

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: <i>Citizens For Carolee</i>									
Street Address: <i>129 Timberwood Dr.</i>									
City: <i>Mountaintop</i>					State: <i>PA</i>		Zip Code: <i>18707 -</i>		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <input checked="" type="checkbox"/>		2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>		30 DAY POST-PRIMARY <input type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION <input type="checkbox"/>		2ND FRIDAY PRE-ELECTION <input type="checkbox"/>		30 DAY POST-ELECTION <input type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT <input type="checkbox"/>		YEAR <input type="checkbox"/>		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <i>Prothonotary</i>				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO: <i>05</i>	DAY: <i>18</i>	YEAR: <i>2010</i>	<i>D01</i>	<i>OTH</i>	<i>REP</i>	<i>40</i>
				(SEE INSTRUCTIONS FOR CODES)						

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	A. Amount Brought Forward From Last Report	<i>01</i>	<i>01</i>		<i>2010</i>		<i>05</i>
B. Total Monetary Contributions and Receipts (From Schedule I)							
C. Total Funds Available (Sum of Lines A and B)							
D. Total Expenditures (From Schedule III)							
E. Ending Cash Balance (Subtract Line D from Line C)							
F. Value of In-Kind Contributions Received (From Schedule II)							
G. Unpaid Debts and Obligations (From Schedule V)							

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MAY -4 PM 12:13

BOARD OF ELECTIONS
 LUZERNE COUNTY, PA.

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *3rd* day of *May* 20 *10*

Alfonso L. Pellegrini
 Signature

My commission expires _____

Benjamin P. Tielle
 Signature of Person Submitting Report

Benjamin P. Tielle
 Printed Name

570 *430-1924*
 Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate, Authorized Committee, candidate shall 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 *3rd* day of *May* 20 *10*

Alfonso L. Pellegrini
 Signature

My commission expires _____

Carolee Madisa Obajinski
 Signature of Candidate

Carolee Madisa Obajinski
 Printed Name

570 *474-2593*
 Area Code Daytime Telephone Number

Department of State Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Citizens For Carolee	Reporting Period From 01/01/2010 To 05/03/2010
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
TOTAL for the Reporting Period	(2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
TOTAL for the Reporting Period	(3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 0
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens For Carolee	Reporting Period From <u>01/01/2010</u> To <u>05/03/2010</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
Carolee Medico Olenginski	05	03	2010	\$ 698.16
Mailing Address 129 Timberwood Dr.	Description of Expenditure Satisfaction of Loan			
City Mountain Top	State PA	Zip Code (Plus 4) 18707 -		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

PAGE TOTAL
\$

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.