

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 ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: <u>COMMITTEE TO ELECT BILL BARRETT</u>										
Street Address: <u>1/0 36 WILCOX DRIVE</u>										
City: <u>WILKES-BARRE PA 1</u>				State: <u>PA</u>		Zip Code: <u>18705 -</u>				
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.} <input checked="" type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	ANNUAL REPORT ^{7.}		YEAR		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER		DISKETTE	
Name of Office Sought by Candidate: <u>WILKES-BARRE CITY COUNCIL DISTRICT D</u>					DATE OF ELECTION MO. DAY YEAR <u>05 17 2011</u>			District Number <u>6th</u>	Office Code Party Code County Code <u>SEBARDI JUN D</u> (SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:			MO. DAY YEAR <u>05 03 2011</u>			To MO. DAY YEAR <u>06 06 2011</u>			FOR OFFICE USE ONLY VED ELECTIONS JUN 2:30 COUNTY, PA.	
			A. Amount Brought Forward From Last Report			\$ <u>3,824.21</u>				
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <u>0.00</u>							
C. Total Funds Available (Sum of Lines A and B)			\$ <u>3824.21</u>							
D. Total Expenditures (From Schedule III)			\$ <u>494.60</u>							
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <u>3,329.61</u>							
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <u>0</u>							
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <u>0</u>							

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 6th day of JUNE 2011

Signature of Person Submitting Report: Betty Jane Barrett
 Printed Name: BETTY JANE BARRETT
 Area Code: 570 Daytime Telephone Number: 826-9131

NOTARIAL SEAL
 MARGARET M. SHARKSNAS, Notary Public
 WILKES-BARRE CITY, LUZERNE COUNTY
 My Commission Expires Jan 12, 2015

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 6th day of JUNE 2011

Signature of Candidate: William Barrett
 Printed Name: William Barrett
 Area Code: 570 Daytime Telephone Number: 826-9131

Signature: Margaret M. Sharknas
 Printed Name: Margaret M. Sharknas
 Area Code: 570 Daytime Telephone Number: 826-9131

My commission expires 1-12-2015

NOTARIAL SEAL
 MARGARET M. SHARKSNAS, Notary Public
 WILKES-BARRE CITY, LUZERNE COUNTY
 My Commission Expires Jan 12, 2015

NOTARIAL SEAL
 MARGARET M. SHARKSNAS, Notary Public
 WILKES-BARRE CITY, LUZERNE COUNTY
 My Commission Expires Jan 12, 2015

State ● Bureau of Commissions, Elections and Legislation
 Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>							
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST BILL BARRETT											
STREET ADDRESS 36 WILCOX DRIVE											
CITY WILKES-BARRE		STATE PA	ZIP CODE 18705 -								
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION						
	WILKES-BARRE CITY COUNCIL - DISTRICT D		6TH	D	MO.	DAY	YEAR				
	<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY				05	17	2011				
	<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY						
	<input checked="" type="checkbox"/> 30 DAY POST-PRIMARY	DATES OF REPORTING PERIOD									
	<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION	MO.	DAY	YEAR				TO	MO.	DAY	YEAR
	<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION	05	03	2011					06	06	2011
<input type="checkbox"/> 30 DAY POST-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:		\$	0.00							
<input type="checkbox"/> ANNUAL REPORT	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	0.00							
	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

COMMONWEALTH OF PENNSYLVANIA, 20 11

MARGARET M. SHARKSNAS, Notary Public
 WILKES-BARRE CITY, LUZERNE COUNTY, PA
 My Commission Expires Jan. 13, 2015

William Barrett
 SIGNATURE OF PERSON SUBMITTING REPORT

William BARRETT
 PRINTED NAME

570 826-9131
 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

6th DAY OF June 20 11

Margaret M. Sharksnas
 SIGNATURE

William Barrett
 SIGNATURE OF CANDIDATE

William BARRETT
 PRINTED NAME

570 826-9131
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA, 13-2013

MARGARET M. SHARKSNAS, Notary Public
 WILKES-BARRE CITY, LUZERNE COUNTY, PA
 My Commission Expires Jan. 13, 2015

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>COMMITTEE TO ELECT BILL BARRETT</i>	Reporting Period From <i>05/03/2011</i> To <i>06/06/2011</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>WILKES-BARRE FIRE DEPT A.A.</i>	<i>05</i>	<i>04</i>	<i>2011</i>	<i>\$ 50⁰⁰</i>
Mailing Address: <i>20-22 E. ROSS STREET</i>				
Description of Expenditure: <i>GOLF EVENT DONATION</i>				
City: <i>WILKES-BARRE</i>	State: <i>PA</i>	Zip Code (Plus 4): <i>18703-</i>		
<i>OSTERHOUT LIBRARY</i>	<i>05</i>	<i>06</i>	<i>2011</i>	<i>\$ 40⁰⁰</i>
Mailing Address: <i>28 OLIVER STREET</i>				
Description of Expenditure: <i>FUNDRAISER DONATION</i>				
City: <i>WILKES-BARRE</i>	State: <i>PA</i>	Zip Code (Plus 4): <i>18705-</i>		
<i>MAYFLOWER GRAPHICS</i>	<i>05</i>	<i>14</i>	<i>2011</i>	<i>\$ 169⁶⁰</i>
Mailing Address: <i>120 NORTH MAIN STREET</i>				
Description of Expenditure: <i>POLL CARD PRINTING</i>				
City: <i>ASHLEY</i>	State: <i>PA</i>	Zip Code (Plus 4): <i>18702-</i>		
<i>FRIENDS OF TOM LEIGHTON</i>	<i>05</i>	<i>13</i>	<i>2011</i>	<i>\$ 50⁰⁰</i>
Mailing Address: <i>138 RELIANCE DRIVE</i>				
Description of Expenditure: <i>FUNDRAISER DONATION</i>				
City: <i>WILKES-BARRE</i>	State: <i>PA</i>	Zip Code (Plus 4): <i>18702-</i>		
<i>CITY OF WILKES-BARRE</i>	<i>05</i>	<i>27</i>	<i>2011</i>	<i>\$ 150⁰⁰</i>
Mailing Address: <i>40 E. MARKET ST.</i>				
Description of Expenditure: <i>PLCM CONFERENCE</i>				
City: <i>WILKES-BARRE</i>	State: <i>PA</i>	Zip Code (Plus 4): <i>18711 -</i>		
Registration				
<i>LAPAZZA SUMMER BARBECUE</i>	<i>06</i>	<i>01</i>	<i>2011</i>	<i>\$ 35⁰⁰</i>
Mailing Address: <i>1723 RIVER RD</i>				
Description of Expenditure: <i>EVENT TICKET</i>				
City: <i>PITTSION</i>	State: <i>PA</i>	Zip Code (Plus 4): <i>18640-</i>		
To Whom Paid	MO.	DAY	YEAR	Amount
				<i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				<i>\$</i>
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 <i>\$ 494.⁶⁰</i>
