

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 8000646		REPORT FILED ON BEHALF OF		CANDIDATE	1.	COMMITTEE	2. X	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Luzerne County Democratic Committee									
STREET ADDRESS 39 Public Square, Suite 1000									
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	
6TH TUESDAY PRE-PRIMARY	1.	X							
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.								
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	
		1	1	11		3	28	11	
CASH BALANCE AT END OF REPORTING PERIOD:					\$	10,930.20			
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				
FOR OFFICE USE ONLY									
RECEIVED 2011 APR -5 PM 3:34 BOARD OF ELECTIONS LUZERNE COUNTY, PA.									

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
 5th DAY OF April 2011

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Mary Grace Kabacinski, Notary Public
 City of Scranton, Lackawanna County
 My Commission Expires June 27, 2011

SIGNATURE: *Mary Grace Kabacinski*

Member, Pennsylvania Association of Notaries
 MO. 6 DAY 27 YR. 11

SIGNATURE OF PERSON SUBMITTING REPORT: *Matthew J. Carmody*
 PRINTED NAME: Matthew J. Carmody
 AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 371-5290

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 OF CANDIDATE: _____
 PRINTED NAME: _____

SIGNATURE: _____
 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____
 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____