

# 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: <b>2010361</b>		Report Filed By: <b>CANDIDATE</b> <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>	
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF MARYANNE PETRILLA</b>							
Street Address: <b>PO Box 421</b>							
City: <b>Drums</b>				State: <b>PA</b>		Zip Code: <b>18222 -</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 <input checked="" type="checkbox"/> NO
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT? YES <input type="checkbox"/> NO
	ANNUAL REPORT	7.	YEAR <b>2010</b>		FILING METHOD ( ) CHECK ONE	PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
				MO. DAY YEAR			<b>OTH</b>
							<b>D</b>
							<b>40</b>
(SEE INSTRUCTIONS FOR CODES)							
FOR OFFICE USE ONLY							
Summary of Receipts and Expenditures from:		MO. DAY YEAR	To	MO. DAY YEAR	RECEIVED 2010 OCT 20 PM 5:34 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
		<b>09 14 2010</b>		<b>10 18 2010</b>			
A. Amount Brought Forward From Last Report				\$ <b>61,986.00</b>			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$			
C. Total Funds Available (Sum of Lines A and B)				\$			
D. Total Expenditures (From Schedule III)				\$ <b>2,500.00</b>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <b>59,486.00</b>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$			
G. Unpaid Debts and Obligations (From Schedule IV)				\$			

### 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

16<sup>th</sup> day of October 2010  
**Tiffany L. Buchman**  
 NOTARIAL SEAL  
 TIFFANY L. BUCHMAN  
 Notary Public  
 BUTLER TWP., LUZERNE COUNTY  
 My Commission Expires May 16, 2014

**Tracy A. Gallagher**  
 Signature of Person Submitting Report  
**TRACY A GALLAGHER**  
 Printed Name  
**570** **708-3129**  
 Area Code 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

16<sup>th</sup> day of October 2010  
**Tiffany L. Buchman**  
 NOTARIAL SEAL  
 TIFFANY L. BUCHMAN  
 Notary Public  
 BUTLER TWP., LUZERNE COUNTY  
 My Commission Expires May 16, 2014

**Maryanne Petrilla**  
 Signature of Candidate  
**MARYANNE PETRILLA**  
 Printed Name  
**570-926-5021**  
 Area Code Daytime Telephone Number

SCHEDULE III  
STATEMENT OF EXPENDITURES

AMENDED

Name of Filing Committee or Candidate <b>FRIENDS OF MARYANNE PETRILLA</b>	Reporting Period From <b>09-14-10</b> To <b>10-18-10</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>Onward for Gov To Friends of Dan Onward</b>	<b>9</b>	<b>13</b>	<b>2010</b>	<b>\$ 2500.00</b>
Mailing Address <b>PO Box 23205</b>	Description of Expenditure <b>Campaign</b>			
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code (Plus 4) <b>15222-</b>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$