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	97000	012				ported E		CANDI	DATE		СОМ	MITTEE	<b>✓</b>	LOBE	SYIST	
Name of Filing C	committee	e, Candida	ate or Lo	obbyist:		PAC	20	5									
Street Address:	РО В	OX 1066															
City:	SCRA	ANTON							State:	PA			Zip Cod	le: 18	501	106	
TYPE OF REPORT	6TH TUES PRE-PRIM		1. <b>X</b>	2ND FRIDA PRE-PRIMA			2.	30 DA	AY -PRIMARY		3.		AMENDM REPORT?		Yes	No	<b>√</b>
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA PRE-ELECT			5.	30 DA POST	AY -ELECTION		6.		TERMINA REPORT?		Yes	No	<b>\</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2001					NG METHO				PAPER		$\bigvee$	DISKE	TTE
Name of Office S	ought by	Candidat	e:			-			DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YE	AR					
									11		6	2001		(SEE IN	STRUCTIO	ONS FOR (	CODES)
Summary of		s and	МО	DAY	YEAR	₹			МО	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	rom:			1 1		1	T	0	3	2	6	2001					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			4	08.25					
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (Fron	1 Sche	dule	e I)	\$			38	37.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 4245.25																	
D. Total Expend	ditures (F	From Sche	edule II	[)				\$				6.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			42	39.25					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV	<b>'</b> )			\$				0.00					
					AFF	FIDA	AVI	T SE	CTION								
PART I - If this is		-	-	_						-		_					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by elect	ronic me	dium	are to t	the best of	f my knov	wledge :	and beli	ef , true
Sworn to and subs	cribed before day of	ore me this		20							s	ignature	e of Perso	n Submitt	ing Rep	ort	
		Signatur	·e					_					Print	ted Name	1		
My Commission Ex	cpires							_					Emai	il			
		МО	DA	ΑΥ	YR					Are	a Cod	е	Daytim	e Teleph	one Nu	nber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	s poli	itical	comm	ittee has n	ot violat	ed an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before	re me this		20								s	ignature o	of Candida	ate		<del></del>
	——————————————————————————————————————							_					Printe	d Name			[
		Signature						_									[
My Commission Exp	ires												Emai	ıI			
	_	МО	DA	λΥ	YR	₹		_		Area (	Code		Da	ytime To	elephon	e Numb	er er

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
PAC 205	From:	То:	3/26/2001
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)		\$	3837.00
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting	Period (3)	\$	3837.00
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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page		\$	3837.00

#### **PART A**

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

\$50.01 TO \$250.00

<u>-</u>	From:	DATE	То	:	AMOUNT
<u>-</u>		DATE			AMOUNT
Full Name of Contributing Committee  Mailing Address					
Mailing Address	МО	DAY	YEAR		
				\$	0.00
City State Zip Code (Plus 4)					

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

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 of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
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				
PAC 205			From:			То:	<u>3/26/2001</u>	
				DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		
MARION MUNLEY								
Mailing Address P.O. BOX 1066							<b>\$</b> 65	0.00
City SCRANTON	State	Zip Cod	e (Plus 4)	1	16	2001		
	PA	18503						
Full Name of Contributing Committee	-	-			DAY	VEAD		
MATTHEW A. CARTWRIGHT				МО	DAY	YEAR		
Mailing Address P.O. BOX 1066							<b>\$</b> 65	0.00
City SCRANTON	State	Zip Cod	e (Plus 4)	1	16	2001		
	PA	18503						
Full Name of Contributing Committee				мо	DAY	YEAR		
ROBERT W. MUNLEY								
Mailing Address P.O. BOX 1066							<b>\$</b> 65	0.00
City SCRANTON	State	Zip Cod	e (Plus 4)	1	16	2001		
	PA	18503						
Full Name of Contributing Committee				мо	DAY	YEAR		
DANIEL W. MUNLEY								
Mailing Address P.O. BOX 1066							<b>\$</b> 58	37.00
City SCRANTON	State	Zip Cod	e (Plus 4)	1	16	2001		
	PA	18503						
Full Name of Contributing Committee				мо	DAY	YEAR		
ROBERT W. MUNLEY III								
Mailing Address P.O. BOX 1066							<b>\$</b> 65	0.00
City SCRANTON	State	Zip Cod	e (Plus 4)	1	16	2001		
	PA	18503						

Full Name of Contributing Committee  J CHRISTOPHER MUNLEY			МО	DAY	YEAR	
Mailing Address P.O. BOX 1066						<b>\$</b> 650.00
City SCRANTON	State	Zip Code (Plus 4)	1	16	2001	
	PA	18503				

**PAGE TOTAL**\$ 3837.00

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

### 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	•			Rep	orting Pe	riod			
				Fror	n:		To	):	
					D	ATE		А	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	ice 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.			F \$	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		Repor	ting Perio	od			
			From:			To:		
				D	ATE		Al	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
ziici diana idal di lait z	in seniculie 1, Detunct	z cammary r uge,	Section				\$	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		
PAC 205	From:	To:	3/26/2001
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)	<b>\$</b>	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	late		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	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary 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 Candidate					Re	porting	Period			
					Fro	m:		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	ation			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	idate		Reportir	ng Period				
PAC 205			From			То:	<u>3/26/2001</u>	
				DATE			AMOUNT	
To Whom Paid NORTH PENN SAVINGS & LOAN	мо	DAY	YEAR					
Mailing Address 216 ADAMS AV	/ENUE		1	25	2001	\$	6.00	
City         SCRANTON         State         Zip Code (Plus 4)           PA         185031692				Description of Expenditure BANK CHARGE FOR SERVICING A/C				
Enter Crand Total of Evnendity				ı	PAGE TOTAL			
Enter Grand Total of Expenditu	ires on Page 1, Re	eport Cover Page, Item D	•			\$	6.00	