

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	X	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS OF CABELL FOR COUNCIL								
STREET ADDRESS 535 W FIRST STREET								
CITY HAZLETON			STATE PA	ZIP CODE 18201				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY		City Council - HAZLETON		116	REP		MO.	DAY
2. 2ND FRIDAY PRE-PRIMARY X		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	MO.	DAY
3. 30 DAY POST-PRIMARY		MO. DAY YEAR		04	15	09	05	19
4. 6TH TUESDAY PRE-ELECTION		TO		05	04	09	YEAR	09
5. 2ND FRIDAY PRE-ELECTION		FOR OFFICE USE ONLY						
6. 30 DAY POST-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>25.00</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>Ø</u>						
7. ANNUAL REPORT		AMENDMENT REPORT?		YES	NO	RECEIVED 2009 MAY -8 AM 11:40 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
		TERMINATION REPORT?		YES	NO			
					X			
					X			

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
8 DAY OF MAY 2009
Cherie A. Homa
 SIGNATURE
 MY COMMISSION EXPIRES 12-12-09 YR.
CHERIE A. HOMA, NOTARY PUBLIC
HAZLETON, LUZERNE CO., PA.

Adele Cabell
 SIGNATURE OF PERSON SUBMITTING REPORT
ADELE CHRISTINE CABELL
 PRINTED NAME
570 454-8751
 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
8 DAY OF MAY 2009
Cherie A. Homa
 SIGNATURE
 MY COMMISSION EXPIRES 12-12-09 YR.
CHERIE A. HOMA, NOTARY PUBLIC
HAZLETON, LUZERNE CO., PA.

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