

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: FRIENDS OF CABELL FOR COUNCIL										
Street Address: 535 W FIRST ST										
City: HAZLETON					State: PA		Zip Code: 18201 -			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate: HAZLETON CITY COUNCIL				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		MO.	DAY	YEAR				
				11	03	2009	116		REP	

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	10	20	2009		11	23	2009
A. Amount Brought Forward From Last Report	\$ 86.30						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1225.00						
C. Total Funds Available (Sum of Lines A and B)	\$ 1311.30						
D. Total Expenditures (From Schedule III)	\$ 291.50						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 1019.80						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 25.00						

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DEC - 3 PM 4: 02

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
3 day of December 2009

Cherie A. Homa
 NOTARIAL SEAL
 CHERIE A. HOMA, NOTARY PUBLIC
 HAZLETON, LUZERNE CO., PA.
 MY COMMISSION EXPIRES DEC. 12, 2009 YR.

Adele C. Cabell
 Signature of Person Submitting Report
ADELE CHRISTINE CABELL
 Printed Name
570 454-8751
 Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate's 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, 1957 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this
3 day of December 2009

Cherie A. Homa
 NOTARIAL SEAL
 CHERIE A. HOMA, NOTARY PUBLIC
 HAZLETON, LUZERNE CO., PA.
 MY COMMISSION EXPIRES DEC. 12, 2009 YR.

Karin Cabell
 Signature of Candidate
KARIN CABELL
 Printed Name
570 401-8958
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF CABELL FOR COUNCIL	Reporting Period From 10/20/09 To 11/23/09
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 325.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 100.00
All Other Contributions (Part B)	\$ 300.00
TOTAL for the Reporting Period	(2) \$ 400.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period	(3) \$ 500.00

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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 1225.00
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PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate FRIENDS OF CABELL FOR COUNCIL	Reporting Period From 10/20/09 To 11/23/09
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	DATE	AMOUNT
Full Name of Contributor MIKE WARD	MO. DAY YEAR 10 25 09	\$ 500.00
Mailing Address 10100 N CENTRAL Expressway	MO. DAY YEAR	\$
City DALLAS State TX Zip Code (Plus 4) 75231	MO. DAY YEAR	\$
Employer Name DOUBLE DIAMOND CORPORATION	Occupation OFFICER/MANAGEMENT	
Employer Mailing Address/Principal Place of Business 10100 N CENTRAL Expressway DALLAS TX 75231		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 500.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF CABEN FOR COUNCIL	Reporting Period From 10/20/09 To 11/23/09
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To Whom Paid GLOBE PRINTING & GRAPHICS	MO. 10	DAY 26	YEAR 09	Amount \$ 291.50
Mailing Address 18-20 LOCUST STREET	Description of Expenditure HANDOUT CARDS			
City HAZLETON	State PA	Zip Code (Plus 4) 18201-		

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) -		

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

PAGE TOTAL \$ 291.50
