

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: PAFT COLE									
Street Address: COOPER'S CO-OD Bldg EAST ST									
City: PITTSBURGH					State: PA		Zip Code: 15201		
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.} <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input checked="" 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 checked="" type="checkbox"/>					
	ANNUAL REPORT ^{7.}	YEAR <input type="checkbox"/>	FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>	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
	5	5	2009		6	8	2009
A. Amount Brought Forward From Last Report	\$ 12429.56						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 398.83						
C. Total Funds Available (Sum of Lines A and B)	\$ 12828.39						
D. Total Expenditures (From Schedule III)	\$ 2211.20						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 10617.19						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0						

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RECEIVED
 2010 MAR -2 PM 4:48
 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 27th day of July 2010

NOTARIAL SEAL PATRICIA MARIE CASARE Notary Public LUZERNE COUNTY My Commission Expires Aug 1, 2011	Signature _____ _____ _____	Signature of Person Submitting Report _____ JOSEPH CAPRARI Printed Name
		Area Code _____ 570

My commission expires MO. DAY YR. _____

Daytime Telephone Number _____
 239-9663

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 _____ 20____

Signature _____ _____ _____	Signature of Candidate _____ _____ _____
	Area Code _____ _____

My commission expires MO. DAY YR. _____

Daytime Telephone Number _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>PAFT COPE</u>	Reporting Period From <u>05/05/09</u> To <u>06/08/09</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	(1)	\$ <u>397.00</u>

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)	\$

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)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	(4)	\$ <u>1.83</u>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(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>		\$ <u>398.83</u>
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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 PAFT COPE	Reporting Period From <u>05/05/09</u> To <u>06/08/09</u>
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Full Name FIRST NATIONAL COMMUNITY BANK						
Mailing Address 102 E DRINKER ST						
City DUNMORE	State PA	Zip Code (Plus 4) 18512 -	MO.	DAY	YEAR	Amount \$ 1.83
Receipt Description INTEREST						

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						

PAGE TOTAL
\$ 1.83

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

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate PATT COPE	Reporting Period From _____ To _____
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To Whom Paid PATRIOT PROGRESS TEAM	MO.	DAY	YEAR	Amount
Mailing Address 2 SUNSET LANE	05	07	09	\$ 2000.00
City DUPONT	Description of Expenditure POLITICAL CONTRIBUTION			
State PA	Zip Code (Plus 4) 18641-			

To Whom Paid PITTSTON PO	MO.	DAY	YEAR	Amount
Mailing Address 11 DOCK ST	05	18	09	\$ 211.20
City PITTSTON	Description of Expenditure POSTAGE			
State PA	Zip Code (Plus 4) 18640-			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			

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

PAGE TOTAL
\$ 2211.20