

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: ▶		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		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		<i>2009</i>		FILING METHOD () CHECK ONE ▶		PAPER		<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate: <i>Prothonotary</i>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code			
					MO.	DAY	YEAR	<i>11</i>	<i>03</i>	<i>2009</i>	<i>D01</i>	<i>0TH REP</i>	<i>40</i>	(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from: ▶			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY				
			<i>11</i>	<i>24</i>	<i>2009</i>		<i>12</i>	<i>31</i>	<i>2009</i>	RECEIVED 2010 FEB -3 PM 1:47 BOARD OF ELECTIONS LUZERNE COUNTY, PA.				
A. Amount Brought Forward From Last Report		\$	<i>698.16</i>											
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	<i>0</i>											
C. Total Funds Available (Sum of Lines A and B)		\$	<i>698.16</i>											
D. Total Expenditures (From Schedule III)		\$	<i>0</i>											
E. Ending Cash Balance (Subtract Line D from Line C)		\$	<i>698.16</i>											
F. Value of In-Kind Contributions Received (From Schedule II)		\$	<i>0</i>											
G. Unpaid Debts and Obligations (From Schedule V)		\$	<i>1321.12</i>											

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 *February* 20 *10*

Alfonso L. Pellegrini
Signature

My commission expires _____

NOTARIAL SEAL
ALFONSO L. PELLEGRINI
 Notary Public
 KINGSTON BOROUGH, LUZERNE CNTY

Benjamin P. Tielle
Signature of Person Submitting Report

Benjamin P. Tielle
Printed Name

570 Area Code *430-1924* 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, 1937 (P.L. 1333, No. 320) as amended.

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

Alfonso L. Pellegrini
Signature

My commission expires _____

NOTARIAL SEAL
ALFONSO L. PELLEGRINI
 Notary Public
 KINGSTON BOROUGH, LUZERNE CNTY
 My Commission Expires Apr 6, 2013

Carolee Media Ojenginski
Signature of Candidate

Carolee Media Ojenginski
Printed Name

570 Area Code *474-2993* Daytime Telephone Number

**SCHEDULE IV
STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>Citizens For Carolee</i>	Reporting Period From <i>11/24/2009</i> To <i>12/31/2009</i>
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Name of Creditor <i>Carolee Medico Olenginski</i>					Outstanding Balance of Debt \$ <i>1117.05</i>
Mailing Address <i>129 Timberwood Dr</i>	DATE DEBT INCURRED	MO. <i>05</i>	DAY <i>05</i>	YEAR <i>2009</i>	
City <i>Mountaintop, PA</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18707</i>			
Description of Debt <i>Loan To Campaign</i>					

Name of Creditor <i>Carolee Medico Olenginski</i>					Outstanding Balance of Debt \$ <i>204.07</i>
Mailing Address <i>129 Timberwood Dr</i>	DATE DEBT INCURRED	MO. <i>11</i>	DAY <i>04</i>	YEAR <i>2009</i>	
City <i>Mountaintop</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18707-</i>			
Description of Debt <i>Loan To Campaign</i>					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <i>1321.12</i>
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