### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 9000                         | 1297       |                        |       | Rep<br>File |             |                | CANDI       | NDIDATE COMMITTEE V LOBBYIST |        |          |                    |                |          |           |          |          |
|---|---------------------------------|------------|------------------------|-------|-------------|-------------|----------------|-------------|------------------------------|--------|----------|--------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C                          | Committee, Candid               | ate or L   | obbyist:               |       | PSP/        | A-P(        | OLITIO         | CAL SUP     | PORT F                       | OR P   | OLITIC   | AL ACTI            | ON             |          |           |          |          |
| Street Address:                           | 600 THIRD A                     | VE         |                        |       |             |             |                |             |                              |        |          |                    |                |          |           |          |          |
| City:                                     | KINGSTON                        |            |                        |       |             |             |                | State:      | PA                           |        |          | Zip Cod            | le: 18         | 3704-5   | 815       |          |          |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDAY<br>PRIMARY  | PRE-  | . 2         | 2. <b>X</b> | 30 DA<br>PRIMA |             | POST- 3.                     |        |          | AMENDM<br>REPORT?  |                | Yes      | No        | •        | <b>/</b> |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION     | 4.         | 2ND FRIDAY<br>ELECTION | PRE   | - 5         | 5.          | 30 DA<br>ELECT | • • • • •   | POST-                        | 6.     |          | TERMINA<br>REPORT? |                | Yes      | No        | •        | <b>/</b> |
| report type)                              | ANNUAL REPORT                   | 7.         | <b>Year</b> 2005       |       |             |             |                | NG METHO    |                              |        |          | PAPER              |                | <b>/</b> | DISKE     | TTE      |          |
| Name of Office S                          | Sought by Candida               | te:        |                        |       |             |             |                | DATE O      | F ELE                        | CTIO   | N        | District<br>Number | Office<br>Code | Par      | ty Code   | Coun     |          |
|   |                                 |            |                        |       |             |             |                | МО          | DAY                          | YE     | AR       |                    | 10000          |          |           |          |          |
|   |                                 |            |                        |       |             |             |                | 11          |                              | 8      | 2005     |                    | (SEE IN        | ISTRUCTI | ONS FOR C | ODES)    | ,        |
|   | Receipts and                    | МО         | DAY Y                  | EAR   |             |             |                | МО          | DAY                          | YE     | AR       | FO                 | R OFFI         | CE USE   | ONLY      |          |          |
| Expenditures                              |                                 |            | 1 1                    |       | 1           | Т           | 0              | 5           |                              | 2      | 2005     |                    |                |          |           |          |          |
| A. Amount Bro                             | ught Forward Fro                | n Last R   | eport                  |       |             |             | \$             |             |                              | 8,4    | 65.67    |                    |                |          |           |          |          |
| B. Total Moneta                           | ary Contributions               | And Rec    | eipts (From S          | che   | dule        | I)          | \$             |             |                              | 0.00   |          |                    |                |          |           |          |          |
| C. Total Funds                            | Available (Sum O                | f Lines A  | and B)                 |       |             |             | \$             |             |                              | 8,4    | 65.67    |                    |                |          |           |          |          |
| D. Total Expend                           | ditures (From Sch               | edule II   | I)                     |       |             |             | \$             |             |                              | 3,0    | 00.00    |                    |                |          |           |          |          |
| E. Ending Cash                            | Balance (Subtrac                | t Line D   | From Line C)           |       |             |             | \$             |             |                              | 5,4    | 65.67    |                    |                |          |           |          |          |
| F. Value Of In-                           | Kind Contribution               | s Receiv   | ed (From Sch           | edul  | e II        | )           | \$             |             |                              |        | 0.00     |                    |                |          |           |          |          |
| G. Unpaid Debt                            | s And Obligations               | (From S    | Schedule IV)           |       |             |             | \$             |             |                              |        | 0.00     |                    |                | •        |           |          |          |
|   |                                 |            | P                      | ۹FF.  | IDA         | ١٧٧         | ΓSE            | CTION       |                              |        |          |                    |                |          |           |          |          |
| PART I - If this is                       | s a Committee rep               | ort, trea  | surer sign he          | re. I | f thi       | is is       | a Can          | ndidate re  | eport, o                     | andio  | late sig | ın here.           |                |          |           |          |          |
| I swear (or affirm)<br>correct and comple | ) that this report, inc<br>ete. | luding the | e attached sched       | dules | filed       | d on        | paper (        | or by elect | ronic m                      | edium, | are to t | he best o          | f my kno       | wledge   | and belie | ef , tru | 16       |
| Sworn to and subs                         | cribed before me thi<br>day of  | 5          | 20                     |       |             |             |                |             |                              | s      | ignature | of Perso           | n Submit       | ting Rep | ort       |          | _        |
|   | Signatu                         | ire        |                        |       |             |             | -              |             |                              |        |          | Prin               | ted Nam        | e        |           |          | -        |
| My Commission Ex                          | cpires                          |            |                        |       |             |             | _              |             |                              |        |          | Ema                | il             |          |           |          | _        |
|   | мо                              | D          | AY                     | YR    |             |             |                |             | Are                          | ea Cod | e        | Daytim             | e Telepl       | none Nu  | mber      |          |          |
| Part II- If this is                       | a report of a can               | didate's   | authorized Co          | omm   | itte        | e, C        | andida         | ate shall   | sign he                      | ere.   |          |                    |                |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende  | that to the best of red.        | ny knowle  | edge and belief        | this  | politi      | ical        | 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<br>day of  |            | 20                     |       |             |             |                |             |                              |        | S        | ignature o         | of Candid      | ate      |           |          | -        |
|   |                                 |            |                        |       |             |             | -              |             |                              |        |          | 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** 

