

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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Thomas C Creighton</i>						
STREET ADDRESS <i>6917 Whitetail Ct</i>						
CITY <i>New Tripoli, PA</i>		STATE <i>PA</i>		ZIP CODE <i>18066</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>		<i>County Commissioner</i>		<i>1</i>	<i>Rep.</i>	MO. <i>5</i> DAY <i>19</i> YEAR <i>2009</i>
		DATES OF REPORTING PERIOD MO. DAY YEAR <i>4 1 09</i> TO <i>5 5 09</i>		FOR OFFICE USE ONLY <div style="border: 1px solid black; padding: 10px; text-align: center;"> 2009 MAY - 7 AM 10:30 ELECTION BOARD OF LEHIGH COUNTY </div>		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>				
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
		TERMINATION REPORT? YES <input type="checkbox"/> 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

PART II -

My Commission Expires April 10, 2012
Member, Pennsylvania Association of Notaries

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	SIGNATURE OF CANDIDATE
DAY OF _____ 20__	PRINTED NAME
SIGNATURE	AREA CODE
MY COMMISSION EXPIRES MO. _____ DAY _____ YR. _____	DAYTIME TELEPHONE NUMBER