

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 <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>				
Name of Filing Committee, Candidate or Lobbyist: Newport Township Democrats									
Street Address: 102 E. Main St.									
City: Glen Lyon			State: PA	Zip Code: 18617-1321					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT?	YES	NO			
	9TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup> <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO			
	ANNUAL REPORT <sup>7.</sup>	YEAR	FILING METHOD (✓) CHECK ONE	PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:			DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
			MO.	DAY	YEAR				
			11	03	2009		DTH	DEM 40	
			(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	FOR OFFICE USE ONLY			
			10	19	2009	To	11	23	2009
A. Amount Brought Forward From Last Report			\$		3612.98	RECEIVED 2009 DEC 10 PM 3:52 BOARD OF ELECTIONS LUZERNE COUNTY, PA.			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		0				
C. Total Funds Available (Sum of Lines A and B)			\$		3612.98				
D. Total Expenditures (From Schedule III)			\$		149.00				
E. Ending Cash Balance (Subtract Line D from Line C)			\$		3463.98				
F. Value of In-Kind Contributions Received (From Schedule II)			\$						
G. Unpaid Debts and Obligations (From Schedule IV)			\$						

**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 10<sup>th</sup> day of December 2009

Signature: Michelle A. Mushinski  
 My commission expires Mar. 23 MO. DAY YR.

**COMMONWEALTH OF PENNSYLVANIA**  
 NOTARIAL SEAL  
 MICHELLE A. MUSHINSKI, Notary Public  
 Nanticoke City, Luzerne County  
 My Commission Expires MAR. 23, 2011  
 Area Code: 717

Signature of Person Submitting Report: Dorah Forgasch  
 Printed Name: Dorah Forgasch  
 Daytime Telephone Number: 736-6859

**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 \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

My commission expires \_\_\_\_\_ MO. DAY YR. Area Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

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

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Newport Township Democrats</u>	Reporting Period From <u>10-19-2009</u> To <u>11-23-2009</u>
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
<u>CPS Direct</u>	<u>11</u>	<u>10</u>	<u>2009</u>	<u>\$ 149.00</u>
Mailing Address <u>65 Industrial Dr.</u>		Description of Expenditure <u>Handout Cards</u>		
City <u>Nanticoke</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18634</u>		
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
\$