| Name of Filing Committee or Candidate  | Reporting Period |     |                 |
|--|------------------|-----|-----------------|
| PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION  | From:            | То: | <u>5/2/2005</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                  |     |                 |
| TOTAL for the Reporting  | g 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 Reporting  | g 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 Reporting  | g Period (3)     | \$  | 0.00            |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                  |     |                 |
| TOTAL for the Reporting  | g Period (4)     | \$  | 0.00            |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |                  | \$  | 0.00            |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                         | this Part to itemize only with an aggregate valu |                  |     |         |        |      |               |            |
|-------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Comm     | nittee or Candidate                              |                  | Re  | porting | Period |      |               |            |
|                         |  |                  | Fre | om:     |        | То   | :             |            |
|                         |  | <u> </u>         |     |         | DATE   |      |               | AMOUNT     |
| Full Name of Contributi | ing Committee                                    |                  |     | МО      | DAY    | YEAR |               |            |
| Mailing Address         |  |                  |     |         |        |      | \$            | 0.00       |
| City                    | State  | Zip Code (Plus 4 | )   |         |        |      |               |            |
|                         | •  | ·                |     |         | •      | •    | $\overline{}$ | DACE TOTAL |

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 Filling Committee of Candidate |       |                  | Rep | oorting P | eriod |      |    |      |
|--|-------|------------------|-----|-----------|-------|------|----|------|
|  |       |                  | Fro | m:        |       | To   | ): |      |
|  |       |                  |     |           | DATE  |      | АМ | OUNT |
| Full Name of Contributor               |       |                  |     | МО        | 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

#### **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 Candidate |                       |          | Reporting   | Period |     |      |    |            |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
|                                       |                       |          | From:       |        |     | То:  |    |            |
|                                       |                       |          |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Committee   |                       |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                       |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod  | e (Plus 4)  |        |     |      |    |            |
|                                       |                       |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scho   | edule I, Detailed Sun | nmary 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.)

| me of Filing Committee or Candidate                |               |           | Rep          | orting Pe | riod   |       |      |         |                    |  |
|--|---------------|-----------|--------------|-----------|--------|-------|------|---------|--------------------|--|
|  |               |           |              | Fror      | n:     |       | To   | ):      |                    |  |
|  |               |           |              |           | D      | ATE   |      | Α       | MOUNT              |  |
| Full Name of Contributor                           |               |           |              |           | мо     | DAY   | YEAR |         |                    |  |
| Mailing<br>Address                                 |               |           |              |           |        |       |      | \$      | 0.00               |  |
| City   | State         | Zi        | p Code (Plus | 4)        |        |       |      |         |                    |  |
| Employer Name                                      | •             | •         |              |           | Occupa | tion  |      | •       |                    |  |
| Employer Mailing Address/Principal Pla<br>Business | ce of         |           | City         |           |        | State |      | Zip Coo | de (Plus 4)        |  |
| Enter Grand Total of Part C on Sch                 | edule I, Deta | iled Sumr | mary Page,   | Section   | on 3.  |       |      | \$      | PAGE TOTAL<br>0.00 |  |

