

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: Plymouth Borough Democrats									
Street Address: 22 Franklin Street									
City: Larksville				State: PA		Zip Code: 18704 -			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	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	7. <input type="checkbox"/>	YEAR		FILING METHOD (✓) CHECK ONE <input checked="" type="checkbox"/>		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	MO.	DAY	YEAR				40
			5	19	2009				
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY RECEIVED 2009 APR -3 AM 9:07 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
A. Amount Brought Forward From Last Report	\$	1	1	09	To	3	30	09	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$								
C. Total Funds Available (Sum of Lines A and B)	\$								
D. Total Expenditures (From Schedule III)	\$								
E. Ending Cash Balance (Subtract Line D from Line C)	\$								
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

2nd day of april 2009

Donna Royer Signature of Person Submitting Report

Donna Royer Printed Name

570 Area Code 779-1011 Daytime Telephone Number

My commission expires 26 DAY 2011 YR.

NOTARIAL SEAL
 Dorothy J. Woodruff, Notary Public

PART II - If this is a Candidate report, Candidate, 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 _____ 20____

____ Signature

____ Printed Name

____ Area Code _____ Daytime Telephone Number

My commission expires _____ MO. _____ DAY _____ YR.

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <u>Plymouth Borough Democrats</u>	Reporting Period From <u>1-1-09</u> To <u>3-30-09</u>
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To Whom Paid <u>Plymouth Public Library</u>	MO. <u>1</u>	DAY <u>26</u>	YEAR <u>09</u>	Amount \$ <u>25.00</u>
Mailing Address <u>W. Main Street</u>	Description of Expenditure <u>memorial</u>			
City <u>Plymouth</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18651-</u>		
check # 1051				

To Whom Paid <u>Plymouth Public Library</u>	MO. <u>2</u>	DAY <u>17</u>	YEAR <u>09</u>	Amount \$ <u>25.00</u>
Mailing Address <u>W. Main St.</u>	Description of Expenditure <u>memorial</u>			
City <u>Plymouth</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18651-</u>		
check # 1052				

To Whom Paid <u>Citizens for Yudichak</u>	MO. <u>3</u>	DAY <u>27</u>	YEAR <u>09</u>	Amount \$ <u>200.00</u>
Mailing Address <u>Thomas St.</u>	Description of Expenditure <u>Breakfast</u>			
City <u>Larksville</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18704 -</u>		
check # 1053				

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
\$ 250.00