

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 SOUTHERN LUZERNE PAC								
STREET ADDRESS PO Box 182								
CITY HAZZLETON			STATE PA		ZIP CODE 18201			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY	1.					MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY	2.					11	02	2010
30 DAY POST-PRIMARY	3.							
6TH TUESDAY PRE-ELECTION	4.							
2ND FRIDAY PRE-ELECTION	5.							
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7. <input checked="" type="checkbox"/>							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		01	01	10		12	31	10
CASH BALANCE AT END OF REPORTING PERIOD:		\$	151.93					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	0					
AMENDMENT REPORT?	YES	NO	X					
TERMINATION REPORT?	YES	NO	X					
						FOR OFFICE USE ONLY		
						2011 JAN 31 PM 2:15 RECEIVED 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

28 DAY OF January 2011

SEAN P. SHAMANY
 SIGNATURE OF PERSON SUBMITTING REPORT
 SEAN P. SHAMANY
 PRINTED NAME
 590 AREA CODE
 454-7009 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 DA L. WILSON, Notary Public
 City of Wilkes-Barre, Luzerne County
 My Commission Expires August 25, 2011
 8-25-2011 MY COMMISSION EXPIRES

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

AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES MO. DAY YR.