

05/11

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	COMMITTEE	LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ALAN BUTKOWITZ						
STREET ADDRESS 1118 LINCOLN AVENUE						
CITY PHILADELPHIA		STATE PA	ZIP CODE 19111			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE CITY CONTROLLER		DISTRICT NO.	PARTY DEM.	DATE OF ELECTION	
					MO.	DAY YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR		
30 DAY POST-PRIMARY	3.	12 31 2005		12 31 2006		
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0				2007 JUN 30 PM 0:58 OFFICIAL
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>				
ANNUAL REPORT	<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

MM **26** DAY OF **January** 20**07**

Trina P. Sweet
Notary Public
City of Philadelphia, Philadelphia County
My Commission Expires **5** May 4, 20**10**.

Alan Butkowitz
SIGNATURE OF PERSON SUBMITTING REPORT
ALAN BUTKOWITZ
PRINTED NAME

215 **722 0538**
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