

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 LOBBYIST <b>Hillary G. Kwiatek</b>									
STREET ADDRESS <b>638 Spring Street</b>									
CITY <b>Bethlehem</b>				STATE <b>PA</b>		ZIP CODE <b>18018</b>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION
									MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY									
2ND FRIDAY PRE-PRIMARY									
30 DAY POST-PRIMARY									
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD			MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY
					2 19 09		5 4 09		
		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		<input checked="" type="checkbox"/>
		TERMINATION REPORT?			YES		NO		<input checked="" type="checkbox"/>

**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			
____ DAY OF _____ 20__		SIGNATURE OF PERSON SUBMITTING REPORT	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES		AREA CODE DAYTIME TELEPHONE NUMBER	
MO. DAY YR.			

**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 OF CANDIDATE	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES		AREA CODE DAYTIME TELEPHONE NUMBER	
MO. DAY YR.			