

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: COMMITTEE to ELECT WALTER L GRIFFITH JR									
Street Address: 61 SIMPSON ST									
City: WILKES-BARRE			State: PA	Zip Code: 18702 -					
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			
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO			
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>	YEAR 2010	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				
								(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	FOR OFFICE USE ONLY			
			01	01	2010	To	12	31	2010
A. Amount Brought Forward From Last Report						\$ 49.05			
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ 0			
C. Total Funds Available (Sum of Lines A and B)						\$ 49.05			
D. Total Expenditures (From Schedule III)						\$ 0			
E. Ending Cash Balance (Subtract Line D from Line C)						\$ 49.05			
F. Value of In-Kind Contributions Received (From Schedule II)						\$ 0			
G. Unpaid Debts and Obligations (From Schedule IV)						\$ 9149.28			

RECEIVED
 2011 JAN 28 AM 9:02
 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.

Sworn to and subscribed before me this 28 day of January, 2011

Notarial Seal
 Mary R. Wallace, Notary Public
 City Of Wilkes-Barre, Luzerne County
 My Commission expires May 17, 2011

Signature of Person Submitting Report
 Mary Jo Griffith
 Printed Name
 570 Area Code
 822-3667 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 28 day of January, 2011

Notarial Seal
 Mary R. Wallace, Notary Public
 City Of Wilkes-Barre, Luzerne County
 My Commission expires May 17, 2011

Signature of Candidate
 WALTER L GRIFFITH JR
 Printed Name
 570 Area Code
 822-3667 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>COMMITTEE to Elect WALTER L GRIFFIN</i>	Reporting Period From <i>01-01-10</i> To <i>12-31-10</i>
-------------------------------------------------------------------------------------	-------------------------------------------------------------

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>0</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)	\$ <i>0</i>

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)	\$ <i>0</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>0</i>

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>0</i>
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Committee to Elect Wally Griffith</i>	Reporting Period From <i>1/1/10</i> To <i>12/31/10</i>
-----------------------------------------------------------------------------------	-----------------------------------------------------------

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) -		
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 \$ <i>2</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	Reporting Period From <u>11/10</u> To <u>12/31/10</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
\$ 2

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 <i>Committee to Elect Walk Luff</i>	Reporting Period From <i>1/1/10</i> To <i>12/31/10</i>
------------------------------------------------------------------------------	-----------------------------------------------------------

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 \$ <i>2</i>
