

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: 100		Report Filed By: CANDIDATE 1.		COMMITTEE 2. <input checked="" type="checkbox"/>		LOBBYIST 3.			
Name of Filing Committee, Candidate or Lobbyist: Plymouth Republican Organization									
Street Address: 90 167 W. Shawnee Ave.									
City: Plymouth				State: PA		Zip Code: 18657-2112			
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.	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR	FILING METHOD <input checked="" type="checkbox"/> 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 1 1 2011		To	MO. DAY YEAR 6 8 2011		FOR OFFICE USE ONLY		
A. Amount Brought Forward From Last Report		\$		940.00		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2011 JUN 10 PM 2:30 BOARD OF ELECTIONS LUZERNE COUNTY, PA </div>			
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)		\$		940.00					
E. Ending Cash Balance (Subtract Line D from Line C)		\$		-0-					
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

10 day of JUNE 20 11

Mary Yachna
Signature

My commission expires July 11 2014
MO. DAY YR.

Bernardine A. Borinski
Signature of Person Submitting Report

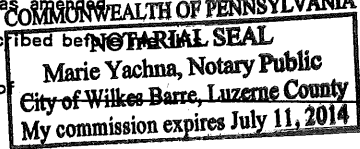
BERNARDINE A. BORINSKI
Printed Name

570 779-4337
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 _____ 20____



Signature

My commission expires _____ MO. DAY YR.

Signature of Candidate

Printed Name

Area Code Daytime Telephone Number

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Plymouth Republican Organization</i>	Reporting Period From <i>1-1-20</i> To <i>6-8-2011</i>
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To Whom Paid <i>Plymouth Fire Company #1</i>	MO. <i>5</i>	DAY <i>19</i>	YEAR <i>2011</i>	Amount \$ <i>313.34</i>
Mailing Address <i>Dayford Ave.</i>		Description of Expenditure <i>donation</i>		
City <i>Plymouth</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18651-</i>		

To Whom Paid <i>Goodwill Hose Company #2</i>	MO. <i>5</i>	DAY <i>19</i>	YEAR <i>2011</i>	Amount \$ <i>313.33</i>
Mailing Address <i>W. main St.</i>		Description of Expenditure <i>donation</i>		
City <i>Plymouth</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18651 -</i>		

To Whom Paid <i>Elm Hill Hose Company #3</i>	MO. <i>5</i>	DAY <i>19</i>	YEAR <i>2011</i>	Amount \$ <i>313.33</i>
Mailing Address <i>Vine St.</i>		Description of Expenditure <i>donation</i>		
City <i>Plymouth</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18651 -</i>		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ <i>940.00</i>
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