Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 9000	297				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		PSP	A-P	OLITIC	CAL SUPI	PORT F	OR P	OLITIC	AL ACTI	ON				
Street Address:	600 THIRD AV	/E															
City:	KINGSTON							State:	PA			Zip Cod	le: 18	3704-5	815		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	\
report type)	ANNUAL REPORT	7.	Year 2004					NG METHO CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR					-	
								11		2	2004		(SEE IN	ISTRUCTI	ONS FOR C	ODES))
	Receipts and	МО	DAY Y	/EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		1 1		1	Т	0	9		13	2004						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			7,8	865.67						
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	ı)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			7,8	865.67						
D. Total Expend	ditures (From Sch	edule II	I)				\$			6,6	50.00						
E. Ending Cash	Balance (Subtract	Line D	From Line C)				\$			1,2	15.67						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			,	AFF	ID/	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	If th	is is	a Can	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sche	dules	file	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this day of	ì	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					-					Prin	ted Nam	e			_
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Telepi	hone Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized C	omn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ned.	ıy knowle	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								S	ignature o	of Candid	late			_
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
·							-										-
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	ı		
Name of Filing Committee or Candidate	Reporting Period		
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From:	To:	9/13/2004
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reportin	ng Period (1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)			
Contributions Received From Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)	\$	0.00	
TOTAL for the Reportin	ng Period (2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			
Contributions Received From Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reportin	ng Period (3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)		
TOTAL for the Reportin	ng Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P		\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Commi	ttee or Candidate		Reporti	ng Period			
			From: To			o:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL 0.00

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 Candid	ate		Reporting Period From: To:					
					DATE		AN	4OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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.)

			orting Pe	ilou			
		Fron	n:		То	:	
			D/	ATE		АМ	OUNT
			МО	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus	s 4)					
			Occupat	tion			
e of	City			State		Zip Code	(Plus 4)
dule I, Detailed Su	ımmary Page,	Section	on 3.				GE TOTAL 0.00
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code

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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

SCHEDULE II

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	Reporting Period		
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From:	То:	9/13/2004
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
PSPA-POLITICAL SUPPORT FO	R POLITICAL ACTION		From			То:	9/13/2004
				DATE			AMOUNT
To Whom Paid COMMITTEE FOR JUSTICE FOR	ALL		мо	DAY	YEAR		
Mailing Address 459 WYOMI	ING AVENUE		6	1	2004	\$	1,000.00
City KINGSTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18704		IBUTION			
O Whom Paid OMMITTEE FOR JUSTICE FOR ALL				DAY	YEAR		
ailing Address 459 WYOMING AVENUE			7	1	2004	\$	1,000.00
City KINGSTON State Zip Code (Plus 4) PA 18704				otion of Exp IBUTION	penditure		
To Whom Paid COMMITTEE FOR JUSTICE FOR	ALL		мо	DAY	YEAR		
Mailing Address 459 WYOMI	ING AVENUE		8	1	2004	\$	1,000.00
City KINGSTON	State PA	Zip Code (Plus 4) 18704	Description of Expenditure CONTRIBUTION				
To Whom Paid FRIENDS FO DENNY O'BRIEN			мо	DAY	YEAR		
Mailing Address C/O JAMES	MUNDY 1845 WALNUT	STREET	6	7	2004	\$	500.00
State PHILADELPHIA PA 19103				otion of Exp	penditure		
To Whom Paid CITIZENS FOR GREENLEAF				DAY	YEAR		
Mailing Address C/O JAMES	ng Address C/O JAMES MUNDY 1845 WALNUT STREET				2004	\$	500.00

Zip Code (Plus 4)

19103

Description of Expenditure

CONTRIBUTION

State

PΑ

City

PHILADELPHIA

To Whom Paid KEVIN BLAUM FOR REPRESEN	TATIVE		мо	DAY	YEAR	
Mailing Address 169 KIDDE	R STREET		8	1	2004	\$ 750.00
City WILKES-BARRE	State PA	Zip Code (Plus 4) 18702		ntion of Exp IBUTION	penditure	
To Whom Paid FRIENDS OF TODD EACHUS		-	мо	DAY	YEAR	
Mailing Address C/O PAUL L	YONS 426 MULBERRY S	STREET STE 104	8	1	2004	\$ 750.00
City SCRANTON State Zip Code (Plus 4) PA 18503				otion of Exp	penditure	
To Whom Paid FRIENS OF JIM WANSACZ			МО	DAY	YEAR	
Mailing Address C/O PAUL L	YONS 426 MULBERRY S	STREET STE 104	8	1	2004	\$ 750.00
City SCRANTON	State PA	Zip Code (Plus 4) 18503		otion of Exp	penditure	
To Whom Paid FRIENDS OF ANDY JARBOLA	·	·	мо	DAY	YEAR	
Mailing Address PO BOX 17	3		8	26	2004	\$ 400.00
City SCRANTON	State PA	Zip Code (Plus 4) 18501	1	tion of Exp IBUTION	penditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$ PAGE TOTAL 6,650.00	