COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed $250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE 1. ✓	COMMITTEE 2.	LOBBYIST 3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: Ralph Cido

STREET ADDRESS: 220 Hart Drive

CITY	STATE	ZIP CODE
Moscow	PA	18444 —

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	NP School Board			11	6	07
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6. ✓						
ANNUAL REPORT	7.						

DATES OF REPORTING PERIOD: MO. 10 DAY 1 YEAR 07 TO MO. 11 DAY 6 YEAR 07

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

	YES		NO	
AMENDMENT REPORT?	YES		NO	✓
TERMINATION REPORT?	YES		NO	✓

FOR OFFICE USE ONLY

LACKAWANNA COUNTY BOARD OF ELECTIONS 2007 DEC -6 P 2:43

AFFIDAVIT SECTION

PART I -
If statement is filed on behalf of a Political Committee *or* Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS ($250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6th DAY OF December 20 07

Lisa M. Zellers
SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

NOTARIAL SEAL
LISA M ZELLERS
Notary Public
CITY OF SCRANTON, LACKAWANNA COUNTY
My Commission Expires Oct 23, 2010

SIGNATURE OF PERSON SUBMITTING REPORT

Ralph Cido
PRINTED NAME

570 963-2349
AREA CODE DAYTIME TELEPHONE NUMBER

PART II -
If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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___

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER

DSEB-503 (12-99)