

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <u>FRIENDS OF CABELL FOR COUNCIL</u>								
STREET ADDRESS <u>535 W FIRST ST</u>								
CITY <u>HAZLETON</u>			STATE <u>PA</u>		ZIP CODE <u>18201</u>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY		<u>HAZLETON City Council</u>		<u>116</u>	<u>REP</u>		MO.	DAY
2. 2ND FRIDAY PRE-PRIMARY							<u>11</u>	<u>03</u>
3. 30 DAY POST-PRIMARY								<u>09</u>
4. 6TH TUESDAY PRE-ELECTION							FOR OFFICE USE ONLY	
5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>							RECEIVED 2009 OCT 23 AM 10:12 BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
6. 30 DAY POST-ELECTION								
7. ANNUAL REPORT								
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	
				<u>06</u>	<u>09</u>	<u>09</u>	<u>10 19 09</u>	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		<u>86.30</u>		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		<u>25.00</u>		
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
22 DAY OF October 2009

Cherie A. Homma
 NOTARIAL SEAL
 MY COMMISSION EXPIRES 12-12-09
 HAZLETON, LUZERNE CO., PA.
 MY COMMISSION EXP. DEC. 12, 2009

Adele C Cabell
 SIGNATURE OF PERSON SUBMITTING REPORT
ADELE CHRISTINE CABELL
 PRINTED NAME
570 454-8951
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
22 DAY OF October 2009

Cherie A. Homma
 NOTARIAL SEAL
 MY COMMISSION EXPIRES 12-12-09
 HAZLETON, LUZERNE CO., PA.
 MY COMMISSION EXP. DEC. 12, 2009

Karin Cabell
 SIGNATURE OF CANDIDATE
KARIN CABELL
 PRINTED NAME
570 401-8958
 AREA CODE DAYTIME TELEPHONE NUMBER