

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:	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
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
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR		FILING METHOD (<input checked="" type="checkbox"/> CHECK ONE)		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 11 23 2009	116		REP	

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR
	11 23 2009		12 31 2009
A. Amount Brought Forward From Last Report	\$ 1019.80		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0		
C. Total Funds Available (Sum of Lines A and B)	\$ 1019.80		
D. Total Expenditures (From Schedule III)	\$ 287.97		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 731.83		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		

FOR OFFICE USE ONLY

2010 FEB - 2 PM 3:53

RECEIVED

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
2nd day of February 2010

Signature: Cherie A. Roma
 Signature of Person Submitting Report: Adele C Cabell
 Printed Name: ADELE CHRISTINE CABELL

My commission expires 12-13
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 CHERIE A. ROMA, NOTARY PUBLIC
 CITY OF HAZLETON, LUZERNE COUNTY

Area Code: 570 Daytime Telephone Number: 454-8751

PART II - If this is a Candidate report, Candidate or 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
2nd day of February 2010

Signature: Cherie A. Roma
 Signature of Candidate: [Signature]
 Printed Name: Karen Cabell

My commission expires 12-13
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 CHERIE A. ROMA, NOTARY PUBLIC
 CITY OF HAZLETON, LUZERNE COUNTY
 MY COMMISSION EXPIRES DECEMBER 12, 2010

Area Code: 570 Daytime Telephone Number: 401-8958

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Friends of Cabell for Council</i>	Reporting Period From <i>11-23-09</i> To <i>12-31-10</i>
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To Whom Paid <i>AT&T Mobility</i>	MO. <i>12</i>	DAY <i>8</i>	YEAR <i>2009</i>	Amount <i>\$ 87.97</i>
Mailing Address <i>PO box 537104</i>	Description of Expenditure <i>cell phone for</i>			
City <i>Atlanta</i>	State <i>GA</i>	Zip Code (Plus 4) <i>30353 - 7104</i>		

To Whom Paid <i>Southern Luzern PAE</i>	MO. <i>12</i>	DAY <i>09</i>	YEAR <i>09</i>	Amount <i>\$ 200.00</i>
Mailing Address <i>PO Box 182</i>	Description of Expenditure <i>Contribution</i>			
City <i>Hazlebon</i>	State <i>VA</i>	Zip Code (Plus 4) <i>18201 -</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <i>-</i>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <i>\$ 287.97</i>
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