



## 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.		LOBBYIST 3.			
Name of Filing Committee, Candidate or Lobbyist: <i>PLAINS DEMOCRATE ORGANIZATION</i>											
Street Address: <i>40 PLAINS AMERICAN LEGION 99 E. CAREY ST</i>											
City: <i>PLAINS, PENNA</i>					State: <i>PENNA</i>		Zip Code: <i>18705</i>				
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 <i>2010</i>	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	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				
					<i>11</i>	<i>02</i>	<i>2010</i>				
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<i>1</i>	<i>1</i>	<i>2010</i>	To	<i>12</i>	<i>31</i>	<i>2010</i>		
A. Amount Brought Forward From Last Report			\$ <i>1902.39</i>								
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <i>1000.00</i>								
C. Total Funds Available (Sum of Lines A and B)			\$ <i>2902.39</i>								
D. Total Expenditures (From Schedule III)			\$ <i>1000.00</i>								
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <i>1902.39</i>								
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <i>0</i>								
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <i>0</i>								

## 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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Signature of Person Submitting Report

*ANDREW WALGO*

Printed Name

*570*  
Area Code*825-2360*  
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 \_\_\_\_\_ 20\_\_\_\_

Signature

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation  
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

PART C

# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>PLAINS DEMOCRATE ORGANIZATION</i>	Reporting Period From <i>1/1/10</i> To <i>12/31/10</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	\$
<i>CITIZENS FOR ACTION</i>				\$
Mailing Address <i>PO BOX 1535</i>				\$
City <i>WILKES-BARRE PA</i>				\$
State <i>PA</i>				\$
Zip Code (Plus 4) <i>18703 -</i>	<i>10</i>	<i>26</i>	<i>10</i>	\$ <i>500<sup>00</sup></i>
<i>WILKES-BARRE CITY DEMOCRATIC COMMITTEE</i>				\$
Mailing Address <i>C/O WILLIAM GRACE</i>				\$
City				\$
State				\$
Zip Code (Plus 4) <i>-</i>	<i>11</i>	<i>03</i>	<i>10</i>	\$ <i>500<sup>00</sup></i>
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4) <i>-</i>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4) <i>-</i>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4) <i>-</i>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4) <i>-</i>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4) <i>-</i>				\$

PAGE TOTAL  
\$ *1000<sup>00</sup>*

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>PLAINS DEMOCRATE ORGANIZATION</b>	Reporting Period From <b>11/2010</b> To <b>2/31/10</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>BRENDA LUKSH</b>	<b>11</b>	<b>03</b>	<b>2010</b>	<b>\$ 60<sup>00</sup></b>
Mailing Address <b>PAD 142 POORNO TRAILER COURT</b>		Description of Expenditure <b>FIELD WORK TRAVEL LUNCH</b>		
City <b>PLAINS PA 18702</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18702 - ?</b>		
<b>DORTHEY OLEY</b>	<b>11</b>	<b>03</b>	<b>2010</b>	<b>\$ 60<sup>00</sup></b>
Mailing Address <b>15 PARKVIEW DR</b>		Description of Expenditure <b>FIELDWORK LUNCH TRAVEL</b>		
City <b>PLAINS</b>	State <b>PA</b>	Zip Code (Plus 4) <b>1875 -</b>		
<b>NENA CINTI</b>	<b>11</b>	<b>03</b>	<b>2010</b>	<b>\$ 60<sup>00</sup></b>
Mailing Address <b>6 CLARK ST</b>		Description of Expenditure <b>FIELDWORK TRAVEL LUNCH</b>		
City <b>HILDALE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18230 -</b>		
<b>JOSEPH HONINSKI</b>	<b>11</b>	<b>03</b>	<b>2010</b>	<b>\$ 60<sup>00</sup></b>
Mailing Address <b>13 DIAN A ST</b>		Description of Expenditure <b>FIELDWORK TRAVEL LUNCH</b>		
City <b>PLAINS</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18705 -</b>		
<b>MARCIA FILIPPINI</b>	<b>11</b>	<b>03</b>	<b>2010</b>	<b>\$ 60<sup>00</sup></b>
Mailing Address <b>142 FIRST ST</b>		Description of Expenditure <b>FIELDWORK TRAVEL LUNCH</b>		
City <b>PLAINS</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18705 -</b>		
<b>ANNIE SHEELER</b>	<b>11</b>	<b>03</b>	<b>2010</b>	<b>\$ 60<sup>00</sup></b>
Mailing Address <b>212 RIDGEWOOD RD</b>		Description of Expenditure <b>FIELDWORK TRAVEL LUNCH</b>		
City <b>PLAINS PA 18702</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18702 -</b>		
<b>RONAL FILIPPINI</b>	<b>11</b>	<b>03</b>	<b>2010</b>	<b>\$ 160<sup>00</sup></b>
Mailing Address <b>28 PARKINS ST</b>		Description of Expenditure <b>FIELDWORK LUNCH TRAVEL</b>		
City <b>PLAINS</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18705 -</b>		
<b>JOSEPH PARADA</b>	<b>11</b>	<b>03</b>	<b>2010</b>	<b>\$ 160<sup>00</sup></b>
Mailing Address <b>25 MERCER ST</b>		Description of Expenditure <b>FIELDWORK TRAVEL LUNCH</b>		
City <b>PLAINS</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18705 -</b>		

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

PAGE TOTAL <b>\$ 680<sup>00</sup></b>
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## SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>PLAINS DEMOCRATE ORGANIZATION</i>	Reporting Period From <i>1/1/2010</i> To <i>12/31/10</i>
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Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <i>0</i>
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