

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: <u>Friends of Walter Mitche II</u>							
Street Address: <u>338 Stanley Drive</u>							
City: <u>Kingston</u>			State: <u>PA</u>	Zip Code: <u>18704 -</u>			
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 <input type="checkbox"/>	NO <input type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>	YEAR <u>2010</u>	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>		
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	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	<u>1 1 2010</u>		<u>12 31 2010</u>	
A. Amount Brought Forward From Last Report	\$ <u>1122.42</u>			RECEIVED 2011 JAN 31 PM 12:20 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <u>0</u>			
C. Total Funds Available (Sum of Lines A and B)	\$ <u>1122.42</u>			
D. Total Expenditures (From Schedule III)	\$ <u>300.00</u>			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <u>822.42</u>			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <u>0</u>			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <u>3740.00</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 28 day of Jan 2011

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 DEBRA E. KROKOS, Notary Public
 Pittston, Luzerne County
 My Commission Expires December 30, 2012

Signature of Person Submitting Report: Seth W Brandreth
 Printed Name: Seth W Brandreth
 Area Code: 570 Daytime Telephone Number: 288-1804

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. 1393, No. 320) as amended.

Sworn to and subscribed before me this 28 day of Jan 2011

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 DEBRA E. KROKOS, Notary Public
 Pittston, Luzerne County
 My Commission Expires December 30, 2012

Signature of Candidate: Walter S Mitchell Jr
 Printed Name: Walter S Mitchell Jr
 Area Code: 570 Daytime Telephone Number: 709-0850

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate <u>Friends of Walter Mitchell</u>	Reporting Period From <u>1/1/10</u> To <u>12/31/10</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>Ø</u>

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

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

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

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.)	\$ <u>Ø</u>
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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 <i>Friends of Walter Mitchell</i>	Reporting Period From <i>1/1/10</i> To <i>12/31/10</i>
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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)					\$
		-					

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

PAGE TOTAL \$ <i>0</i>

PART B 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 <i>Friends of Walter Mitchell</i>	Reporting Period From <i>1/1/10</i> To <i>12/31/10</i>
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				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)					\$
		-					

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

PAGE TOTAL \$ 0

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 <u>Friends of Walter Mitchell</u>	Reporting Period From <u>1/1/10</u> To <u>12/31/10</u>
--	---

				DATE			AMOUNT
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	\$
		-					\$

PAGE TOTAL
\$ <u> </u>

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

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 <u>Friends of Walter Mitchell</u>	Reporting Period From <u>1/1/10</u> To <u>12/31/10</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

**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 <u>Friends of Walter Mitchell</u>	Reporting Period From <u>1/1/10</u> To <u>12/31/10</u>
--	---

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

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ <u>0</u>

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 <u>Friends of Walter Mitchell</u>	Reporting Period From <u>11/1/10</u> To <u>12/31/10</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>0</u>

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

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

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0</u>
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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 <u>Friends of Walter Mitchell</u>	Reporting Period From <u>1/1/10</u> To <u>12/31/10</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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	\$ <u>0</u>
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SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <u>Friends of Walter Mitchell</u>	Reporting Period From <u>1/1/10</u> To <u>12/31/10</u>
--	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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>Ø</u>

**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 <u>Friends of Walter Mitchell</u>	Reporting Period From <u>1/1/10</u> To <u>12/31/10</u>
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Name of Creditor <u>Walter S. Mitchell Jr.</u>				Outstanding Balance of Debt <u>\$ 2500.00</u>	
Mailing Address <u>88 Sullivan Trail P.O. Box 187</u>	DATE DEBT INCURRED	MO. <u>04</u>	DAY <u>06</u>	YEAR <u>2009</u>	
City <u>Bear Creek Village</u>		State <u>PA</u>	Zip Code (Plus 4) <u>18602 -</u>		
Description of Debt <u>Personal Loan to Campaign</u>					

Name of Creditor <u>Comitz Law Firm, LLC</u>				Outstanding Balance of Debt <u>\$ 1240.00</u>	
Mailing Address <u>1043 Wyoming Ave</u>	DATE DEBT INCURRED	MO. <u>07</u>	DAY <u>01</u>	YEAR <u>2009</u>	
City <u>Forty Fort</u>		State <u>PA</u>	Zip Code (Plus 4) <u>18704 -</u>		
Description of Debt <u>Remaining balance on bill for Services related to Court Challenge</u>					

Name of Creditor				Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) <u>-</u>		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) <u>-</u>		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) <u>-</u>		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) <u>-</u>		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL <u>\$ 3740.00</u>
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