

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: FRIENDS OF MICHAEL CABELL																																	
Street Address: 75 N. OLD TURNPIKE ROAD																																	
City: DRUMS				State: PA		Zip Code: 18222																											
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>		30 DAY POST PRIMARY ^{3.}		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 <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>																										
Name of Office Sought by Candidate: MEMBER OF MUNICIPAL COUNTY COUNCIL				DATE OF ELECTION MO. DAY YEAR 5 17 2011		District Number 1	Office Code OTH REP	Party Code REP	County Code 40																								
<table border="1"> <tr> <td colspan="3">Summary of Receipts and Expenditures from:</td> <td colspan="3">MO. DAY YEAR</td> <td colspan="3">To</td> <td colspan="3">MO. DAY YEAR</td> </tr> <tr> <td colspan="3"></td> <td colspan="3">01 01 11</td> <td colspan="3"></td> <td colspan="3">05 02 11</td> </tr> </table>										Summary of Receipts and Expenditures from:			MO. DAY YEAR			To			MO. DAY YEAR						01 01 11						05 02 11		
Summary of Receipts and Expenditures from:			MO. DAY YEAR			To			MO. DAY YEAR																								
			01 01 11						05 02 11																								
A. Amount Brought Forward From Last Report				\$																													
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		6469.00																											
C. Total Funds Available (Sum of Lines A and B)				\$		6469.00																											
D. Total Expenditures (From Schedule III)				\$		2295.97																											
E. Ending Cash Balance (Subtract Line D from Line C)				\$		4173.03																											
F. Value of In-Kind Contributions Received (From Schedule II)				\$																													
G. Unpaid Debts and Obligations (From Schedule IV)				\$		3483.53																											

FOR OFFICE USE ONLY

RECEIVED

2011 MAY -6 PM 1:4

BOARD OF ELECTIONS
 LUZERNE COUNTY, PA

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.

and subscribed before me this 2011 day of May

Michael J. Martens
 Signature

Frances L. Petrovich
 Signature of Person Submitting Report

FRANCES L. PETROVICH
 Printed Name

Commission expires Feb 17 2012

570 **788-3092**
 Area Code Daytime Telephone Number

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. 133 No. 320) as amended.

Sworn and subscribed before me this 2011 day of MAY

Michael J. Martens
 Signature

Michael Cabell
 Signature of Candidate

MICHAEL CABELL
 Printed Name

Commission expires Feb 17 2012

570 **233-1399**
 Area Code Daytime Telephone Number

Member, Pennsylvania Association of Notaries

Member, Pennsylvania Association of Notaries

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Michael Cabell</i>	Reporting Period From <i>1-1-11</i> To <i>5-2-11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ <i>2,479.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <i>125.00</i>
All Other Contributions (Part B)		\$ <i>2,865.00</i>
	TOTAL for the Reporting Period	(2) \$ <i>2,990.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>1,000.00</i>
All Other Contributions (Part D)		\$ <i>1,000.00</i>
	TOTAL for the Reporting Period	(3) \$ <i>1,000.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <i>6,469.00</i>
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>FRIENDS OF MICHAEL CABELL</i>	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
---	---

