

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: <u>2010123</u>		Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: <u>PAFT COPE</u>								
Street Address: <u>Coopers Co-OP Building East Street</u>								
City: <u>Pittston</u>			State: <u>PA</u>	Zip Code: <u>18640-</u>				
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.} <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO		
	8TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT ^{7.}	YEAR <u>2010</u>	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			
			<u>5</u>	<u>18</u>	<u>2010</u>			
(SEE INSTRUCTIONS FOR CODES)								

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	<u>5</u>	<u>4</u>	<u>2010</u>		<u>6</u>	<u>7</u>	<u>2010</u>	
A. Amount Brought Forward From Last Report				\$	<u>12,033.97</u>			2010 JUN 16 PM 12:30 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<u>505.37</u>			
C. Total Funds Available (Sum of Lines A and B)				\$	<u>12,539.34</u>			
D. Total Expenditures (From Schedule III)				\$	<u>- 30.50</u>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<u>12,508.84</u>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	<u>0</u>			
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<u>0</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

16th day of June, 2010
 Signature: Patricia Marie Casale
 NOTARIAL SEAL
 PATRICIA MARIE CASALE
 Notary Public
 Signature
 PITTSBURGH, LUZERNE COUNTY
 My commission expires Aug 1, 2011

Signature of Person Submitting Report: Gill M. Oliver
 Printed Name: Gill M. Oliver
 Area Code: 570
 Daytime Telephone Number: 498-2567

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: _____
 My commission expires _____
 MO. DAY YR.

Signature of Candidate: _____
 Printed Name: _____
 Area Code: _____
 Daytime Telephone Number: _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>PAFT Cape</i>	Reporting Period From <i>5/4/10</i> To <i>6/7/10</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>503.00</i>

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)	
TOTAL for the Reporting Period	(4) \$ <i>2.37</i>

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>	\$ <i>505.37</i>
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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 <u>PAFT Cape</u>	Reporting Period From <u>5/4/10</u> To <u>6/7/10</u>
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Full Name <u>First National Community Bank.</u>						
Mailing Address <u>102 E Drinker Street</u>						
City <u>Dunmore</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18512 -</u>	MO.	DAY	YEAR	Amount \$ <u>2.37</u>
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>2.37</u>
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate PAFT Cape	Reporting Period From <u>5/4/10</u> To <u>6/7/10</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
First National Community Bank	5	18	2010	\$ 30.50
Mailing Address 102 Drinker Street	Description of Expenditure New checks (new acct.)			
City Dunmore	State Pa	Zip Code (Plus 4) 18512		
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)		
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 \$ 30.50
