

# 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: <b>2010123</b>	Report Filed By: <b>CANDIDATE</b> <sup>1.</sup>	<b>COMMITTEE</b> <sup>2.</sup> <input checked="" type="checkbox"/>	<b>LOBBYIST</b> <sup>3.</sup> <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: <b>PAFT Cop</b>			
Street Address: <b>Coopers Co-op Building East street</b>			
City: <b>Pittsbn</b>	State: <b>Pa</b>	Zip Code: <b>18640</b>	

TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	ANNUAL REPORT	<input type="checkbox"/>	YEAR	<input type="checkbox"/>	FILING METHOD (✓) CHECK ONE		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				
	5	17	2011				
(SEE INSTRUCTIONS FOR CODES)							

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	5	3	2011		6	6	2011	
A. Amount Brought Forward From Last Report				\$	16,792.48			RECEIVED 2011 JUN 10 PM 3:27 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	404.12			
C. Total Funds Available (Sum of Lines A and B)				\$	17,196.60			
D. Total Expenditures (From Schedule III)				\$	565.00			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	16,631.60			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	0			
G. Unpaid Debts and Obligations (From Schedule IV)				\$	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

10<sup>th</sup> day of June 2011

*Patricia Marie Casale*

**NOTARIAL SEAL**  
**PATRICIA MARIE CASALE**  
 Notary Public  
**PITTSBURGH, LUZERNE COUNTY**  
 My Commission Expires Aug 1, 2011

*Jill M. Oliver*  
 Signature of Person Submitting Report

**Jill M. Oliver**  
 Printed Name

**570**      **498-2567**  
 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. 1333, No. 320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_

\_\_\_\_\_  
Signature

My commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_      \_\_\_\_\_  
Area Code      Daytime Telephone Number

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>PAFT Cape</b>	Reporting Period From <b>5-3-11</b> To <b>6-6-11</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	(1)	\$ <b>401.00</b>

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

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

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	(4)	\$ <b>3.12</b>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>	\$ <b>404.12</b>
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**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 <b>PAFT Code</b>	Reporting Period From <b>5-3-11</b> To <b>6-6-11</b>
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Full Name <b>First National Community Bank</b>						
Mailing Address <b>102 E. Drinker Street</b>						
City <b>Dunmore</b>	State <b>Pa</b>	Zip Code (Plus 4) <b>18512 -</b>	MO.	DAY	YEAR	Amount <b>\$ 3.12</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	<b>PAGE TOTAL</b> <b>\$ 3.12</b>
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>PAFT Cape</b>	Reporting Period From <b>5-3-11</b> To <b>6-6-11</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>Arcaro &amp; Genell</b>	<b>5</b>	<b>12</b>	<b>11</b>	<b>\$ 565.00</b>
Mailing Address <b>443 South Main Street</b>	Description of Expenditure <b>meeting to discuss</b>			
City <b>Old Forge</b>	State <b>Pa</b>	Zip Code (Plus 4) <b>18518 -</b>		
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  
**\$ 565.00**