				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		
<i>COMMITTEE TO RE-ELECT DANIEL O'DONNELL</i>	<i>04</i>	<i>17</i>	<i>2011</i>	\$	<i>60.00</i>
Mailing Address	MO.	DAY	YEAR	\$	<i>65.00</i>
<i>75 N. OLD TURNPIKE</i>	<i>04</i>	<i>29</i>	<i>2011</i>	\$	<i>65.00</i>
City	MO.	DAY	YEAR	\$	
<i>DRUMS</i>				\$	
State	MO.	DAY	YEAR	\$	
<i>GA</i>				\$	
Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
<i>18222 -</i>				\$	
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City				\$	
State				\$	
Zip Code (Plus 4)				\$	
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City				\$	
State				\$	
Zip Code (Plus 4)				\$	
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City				\$	
State				\$	
Zip Code (Plus 4)				\$	
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City				\$	
State				\$	
Zip Code (Plus 4)				\$	
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City				\$	
State				\$	
Zip Code (Plus 4)				\$	
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City				\$	
State				\$	
Zip Code (Plus 4)				\$	
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City				\$	
State				\$	
Zip Code (Plus 4)				\$	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	\$ <i>125.00</i>
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**PART B
ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate FRIENDS OF MICHAEL CABELL	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor MR & MRS FRANCIS PETROVICH	03	26	2011	200.00
Mailing Address 75 N. OLD TURNPIKE RD.				
City DRUMS				
State PA				
Zip Code (Plus 4) 18222 -				
Full Name of Contributor DARLENE KISENWEATHER	03	31	2011	250.00
Mailing Address 39 OAK STREET				
City DRUMS				
State PA				
Zip Code (Plus 4) 18222 -				
Full Name of Contributor GARY MARTINI	04	8	2011	100.00
Mailing Address 55 W. BUTLER DRIVE				
City DRUMS				
State PA				
Zip Code (Plus 4) 18222 -				
Full Name of Contributor DAVE MOKEY	04	13	2011	60.00
Mailing Address 304 ROCKSHORE DRIVE				
City DRUMS				
State PA				
Zip Code (Plus 4) 18222 -				
Full Name of Contributor MRS & MRS BRIAN KISENWEATHER	04	13	2011	105.00
Mailing Address 39 OAK STREET				
City DRUMS				
State PA				
Zip Code (Plus 4) 18222 -				
Full Name of Contributor CHARLES ALTMILLER	04	17	2011	100.00
Mailing Address 160 DEEP HOLE ROAD				
City DRUMS				
State PA				
Zip Code (Plus 4) 18222 -				
Full Name of Contributor MRS & MRS FRANK CABELL	04	17	2011	150.00
Mailing Address 22 COUNTRY CLUB LANE				
City SUGAR LOAF				
State PA				
Zip Code (Plus 4) 18249 -				
Full Name of Contributor MRS & MRS PAUL MALONE	04	17	2011	60.00
Mailing Address 1 N. PROSPECT PARK DRIVE				
City SUGAR LOAF				
State PA				
Zip Code (Plus 4) 18249 -				

PAGE TOTAL
\$ **1025.00**

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Friends of Michael Cabell	Reporting Period From 1-1-11 To 5-2-11
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor SEAN SHAMANY	04	17	2011	75.00
Mailing Address 1042 S. APPIAN WAY	MO.	DAY	YEAR	\$
City HAZLE TOWNSHIP	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18202 -	MO.	DAY	YEAR	\$
Full Name of Contributor MRS. JOSEPH LOZOSKY	04	29	2011	65.00
Mailing Address PO BOX 455	MO.	DAY	YEAR	\$
City CONYNGHAM	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18219 -	MO.	DAY	YEAR	\$
Full Name of Contributor TISSANY CLOUD	04	29	2011	100.00
Mailing Address 3 WHEATFIELD RD	MO.	DAY	YEAR	\$
City CONYNGHAM	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18219 -	MO.	DAY	YEAR	\$
Full Name of Contributor SHARON & JOSEPH FERDINAND	04	29	2011	65.00
Mailing Address 2 CENTER HILL RD	MO.	DAY	YEAR	\$
City SUGAR LOAF	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18249 -	MO.	DAY	YEAR	\$
Full Name of Contributor J. SHARON & KATHLEEN BUCKLEY	04	29	2011	65.00
Mailing Address 25 SHAW DR	MO.	DAY	YEAR	\$
City DRUMS	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18222 -	MO.	DAY	YEAR	\$
Full Name of Contributor ATTY LAWRENCE KLEMAN	04	29	2011	65.00
Mailing Address 81 N. LAUREL ST.	MO.	DAY	YEAR	\$
City HAZLETON	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18201 -	MO.	DAY	YEAR	\$
Full Name of Contributor BRIAN & LYNN McCANN	04	29	2011	65.00
Mailing Address 2030 FATHER ANGELO DR.	MO.	DAY	YEAR	\$
City HAZLETON	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18202 -	MO.	DAY	YEAR	\$
Full Name of Contributor DR. & MRS. ANTHONY GRIGOLI	04	29	2011	100.00
Mailing Address 1606 DEER PATH ROAD	MO.	DAY	YEAR	\$
City HAZLE TOWNSHIP	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18202 -	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ **600.00**

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate FRIENDS OF MICHAEL CABELL	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
---	---

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	\$
Joseph A. Zoba	198 S. POPLAR ST.	HAZLETON	PA	18201 -	04	29	2011	\$ 100.00
MARK PHILIP AMICO	1109 MAIN ST.	PITTSBURGH	PA	15240 -	04	29	2011	\$ 65.00
WILLIAM & DEBRA ROWLANDS	737 HARRISON ST.	HAZLETON	PA	18201 -	04	29	2011	\$ 65.00
WALTER & DEANNA PAVLIK JR.	371 MAIN ST	CONYNGHAM	PA	18219 -	04	29	2011	\$ 65.00
ROBERT P. PALERMO	P.O. BOX 453	DRUMS	PA	18222 -	04	29	2011	\$ -65.00
THOMAS & JESSICA POLLOCK	62 FAIRWAY LANE	SUGAR LOAF	PA	18249 -	04	29	2011	\$ 65.00
JEFFREY FIERRO	26 W. SECOND ST	HAZLETON	PA	18201 -	04	29	2011	\$ 100.00
FRANKLIN & MARY ANN ATOR	54 RHEDWOOD AVE	SUGAR LOAF	PA	18249 -	04	29	2011	\$ 100.00

PAGE TOTAL
\$ **710.00**

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Friends of Michael Cabell	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor STEPHAN WALSER	04	29	2011	\$ 65.00
Mailing Address 1109 Valley of Lakes	MO.	DAY	YEAR	\$
City HAZLETON	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18202-				
Full Name of Contributor Rebecca Lynn / Eric Reed	04	29	2011	\$ 65.00
Mailing Address 61 Seneca Lane	MO.	DAY	YEAR	\$
City SUGAR LOAF	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18249-				
Full Name of Contributor DAVID ROWLANDS	04	29	2011	\$ 100.00
Mailing Address 2399 East Venisa Drive	MO.	DAY	YEAR	\$
City HAZLETON	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18202-				
Full Name of Contributor WAYNE & BRENDA TOMAIND	04	29	2011	\$ 100.00
Mailing Address 6 Country Club Lane	MO.	DAY	YEAR	\$
City SUGAR LOAF	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18249-				
Full Name of Contributor FRANK L. & SANDRA ORLANDO	04	29	2011	\$ 100.00
Mailing Address 24 Country Club Lane	MO.	DAY	YEAR	\$
City SUGAR LOAF	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18249-				
Full Name of Contributor Kristie Pugliese	04	29	2011	\$ 100.00
Mailing Address PO Box 643	MO.	DAY	YEAR	\$
City Conyngham	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18219-				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

PAGE TOTAL
\$ 530.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART C

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
OVER \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Friends of Michael Cabell</i>	Reporting Period From <i>1-1-11</i> To <i>5-2-11</i>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ - 0-

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate FRIENDS OF MICHAEL CABELL	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
---	---

				DATE	AMOUNT
Full Name of Contributor SALLY THOMAS				MO. DAY YEAR 04 01 2011	\$ 1,000.00
Mailing Address 224 Deep Hole Road				MO. DAY YEAR	\$
City DRUMS	State PA	Zip Code (Plus 4) 18222 -		MO. DAY YEAR	\$
Employer Name Thoren Caging Systems				Occupation President of Thoren Caging	
Employer Mailing Address/Principal Place of Business 815 W. 7th St. Hazleton, PA 18201					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,000.00

**PART E
OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <i>Friends of Michael Cabell</i>	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
---	---

