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 :			port		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST					
Name of Filing C	Committee, Cand	idate or L	obbyist:		PSP	PA Po	liical	Support	for Pol	itical	Action						
Street Address:	600 THIRD	AVE															
City:	KINGSTON					State: PA						Zip Code: 18704-5815					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	Y	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPOR	7. X	Year 2006					NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candid	late:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	,
	- ,							МО	DAY	YE	AR	Number	Toode			Couc	
								11		7	2006		(SEE IN	ISTRUCTIO	ONS FOR O	ODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR		ļ_	_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			1 1		1	L	<u> </u>	12		31	2006						
A. Amount Bro	ught Forward Fr	om Last R	Report				\$			22,1	101.23						
B. Total Monet	ary Contribution	s And Rec	eipts (Fron	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			22,1	101.23						
D. Total Expen	ditures (From So	hedule II	II)				\$			2,0	00.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			20,1	01.23						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le I	Ι)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	')			\$				0.00			'			
				AFF	·ID/	AVI	T SE	CTION									
PART I - If this is			_						-		_						
I swear (or affirm) correct and comple		ncluding th	e attached sc	hedule	s file	ed on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed before me t day of	his	20							S	ignature	of Perso	n Submit	ting Rep	ort		
							- -					Prin	ted Name	e			
My Commission Ex	Signa opires	ture										Ema	il				
	мо	D	AY	YR			_		Arc	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign he	ere.							Ī
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me th	is									Si	ignature o	of Candid	ate			
	day of —						_					Drinto	d Name				
	Signatur	<u> </u>					-					Printe	u Name				
My Commission Exp	_	-										Ema	il				
	мо	D	AY	YR	ł		•		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 Poliical Support for Political Action	From:	То:	12/31/2006
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	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	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	Period (3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an 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				Reporting Period From: To:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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.)

Name of Filing Committee or Candidate	e of Filing Committee or Candidate				orting Pe	riod			
				Fror	n:		To):	
					D	ATE		Α	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla 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 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	Candidate		Report	ting Perio	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Poliical Support for Political Action	From:	То:	<u>12/31/2006</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			
			From:			To:	
				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 Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
PSPA Poliical Support for Politi	cal Action		From			То:	12/31/2006
				DATE			AMOUNT
To Whom Paid Friends of Skrepnak and Vonde	erheid Committee		МО	DAY	YEAR		
Mailing Address 1080 Rt 31	5		12	15	2006	\$	1,000.00
City Wilkes-Barre	State PA	Zip Code (Plus 4) 18705	Descrip Contrib	otion of Expoution	penditure		
To Whom Paid Friends of Jackie Carroll			МО	DAY	YEAR		
Mailing Address Atrim Road			12	20	2006	\$	1,000.00
City Yatesville	State PA	Zip Code (Plus 4) 18640	Descri Contrib	otion of Exp oution	enditure		
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item I).).				PAGE TOTAL

2,000.00