

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR COMMITTEE Robert J. Holtham					
STREET ADDRESS 1310 Delaware street					
CITY Dunmore			STATE Pennsylvania	ZIP CODE 18509	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	School Director - Dunmore			Democratic	
	DATE OF ELECTION		DATE OF ELECTION		
	6TH TUESDAY PRE-PRIMARY 1.		MO. DAY YEAR		MO. DAY YEAR
	2ND FRIDAY PRE-PRIMARY 2.		10 23 07		11 26 07
	30 DAY POST-PRIMARY 3.				
	6TH TUESDAY PRE-ELECTION 4.				
2ND FRIDAY PRE-ELECTION 5.					
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>					
ANNUAL REPORT 7.					
CASH BALANCE AT END OF REPORTING PERIOD: \$		0			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0			
AMENDMENT REPORT?		YES	NO		
TERMINATION REPORT?		YES	NO		
			X		
FOR OFFICE USE ONLY					
LACKAWANNA COUNTY REGISTRATION DIVISION NOV 28 A 10:51					

**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  
28 DAY OF November 2007

Robert Holtham  
 SIGNATURE OF PERSON SUBMITTING REPORT

Robert Holtham  
 PRINTED NAME

570 342-0801  
 AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL YR.  
 REGINA G. ROOK, NOTARY PUBLIC  
 CITY OF SCRANTON, LACKAWANNA COUNTY  
 MY COMMISSION EXPIRES Nov. 05 2010

**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

\_\_\_\_\_  
 PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

\_\_\_\_\_  
 AREA CODE

\_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER