

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 DOROTHY A. STANKOVIC					
STREET ADDRESS 410 ESPY STREET					
CITY NANTICOKE			STATE PA	ZIP CODE 18634	
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE REGISTER OF WILLS		DISTRICT NO.	PARTY DEM	DATE OF ELECTION MO. DAY YEAR 11 03 2010
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		RECEIVED 2011 JAN 26 AM 10:31 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
	MO. DAY YEAR	TO	MO. DAY YEAR		
	01 01 10		12 31 10		
	CASH BALANCE AT END OF REPORTING PERIOD: \$ 708.76 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 62744.98				
	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	
	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>	

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 January 2011

Heike B. Peruzino
 SIGNATURE

HEIKE B. PERUZINO, Notary Public
 City of Williamsport, Luzerne County
 My Commission Expires Aug. 31, 2014

Robert G. Lawrence
 SIGNATURE OF PERSON SUBMITTING REPORT

ROBERT G. LAWRENCE
 PRINTED NAME

570 825-0001
 AREA CODE DAYTIME TELEPHONE NUMBER

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

25th DAY OF January 2011

Heike B. Peruzino
 SIGNATURE

HEIKE B. PERUZINO, Notary Public
 City of Williamsport, Luzerne County
 My Commission Expires Aug. 31, 2014

Dorothy A. Stankovic
 SIGNATURE OF CANDIDATE

DOROTHY A. STANKOVIC
 PRINTED NAME

570 735-2289
 AREA CODE DAYTIME TELEPHONE NUMBER