAR	<input type="text"/>	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: REGISTER OF WILLS				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		MO.	DAY	YEAR		OTH	DEM	40
11	08	2005						(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
	01	01	2005		03	28	2005	RECEIVED 2005 APR -4 AM 10:5 BOARD OF ELECTIONS LUZERNE COUNTY, PA		
A. Amount Brought Forward From Last Report	\$ 3,371.40									
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ -0-									
C. Total Funds Available (Sum of Lines A and B)	\$ 3,371.40									
D. Total Expenditures (From Schedule III)	\$ 555.00									
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 2,816.40									
F. Value of In-Kind Contributions Received (From Schedule II)	\$ -0-									
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 62,684.98									

**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  
 1st day of April 20 05  
 Notary Seal: HEIKE B. STOUT, City of Wilkes-Barre, Luzerne County, My commission expires Aug. 31, 2010

Signature of Person Submitting Report  
 ROBERT G. LAWRENCE  
 Printed Name  
 570 Area Code 825-0001 Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate 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  
 4th day of April 20 05  
 Notary Seal: HEIKE B. STOUT, City of Wilkes-Barre, Luzerne County, My commission expires Aug. 31, 2010

Signature of Candidate  
 DOROTHY A. STANKOVIC  
 Printed Name  
 570 Area Code 735-2289 Daytime Telephone Number

SCHEDULE I  
**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate DOROTHY A. STANKOVIC	Reporting Period From <u>01-01-05</u> To <u>03-28-05</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ -0-

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$ -0-

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$ -0-

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
TOTAL for the Reporting Period	(4)	\$ -0-

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ -0-
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PART A

# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate DOROTHY A. STANKOVIC	Reporting Period From <u>01-01-05</u> To <u>03-28-05</u>
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ -0-

PART B  
**ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <b>DOROTHY A. STANKOVIC</b>	Reporting Period From <u>01-01-05</u> To <u>03-28-05</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

\$ -0-

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate DOROTHY A. STANKOVIC	Reporting Period From 01-01-05 To 03-28-05
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

\$ -0-

PART D  
**ALL OTHER CONTRIBUTIONS**

**OVER \$250.00**

Use this Part to Itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <b>DOROTHY A. STANKOVIC</b>	Reporting Period From <u>01-01-05</u> To <u>03-28-05</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

**PART E  
OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate DOROTHY A. STANKOVIC	Reporting Period From <u>01-01-05</u> To <u>03-28-05</u>
---	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate DOROTHY A. STANKOVIC	Reporting Period From <u>01-01-05</u> To <u>03-28-05</u>
---	---

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ -0-

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ -0-

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ -0-

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ -0-
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SCHEDULE II  
PART F

**IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate DOROTHY A. STANKOVIC	Reporting Period From 01-01-05 To 03-28-05
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ -0-
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>DOROTHY A. STANKOVIC</b>	Reporting Period From <u>01-01-05</u> To <u>03-28-05</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL  
\$ -0-

# STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b> DOROTHY A. STANKOVIC	<b>Reporting Period</b> From 01-01-05 To 03-28-05
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To Whom Paid	MO.	DAY	YEAR	Amount
CITIZENS FOR YUDICHAK COMMITTEE	02	24	2005	\$ 100.00
<b>Mailing Address</b>				
Description of Expenditure				
1 TICKET				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
-				
CITIZENS FOR YUDICHAK COMMITTEE	02	24	2005	\$ 100.00
<b>Mailing Address</b>				
Description of Expenditure				
1 TICKET				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
-				
LUZERNE COUNTY COMMISSION FOR WOMEN	03	01	2005	\$ 20.00
<b>Mailing Address</b>				
Description of Expenditure				
1 TICKET				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
-				
LUZERNE COUNTY COMMISSION FOR WOMEN	03	01	2005	\$ 20.00
<b>Mailing Address</b>				
Description of Expenditure				
1 TICKET				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
-				
ITALIAN AMERICAN VETERANS	03	07	2005	\$ 50.00
<b>Mailing Address</b>				
Description of Expenditure				
ADVERTISING				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
WILKES-BARRE PA 18703 --				
ITALIAN AMERICAN VETERANS	03	07	2005	\$ 50.00
<b>Mailing Address</b>				
Description of Expenditure				
ADVERTISING				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
WILKES-BARRE PA 18703 --				
LADIES ANCIENT ORDER OF HIBERNIANS	03	07	2005	\$ 35.00
<b>Mailing Address</b>				
Description of Expenditure				
ADVERTISING				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
C/O MAUREEN LABELLE 105 ALMOND LANE WILKES-BARRE PA 18702 -6204				
LADIES ANCIENT ORDER OF HIBERNIANS	03	07	2005	\$ 35.00
<b>Mailing Address</b>				
Description of Expenditure				
ADVERTISING				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
C/O MAUREEN LABELLE 105 ALMOND LANE WILKES-BARRE PA 18702 -6204				
POLISH WOMEN'S ALLIANCE OF AMERICA	03	07	2005	\$ 65.00
<b>Mailing Address</b>				
Description of Expenditure				
SPONSORSHIP				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
C/O HELEN LOPEZ 22 VISTA DRIVE NANTICOKE PA 18634 -				
POLISH WOMEN'S ALLIANCE OF AMERICA	03	07	2005	\$ 65.00
<b>Mailing Address</b>				
Description of Expenditure				
SPONSORSHIP				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
C/O HELEN LOPEZ 22 VISTA DRIVE NANTICOKE PA 18634 -				
WYOMING VALLEY ALL STAR GAME	03	07	2005	\$ 100.00
<b>Mailing Address</b>				
Description of Expenditure				
ADVERTISING				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
EDWARDSVILLE PA 18704 -				
WYOMING VALLEY ALL STAR GAME	03	07	2005	\$ 100.00
<b>Mailing Address</b>				
Description of Expenditure				
ADVERTISING				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
EDWARDSVILLE PA 18704 -				
LUZERNE COUNTY TREASURER	03	07	2005	\$ 100.00
<b>Mailing Address</b>				
Description of Expenditure				
FILING FEE				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
WILKES-BARRE PA 18711 - 1001				
LUZERNE COUNTY TREASURER	03	07	2005	\$ 100.00
<b>Mailing Address</b>				
Description of Expenditure				
FILING FEE				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
WILKES-BARRE PA 18711 - 1001				
TRANSFIGURATION OF OUR LORD CHURCH	03	07	2005	\$ 25.00
<b>Mailing Address</b>				
Description of Expenditure				
ADVERTISING				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
NANTICOKE PA 18634 -				
TRANSFIGURATION OF OUR LORD CHURCH	03	07	2005	\$ 25.00
<b>Mailing Address</b>				
Description of Expenditure				
ADVERTISING				
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
NANTICOKE PA 18634 -				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

<b>PAGE TOTAL</b>
<b>\$ 495.00</b>

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>DOROTHY A. STANKOVIC</b>	Reporting Period From <u>01-01-05</u> To <u>03-28-05</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
LUZERNE COUNTY DEMOCRATS UNITY '99	03	15	2005	\$ 60.00
Mailing Address MICHAEL DRIVE	Description of Expenditure 4 TICKETS			
City LARKSVILLE	State PA	Zip Code (Plus 4) 18704 -		
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)		
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)		

**PAGE TOTAL**  
\$ 60.00

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

SCHEDULE IV  
**STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate DOROTHY A. STANKOVIC					Reporting Period From 01-01-05 To 03-28-05				
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Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 6,542.19				
Mailing Address 410 ESPY STREET			DATE DEBT INCURRED		MO	DAY	YEAR		
					VA	RIOUS			
City NANTICOKE			State	Zip Code (Plus 4)					
			PA	18634 -					
Description of Debt PERSONAL LOAN									

  

Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 200.00				
Mailing Address 410 ESPY STREET			DATE DEBT INCURRED		MO	DAY	YEAR		
					10	05	1994		
City NANTICOKE			State	Zip Code (Plus 4)					
			PA	18634 -					
Description of Debt PERSONAL LOAN									

  

Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 300.00				
Mailing Address 410 ESPY STREET			DATE DEBT INCURRED		MO	DAY	YEAR		
					12	05	1994		
City NANTICOKE			State	Zip Code (Plus 4)					
			PA	18634 -					
Description of Debt PERSONAL LOAN									

  

Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 26,000.00				
Mailing Address 410 ESPY STREET			DATE DEBT INCURRED		MO	DAY	YEAR		
					05	12	1997		
City NANTICOKE			State	Zip Code (Plus 4)					
			PA	18634 -					
Description of Debt PERSONAL LOAN									

  

Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 13,811.61				
Mailing Address 410 ESPY STREET			DATE DEBT INCURRED		MO	DAY	YEAR		
					05	16	1997		
City NANTICOKE			State	Zip Code (Plus 4)					
			PA	18634 -					
Description of Debt PERSONAL LOAN									

  

Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 6,920.00				
Mailing Address 410 ESPY STREET			DATE DEBT INCURRED		MO	DAY	YEAR		
					VARIOUS				
City NANTICOKE			State	Zip Code (Plus 4)					
			PA	18634 -					
Description of Debt PERSONAL LOAN									

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ 53,773.80

SCHEDULE IV  
**STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate					Reporting Period		
DOROTHY A. STANKOVIC					From 01-01-05 To 03-28-05		

  

Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 250.00		
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO. 09	DAY 29	YEAR 1997		
City NANTICOKE		State PA	Zip Code (Plus 4) 18634-				
Description of Debt PERSONAL LOAN							
Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 1,000.00		
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO. 12	DAY 22	YEAR 1998		
City NANTICOKE		State PA	Zip Code (Plus 4) 18634-				
Description of Debt PERSONAL LOAN							
Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 1,000.00		
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO. 02	DAY 20	YEAR 1999		
City NANTICOKE		State PA	Zip Code (Plus 4) 18634-				
Description of Debt PERSONAL LOAN							
Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 1,000.00		
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO. 04	DAY 23	YEAR 1999		
City NANTICOKE		State PA	Zip Code (Plus 4) 18634-				
Description of Debt PERSONAL LOAN							
Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 500.00		
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO. 07	DAY 12	YEAR 1999		
City NANTICOKE		State PA	Zip Code (Plus 4) 18634-				
Description of Debt PERSONAL LOAN							
Name of Creditor JOHN AND DOROTHY STANKOVIC					Outstanding Balance of Debt \$ 1,000.00		
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO. 09	DAY 10	YEAR 1999		
City NANTICOKE		State PA	Zip Code (Plus 4) 18634-				
Description of Debt PERSONAL LOAN							

  

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 4,750.00
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SCHEDULE IV  
**STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate		Reporting Period		
DOROTHY A. STANKOVIC		From 01-01-05 To 03-28-05		

  

Name of Creditor JOHN AND DOROTHY STANKOVIC				Outstanding Balance of Debt \$ 1,000.00	
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO.	DAY	YEAR
			10	12	1999
City NANTICOKE		State	Zip Code (Plus 4)		
		PA	18634-		
Description of Debt PERSONAL LOAN					
Name of Creditor JOHN AND DOROTHY STANKOVIC				Outstanding Balance of Debt \$ 161.18	
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO.	DAY	YEAR
			09	11	2000
City NANTICOKE		State	Zip Code (Plus 4)		
		PA	18634 -		
Description of Debt PERSONAL LOAN					
Name of Creditor JOHN AND DOROTHY STANKOVIC				Outstanding Balance of Debt \$ 1,000.00	
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO.	DAY	YEAR
			10	31	2000
City NANTICOKE		State	Zip Code (Plus 4)		
		PA	18634-		
Description of Debt PERSONAL LOAN					
Name of Creditor JOHN AND DOROTHY STANKOVIC				Outstanding Balance of Debt \$ 2,000.00	
Mailing Address 410 ESPY STREET		DATE DEBT INCURRED	MO.	DAY	YEAR
			11	30	2000
City NANTICOKE		State	Zip Code (Plus 4)		
		PA	18634 -		
Description of Debt PERSONAL LOAN					
Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
			-		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
			-		
Description of Debt					

  

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 4,161.18
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