

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 <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>					
Name of Filing Committee, Candidate or Lobbyist: <u>FRIENDS OF FRANK J. CIAVARELLA JR</u>										
Street Address: <u>227 Ridge St.</u>										
City: <u>HANOVER TWP.</u>			State: <u>PA</u>	Zip Code: <u>18706</u>						
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
	ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR <u>20</u>	<u>10</u>	FILING METHOD ( <input checked="" type="checkbox"/> ) CHECK ONE	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: <u>HANOVER AREA School Director</u>			DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
			MO.	DAY	YEAR		<u>6th</u>	<u>DEM</u>	<u>40</u>	
						(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<u>12</u>	<u>31</u>	<u>2009</u>	To	<u>12</u>	<u>17</u>	<u>2010</u>	RECEIVED 2010 DEC 21 PM 3:45 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
A. Amount Brought Forward From Last Report					\$	<u>60.82</u>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	<u>0</u>				
C. Total Funds Available (Sum of Lines A and B)					\$	<u>60.82</u>				
D. Total Expenditures (From Schedule III)					\$	<u>25.00</u>				
E. Ending Cash Balance (Subtract Line D from Line C)					\$	<u>35.82</u>				
F. Value of In-Kind Contributions Received (From Schedule II)					\$	<u>---</u>				
G. Unpaid Debts and Obligations (From Schedule IV)					\$	<u>---</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

21 day of Dec 2010

Frank J. Ciavarella  
 Signature

Nancy A. Ciavarella  
 Signature of Person Submitting Report

NANCY A. CIAVARELLA  
 Printed Name

570 Area Code 970-8662 Daytime Telephone Number

My commission expires \_\_\_\_\_  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL DAY YR.  
 FRANK J. CIAVARELLA  
 HANOVER TWP., LUZERNE COUNTY, PA.

**PART II -** If this is a report of a Candidate's Authorized Committee, candidate shall 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 this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 82), as amended.

Sworn to and subscribed before me this

21 day of Dec 2010

Frank J. Ciavarella  
 Signature

Frank J. Ciavarella Jr  
 Signature of Candidate

FRANK J. CIAVARELLA JR  
 Printed Name

570 Area Code 262-7108 Daytime Telephone Number

My commission expires \_\_\_\_\_  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL DAY YR.  
 FRANK J. CIAVARELLA  
 HANOVER TWP., LUZERNE COUNTY, PA.

FRANK J. CIAVARELLA  
 HANOVER TWP., LUZERNE COUNTY, PA.  
 My Commission Expires 12/28/12

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

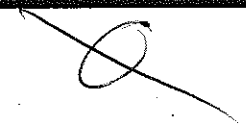
Name of Filing Committee or Candidate <b>FRIENDS OF FRANK J. CIAVARELLA JR</b>	Reporting Period From <b>12/31/09</b> To <b>12/17/10</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$

<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>	
TOTAL for the Reporting Period	(4) \$

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 
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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 <b>FRIENDS OF FRANK J. CIARRELLA JR</b>	Reporting Period From <b>12/31/09</b> To <b>12/17/10</b>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$

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

PAGE TOTAL \$
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# 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 <b>FRIENDS OF FRANK J. STAVARELLA JR.</b>	Reporting Period From <u>12/31/10</u> To <u>12/12/10</u>
--	---

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

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

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 <b>FRIENDS OF FRANK J. C. JAVARELLA JR</b>	Reporting Period From <b>12/31/09</b> To <b>12/12/10</b>
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				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)					
		-					

PAGE TOTAL
\$ <span style="font-size: 2em;">✓</span>

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

**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>FRIENDS OF FRANK J. GAVARELLA JR.</b>	Reporting Period From <b>12/31/09</b> To <b>12/12/10</b>
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Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$ <b>0</b>

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$ <b>0</b>

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$ <b>0</b>

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$ <b>0</b>

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$ <b>0</b>

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$ <b>0</b>

Receipt Description

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	<b>PAGE TOTAL</b> \$ <b>0</b>
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**PART D**  
**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 <b>FRIENDS OF FRANK J. CIAVARELLA JR</b>	Reporting Period From <b>12/31/09</b> To <b>12/17/10</b>
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				DATE			AMOUNT
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  
\$ 0

**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 <b>FRIENDS OF FRANK J. GIAMARELLI JR</b>	Reporting Period From <b>12/31/09</b> To <b>12/12/10</b>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <b>0</b>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$ <b>0</b>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$ <b>0</b>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <b>0</b>
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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 <b>FRIENDS OF FRANK J. GAURRELLA JR</b>	Reporting Period From <u>12/31/09</u> To <u>12/17/10</u>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	\$			
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 \$
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>FRIENDS OF FRANK J. CAVARELLA JR</b>	Reporting Period From <u>12/31/09</u> To <u>12/17/10</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$ <u>X</u>
Mailing Address				MO.	DAY	YEAR	\$ <u>X</u>
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$ <u>X</u>
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$ <u>X</u>
Mailing Address				MO.	DAY	YEAR	\$ <u>X</u>
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$ <u>X</u>
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$ <u>X</u>
Mailing Address				MO.	DAY	YEAR	\$ <u>X</u>
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$ <u>X</u>
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$ <u>X</u>
Mailing Address				MO.	DAY	YEAR	\$ <u>X</u>
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$ <u>X</u>
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>X</u>
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## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF FRANK J. CAVALLO JR</b>	Reporting Period From <u>12/31/09</u> To <u>12/17/10</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>CITIZENS FOR Yudichak</b> Mailing Address 116 Thomas St. City <b>LARKSVILLE</b> State <b>PA</b> Zip Code (Plus 4) <b>1874-</b>	4	29	10	\$ <u>25.00</u>
Description of Expenditure <b>Donation</b>				
To Whom Paid	MO.	DAY	YEAR	Amount \$ <u>0</u>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount \$ <u>0</u>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount \$ <u>0</u>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount \$ <u>0</u>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount \$ <u>0</u>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount \$ <u>0</u>
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**  
\$ 25.00

## 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 <b>FRIENDS OF FRANK J. CIAVARELLA JR</b>	Reporting Period From <u>12/31/09</u> To <u>12/12/10</u>
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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						

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 \$ <u>                    </u>
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