

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	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JANICE R JOYCE					
STREET ADDRESS 409 MAY STREET					
CITY MAYFIELD		STATE PA	ZIP CODE 18433		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION	
5TH TUESDAY PRE-PRIMARY	Borough Council		DEM	MO.	DAY
2ND TUESDAY PRE-PRIMARY				11	6
30 DAY POST-PRIMARY				07	
5TH TUESDAY PRE-ELECTION					
2ND FRIDAY PRE-ELECTION					
30 DAY POST-ELECTION					
ANNUAL REPORT					
DATES OF REPORTING PERIOD		NO.		DAY	YEAR
		11	6	07	
		12	5	07	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 86.96			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 86.96			
AMENDMENT REPORT?		YES	NO		
			<input checked="" type="checkbox"/>		
TERMINATION REPORT?		YES	NO		
		<input checked="" type="checkbox"/>			
FOR OFFICE USE ONLY					
2001 DEC - 3 A 11:18 LACKAWANNA COUNTY BUREAU OF ELECTIONS					

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidate'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.

COMMONWEALTH OF PENNSYLVANIA		Notarial Seal		20 07	
Thomas J. Wagner, Notary Public		Mayfield Boro, Lackawanna County		My Commission Expires	
Signature of Notary		Signature of Person Submitting Report		PRINTED NAME	
		JANICE R. JOYCE			
MO.		DAY		YR.	
AREA CODE		DAYTIME TELEPHONE NUMBER			
570		876-1382			

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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER