

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: <u>Kathy Kane for Controller</u>																			
Street Address: <u>139 Meade Street</u>																			
City: <u>Wilkes-Barre</u>					State: <u>PA</u>		Zip Code: <u>18702-</u>												
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		2.		30 DAY POST PRIMARY		3. <input checked="" type="checkbox"/>		AMENDMENT REPORT?		YES		NO		
	8TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.		TERMINATION REPORT?		YES		NO		
	ANNUAL REPORT		7.		YEAR				FILING METHOD		PAPER		DISKETTE						
										<input checked="" type="checkbox"/> CHECK ONE									

Name of Office Sought by Candidate: <u>Controller of Wilkes-Barre</u>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO.	DAY	YEAR				
					5	17	2011				
(SEE INSTRUCTIONS FOR CODES)											

Summary of Receipts and Expenditures from:		MO. DAY YEAR			To			MO. DAY YEAR			FOR OFFICE USE ONLY BOARD OF ELECTIONS LUZERNE COUNTY, PA. 1 JUN -9 PM 1:23 RECEIVED				
		5 3 2011			To			6 6 2011							
A. Amount Brought Forward From Last Report		\$ 6997.57													
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 100.00													
C. Total Funds Available (Sum of Lines A and B)		\$ 7097.57													
D. Total Expenditures (From Schedule III)		\$ 551.00													
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 6546.57													
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0-0													
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0-0													

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 9th day of June 2011

COMMONWEALTH OF PENNSYLVANIA

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

Margaret M. Sharksnas
 Signature

9-2015
 MO. DAY YR.

Anne G. Bergold
 Signature of Person Submitting Report

Anne G Bergold
 Printed Name

570
 Area Code

822-7418
 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. 1333, No. 320) as amended.

Sworn to and subscribed before me this 9th day of June 2011

COMMONWEALTH OF PENNSYLVANIA

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

Margaret M. Sharksnas
 Signature

1-13-2015
 MO. DAY YR.

Kathy Kane
 Signature of Candidate

Kathy Kane
 Printed Name

570
 Area Code

822-5302
 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Kathy Kane for Controller</i>	Reporting Period From <i>5/3/2011</i> To <i>6/6/2011</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>108.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$

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 <i>(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>	\$ <i>108.00</i>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Kathy Kane for Controller</i>	Reporting Period From <i>5/3/2011</i> To <i>6/6/2011</i>
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To Whom Paid <i>Please see Attached</i>	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)		-
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
\$