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	AMOUNT
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	AMOUNT
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	AMOUNT
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	AMOUNT
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	AMOUNT
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	AMOUNT
		-				\$

Receipt Description

PAGE TOTAL
\$ - 6 -

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF MICHAEL CABELL</i>	Reporting Period From <i>1-1-11</i> To <i>5-2-11</i>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$	<i>-0-</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Michael Cabell</i>	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>00</u>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Michael Cabell</i>	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE TOTAL \$ <u>-0-</u>
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF MICHAEL CABELL	Reporting Period From 1-1-11 To 5-2-11
---	---

To Whom Paid	MO.	DAY	YEAR	Amount
PNC BANK	03	31	2011	\$ 17.99
Mailing Address N. Church STREET	Description of Expenditure checks			
City HAZZLETON	State PA	Zip Code (Plus 4) 18205		
DRUMS POSTMASTER	04	04	2011	\$ 35.20
Mailing Address RITTEN HOUSE PLACE	Description of Expenditure MAILING FOR BREAKFAST			
City DRUMS	State PA	Zip Code (Plus 4) 18222 -		
BUTLER Township	04	08	11	\$ 50.00
Mailing Address 415 W. BUTLER DRIVE	Description of Expenditure Sign PERMIT			
City DRUMS	State PA	Zip Code (Plus 4) 18222 -		
DOLLAR STORE	04	13	2011	\$ 29.68
Mailing Address 323 LAUREL MALL	Description of Expenditure BREAKFAST FUND RAISER			
City HAZZLETON	State PA	Zip Code (Plus 4) 18201 -		
	SUPPLIES			
FRANZ PARTY Shoppe	04	13	11	\$ 9.00
Mailing Address 1119 N. Church STREET	Description of Expenditure FUND RAISER SUPPLIES			
City HAZZLETON	State PA	Zip Code (Plus 4) 18202 -		
BUTLER Twp. Fire HALL INC	04	21	2011	\$ 692.50
Mailing Address W. BUTLER DRIVE	Description of Expenditure FUND RAISER			
City DRUMS	State PA	Zip Code (Plus 4) 18222 -		
	BREAKFAST			
FRIENDS OF HARRY HAAS	04	27	2011	\$ 50.00
Mailing Address 30 W. ROSS ST	Description of Expenditure DONATION			
City WILKES BARRE	State PA	Zip Code (Plus 4) 18701 -		
JOURNAL Newspaper	04	20	2011	\$ 144.00
Mailing Address 211 MAIN ST	Description of Expenditure Ad			
City WHITE HAVEN	State PA	Zip Code (Plus 4) 18661 -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1018.37

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Michael Cabell</i>	Reporting Period From <i>1-1-11</i> To <i>5-2-11</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>STANDARD SPEAKER</i> Mailing Address <i>N. WYOMING STREET</i> City <i>HAZLETON</i>	<i>05</i>	<i>02</i>	<i>2011</i>	<i>\$ 1277.60</i>
State <i>PA</i>	Zip Code (Plus 4) <i>18201 -</i>			Description of Expenditure <i>ADDS FOR 2 DAYS</i>
City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)	-	-	-	\$

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <i>\$ 1277.60</i>
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**SCHEDULE IV
STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of Michael Cabell	Reporting Period From <u>01-01-2011</u> To <u>05-02-2011</u>
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Name of Creditor FRANK CABELL					Outstanding Balance of Debt \$ 2816.37
Mailing Address 22 COUNTRY CLUB LANE	DATE DEBT INCURRED	MO. 03	DAY 24	YEAR 2011	
City SUGARLOAF		State PA	Zip Code (Plus 4) 18245-		
Description of Debt SIGNS					
Name of Creditor FRANK CABELL					Outstanding Balance of Debt \$ 607.16
Mailing Address 22 COUNTRY CLUB LANE	DATE DEBT INCURRED	MO. 04	DAY 29	YEAR 2011	
City SUGARLOAF		State PA	Zip Code (Plus 4) 18249-		
Description of Debt meet & Greet					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ 3423.53
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