

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	REPORT FILED ON BEHALF OF	CANDIDATE	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Fourth District Republican Committee								
STREET ADDRESS 1015 Aspen Dr								
CITY Mountaintop				STATE Pa	ZIP CODE 18707 -			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION		
	all Republican offices			04	Rep	MO.	DAY	YEAR
	6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
	2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	11 23 10 TO 12 31 10		
	30 DAY POST-PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 808.80			
	6TH TUESDAY PRE-ELECTION	4.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ _____			
	2ND FRIDAY PRE-ELECTION	5.	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
30 DAY POST-ELECTION	6.	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
ANNUAL REPORT	7. <input checked="" type="checkbox"/>							

RECEIVED
 2011 FEB -2 AM 11:59
 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
 13th DAY OF JANUARY 2011

Signature of Person Submitting Report: Holly M Quinn
 PRINTED NAME: Holly M Quinn
 AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 868 5055

Signature: Mary K. Dysleski
 SIGNATURE
 MY COMMISSION EXPIRES 7 29 12
 MO. DAY YR.

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.

NOTARIAL SEAL
 MARY K. DYSLESKI, NOTARY PUBLIC
 WILKES-BARRE CITY, LUZERNE COUNTY
 MY COMMISSION EXPIRES JULY 29, 2012

Signature of Candidate: _____
 PRINTED NAME: _____
 AREA CODE: _____ DAYTIME TELEPHONE NUMBER: _____

Signature: _____
 SIGNATURE
 MY COMMISSION EXPIRES _____
 MO. DAY YR.