

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 9700012		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: PAC 205										
Street Address: PO BOX 1066										
City: SCRANTON			State: PA	Zip Code: 18501--106						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2005	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	8	2005	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	1		5	2	2005		
A. Amount Brought Forward From Last Report				\$		4767.14				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		5000.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		9767.14				
D. Total Expenditures (From Schedule III)				\$		9625.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		142.14				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

SignatureMy Commission Expires _____
MO DAY YR_____
Signature of Person Submitting Report_____
Printed Name_____
Email_____
Area Code Daytime Telephone Number**Part II- If this is a report of a candidate's authorized Committee, Candidate shall 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 _____

SignatureMy Commission Expires _____
MO DAY YR_____
Signature of Candidate_____
Printed Name_____
Email_____
Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	
PAC 205	From:	To: <u>5/2/2005</u>

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)	\$	5000.00
All Other Contributions (Part D)	\$	0.00
TOTAL for the Reporting Period (3)	\$	5000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$	5000.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 B
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 Candidate	Reporting Period	
	From:	To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
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 D
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	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E
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	Reporting Period		
	From:	To:	

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
PAC 205	From _____ To: <u>5/2/2005</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO RE-ELECT MARK CIAVARELLA, JUDGE	3	30	2005	\$ 125.00
Mailing Address 13 LEE PARK AVE.				
City HANOVER TOWNSHIP	State PA	Zip Code (Plus 4) 18706		Description of Expenditure DINNER
To Whom Paid MARK CIAVARELLA FOR JUDGE	4	6	2005	\$ 1000.00
Mailing Address 13 LEE PARK AVE.				
City HANOVER TOWNSHIP	State PA	Zip Code (Plus 4) 18706		Description of Expenditure CONTRIBUTION
To Whom Paid DOHERTY FOR MAYOR	4	6	2005	\$ 1000.00
Mailing Address P.O. BOX 205				
City SCRANTON	State PA	Zip Code (Plus 4) 18501		Description of Expenditure CONTRIBUTION
To Whom Paid SEIG FOR JUDGE	4	6	2005	\$ 1000.00
Mailing Address P.O. BOX 495				
City SCRANTON	State PA	Zip Code (Plus 4) 18501		Description of Expenditure CONTRIBUTION
To Whom Paid GIBBONS FOR MAGISTRATE	4	6	2005	\$ 500.00
Mailing Address P.O. BOX 545				
City CHINCHILLA	State PA	Zip Code (Plus 4) 18410		Description of Expenditure CONTRIBUTION

To Whom Paid DAN PENETAR FOR JUDGE			MO	DAY	YEAR	
Mailing Address 231 NORTHERN BLVD.			4	13	2005	
City CLARKS SUMMIT	State PA	Zip Code (Plus 4) 18411	Description of Expenditure CONTRIBUTION			
To Whom Paid THOMAS MUNLEY FOR JUDGE			MO	DAY	YEAR	
Mailing Address 108 N. WASHINGTON AVE, 1200 SCR. NAT. BANK			4	15	2005	
City SCRANTON	State PA	Zip Code (Plus 4) 18503	Description of Expenditure CONTRIBUTION			
To Whom Paid LAURA TURLIP FOR MAGISTRATE			MO	DAY	YEAR	
Mailing Address 609 MAIN ST.			4	15	2005	
City PECKVILLE	State PA	Zip Code (Plus 4) 18452	Description of Expenditure CONTRIBUTION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 9625.00

