

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 Cop e</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)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>	YEAR <u>2010</u>	FILING METHOD (✓) 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				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY RECEIVED 2011 JAN -7 AM 11:56 BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
	<u>11</u>	<u>23</u>	<u>2010</u>		<u>12</u>	<u>31</u>	<u>2010</u>		
	A. Amount Brought Forward From Last Report				\$	<u>14,511.51</u>			
	B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<u>417.95</u>			
	C. Total Funds Available (Sum of Lines A and B)				\$	<u>14,929.46</u>			
	D. Total Expenditures (From Schedule III)				\$	<u>0.00</u>			
	E. Ending Cash Balance (Subtract Line D from Line C)				\$	<u>14,929.46</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 6th day of January, 2011

Patricia Marie Casale
 Signature
 My commission expires _____

NOTARIAL SEAL
 PATRICIA MARIE CASALE
 Notary Public
 PITTSBURGH CITY, LUZERNE COUNTY
 My Commission Expires Aug 1, 2011

Jill M. Oliver
 Signature of Person Submitting Report
Jill M. Oliver
 Printed Name
576
 Area Code
498-2567
 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 _____ day of _____, 19____

 Signature
 My commission expires _____

 Signature of Candidate

 Printed Name

 Area Code

 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>PAF7 Cope</u>	Reporting Period From <u>11/23/10</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>413.00</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)	
TOTAL for the Reporting Period	(4) \$ <u>4.95</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>417.95</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 Code	Reporting Period From <u>11/23/10</u> To <u>12/31/10</u>
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Full Name First National Community Bank						
Mailing Address 102 E Drinkwater Street						
City Dunmore	State Pa	Zip Code (Plus 4) 18512-	MO.	DAY	YEAR	Amount \$ 4.95
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 \$ 4.95
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