

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: <i>Plymouth Borough Democrats</i>											
Street Address: <i>108 COAIST</i>											
City: <i>Plymouth PA 18651</i>				State: <i>PA</i>		Zip Code: <i>18651-</i>					
TYPE OF REPORT (place X to the right of report type)	9TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST-PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO		
	9TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST-ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	<i>2010</i>	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	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>2</i>	<i>2010</i>				<i>40</i>
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY 2011 JAN 27 AM 10:52 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
			<i>1</i>	<i>1</i>	<i>2010</i>		<i>12</i>	<i>31</i>	<i>2010</i>		
A. Amount Brought Forward From Last Report				\$		<i>4031.77</i>					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		<i>4505.00</i>					
C. Total Funds Available (Sum of Lines A and B)				\$		<i>5536.77</i>					
D. Total Expenditures (From Schedule III)				\$		<i>3864.74</i>					
E. Ending Cash Balance (Subtract Line D from Line C)				\$		<i>1672.06</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

26th day of *January* 20 *11*

Dorothy J. Woodruff
 Signature

My commission expires *26* DAY *2011* YR.
 NOTARIAL SEAL
 Dorothy J. Woodruff, Notary Public

Joseph A. Mazur
 Signature of Person Submitting Report
Joseph A. Mazur
 Printed Name
570 Area Code
779-1011 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

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>Plymouth Borough Democrats</i>	Reporting Period From <i>1-1-10</i> To <i>12-31-10</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Kaulowski for Congress</i>	11	7	10	\$ 1,000.00
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$ <i>1,000.00</i>

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Plymouth Borough Democrats	Reporting Period From 1-1-10 To 12-31-10
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To Whom Paid	MO.	DAY	YEAR	Amount
Fleet Decal CK# 1066	4	27	10	\$ 585.12
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
Poll Workers CK# 1067	5	17	10	\$ 500.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
Church Tickets CK# 1068	8	10	10	\$ 100.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
Country Butcher CK# 1071	8	21	10	\$ 1,666.56
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
Mergas CK# 1072	9	7	10	\$ 154.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
John Rowlands CK 1073				\$ 30.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
Big Top CK# 1074	9	12	10	\$ 450.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
Good Will Hose Co.	9	12	10	\$ 300.00
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
\$ 3,785.68

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Plymouth Borough Democrats</i>	Reporting Period From <u>1-1-10</u> To <u>12-31-10</u>
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To Whom Paid <i>Price Chopper</i>	MO. <u>8</u>	DAY <u>18</u>	YEAR <u>10</u>	Amount \$ <u>79.02</u>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		
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Mailing Address				
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City	State	Zip Code (Plus 4) -		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		
To Whom Paid				
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
\$