

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE	<input checked="" type="checkbox"/> LOBBYIST ³					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Luzerne Home Rule</i>									
STREET ADDRESS <i>65 Johnson St</i>									
CITY <i>Pittston</i>	STATE <i>PA</i>	ZIP CODE <i>18640</i>							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION				
					MO.	DAY	YEAR		
	1. 6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY RECEIVED 2010 NOV 22 AM 10:38 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
	2. 2ND FRIDAY PRE-PRIMARY	MO.	DAY	YEAR	TO	MO.		DAY	YEAR
	3. 30 DAY POST-PRIMARY	<i>10</i>	<i>18</i>	<i>10</i>		<i>11</i>		<i>22</i>	<i>10</i>
	4. 6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:		\$	<i>0</i>				
	5. 2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	<i>0</i>				
6. 30 DAY POST-ELECTION	AMENDMENT REPORT?	YES		NO					
7. ANNUAL REPORT	TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO					

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
22 DAY OF *November* 20*10*
Mary R. Wallace
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 MY COMMISSION EXPIRES _____
 Mary R. Wallace, Notary Public,
 City Of Wilkes-Barre, Luzerne County
 My Commission Expires May 17, 2011

Thomas Shubilla
 SIGNATURE OF PERSON SUBMITTING REPORT
 Thomas Shubilla
 PRINTED NAME
 690 AREA CODE 239-3972 DAYTIME TELEPHONE NUMBER

Member, Pennsylvania Association of Notaries

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
22 DAY OF _____ 20____

 SIGNATURE

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER