

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: <b>Newport Township Democrats</b>									
Street Address: <b>102 E. Main St.</b>									
City: <b>Glen Lyon,</b>				State: <b>PA.</b>		Zip Code: <b>18617 - 1320</b>			
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	<input checked="" type="checkbox"/>	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	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				
						<b>11 02 2010</b>		<b>0TH</b>	<b>DEM</b>	<b>40</b>
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
		<b>06</b>	<b>08</b>	<b>2010</b>		<b>09</b>	<b>13</b>
A. Amount Brought Forward From Last Report				\$	<b>3233.98</b>		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<b>0</b>		
C. Total Funds Available (Sum of Lines A and B)				\$	<b>3233.98</b>		
D. Total Expenditures (From Schedule III)				\$	<b>68.25</b>		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<b>3165.73</b>		
F. Value of In-Kind Contributions Received (From Schedule III)				\$	<b>0</b>		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<b>0</b>		

**FOR OFFICE USE ONLY**

**RECEIVED**

**SEP 20 AM 10:05**

**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 16th day of September 2010

<p><b>MICHELLE A. MUSHINSKI</b>                  Signature</p> <p>My commission expires <u>Mar.</u> <u>23</u> <u>2011</u>                  MO. DAY YR.</p>	<p style="text-align: center;"><b>COMMONWEALTH OF PENNSYLVANIA</b>                  2010                  NOTARIAL SEAL</p> <p><b>Michelle A. Mushinski</b>, Notary Public                  Nanticoke City, Luzerne County                  My Commission Expires <u>MAR. 23 2011</u>                  Area Code</p>	<p><b>Deborah Forgach</b>                  Signature of Person Submitting Report</p> <p><b>Deborah Forgach</b>                  Printed Name</p> <p><b>736-6859</b>                  Daytime Telephone Number</p>
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**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 \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
 Signature of Candidates

\_\_\_\_\_  
 Printed Name

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Newport Township Democrats</u>	Reporting Period From <u>06/08/2010</u> To <u>09/13/2010</u>
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To Whom Paid <u>CPS Direct</u>	MO. <u>06</u>	DAY <u>15</u>	YEAR <u>2010</u>	Amount \$ <u>68.25</u>
Mailing Address <u>65 Industrial Drive</u>	Description of Expenditure <u>Handout Cards</u>			
City <u>Nanticoke,</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18634</u>		
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  
\$ 68.25