## 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 Car | ndidate              |                 | Report  | ing Perio | od  |      |    |           |
|---------------------------------|----------------------|-----------------|---------|-----------|-----|------|----|-----------|
|                                 |                      |                 | From:   |           |     | To:  |    |           |
|                                 |                      |                 |         | D         | ATE |      | А  | MOUNT     |
| Full Name                       |                      |                 |         | мо        | DAY | YEAR |    |           |
| Mailing Address                 |                      |                 |         |           |     |      | \$ | 0.00      |
| City                            | State                | Zip Code (      | Plus 4) |           |     |      |    |           |
| Receipt Description             | ·                    | ·               |         | •         |     |      | •  |           |
| Enter Grand Total of Part E on  | Schedule T. Detailed | l Summary Page. | Section | 4.        |     |      | P  | AGE TOTAL |
|                                 | 2, <b>2000</b>       |                 | 22300   |           |     |      | \$ | 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: | <u>5/2/2005</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER 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, | •                | \$  | 0.00            |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candid | ate                |                       | Reporting | g Period |      |           |            |
|------------------------------------|--------------------|-----------------------|-----------|----------|------|-----------|------------|
|                                    | Froi               |                       |           |          |      | To:       |            |
|                                    |                    |                       |           | DATE     |      |           | AMOUNT     |
| Full Name of Contributor           |                    |                       | МО        | DAY      | YEAR |           |            |
| Mailing Address                    |                    |                       |           |          |      | <b>\$</b> | 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 Sum  | mary Pag | 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                          | Name of Filing Committee or Candidate |         |            |         | Re     | porting P | 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<br>Business            | ace of                                | City    |            | State   |        | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |
| Enter Grand Total of Part G on Sc<br>Summary Page, Section 3. | hedule II, i                          | In-Kind | Contributi | ons De  | etaile | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca  | ndidate            |                                   | Reporti | ng Period               |           |           |            |
|---|--------------------|-----------------------------------|---------|-------------------------|-----------|-----------|------------|
| PSPA-POLITICAL SUPPORT FOR  | R POLITICAL ACTION |                                   | From    | -                       |           | То:       | 5/2/2005   |
|   |                    | L                                 |         | DATE                    |           |           | AMOUNT     |
| To Whom Paid<br>LUPUS FOR DISTRICT ATTORNE  | ΞΥ                 |                                   | мо      | DAY                     | YEAR      |           |            |
| Mailing Address C/O NEIL T.   | O'DONNELL, ESQ. 22 | E. UNION ST.                      | 4       | 18                      | 2005      | \$        | 1,000.00   |
| City WILKES-BARRE PA Zip Code (Plus 4) 18701  |                    |                                   |         | otion of Exp            | penditure |           |            |
| To Whom Paid GIBBONS FOR DISTRICT JUSTI   | МО                 | DAY                               | YEAR    |                         |           |           |            |
| Mailing Address P.O. BOX 545  |                    |                                   |         | 18                      | 2005      | \$        | 500.00     |
| City CHINCHILLA   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18541 |         | ntion of Exp<br>IBUTION | oenditure |           |            |
| To Whom Paid<br>FRIENDS OF BARBARA SHADY I  | NAUSE, ESQ.        | ·                                 | МО      | DAY                     | YEAR      |           |            |
| Mailing Address 215 SHOEM   | AKER STREET        |                                   | 4       | 18                      | 2005      | <b>\$</b> | 500.00     |
| City SWOYERSVILLE   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 18704    |         | otion of Exp<br>IBUTION | enditure  |           |            |
| To Whom Paid<br>FRIENDS OF PETILLA  |                    |                                   | МО      | DAY                     | YEAR      |           |            |
| Mailing Address C/O ROBERT POWELL, ESQUIRE 10 FOX RUN ROAD                            |                    |                                   | 4       | 21                      | 2005      | \$        | 1,000.00   |
| City         DRUMS         State         Zip Code (Plus 4)           PA         18222 |                    |                                   |         | otion of Exp<br>IBUTION | penditure |           |            |
|   |                    | L                                 |         |                         |           |           | PAGE TOTAL |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

3,000.00