

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	2006216	REPORT FILED ON BEHALF OF	CANDIDATE	1. COMMITTEE	2. <input checked="" type="checkbox"/> LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Bob Reilly						
STREET ADDRESS 61 North Grant St						
CITY Wilkes-Barre			STATE PA		ZIP CODE 18702	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	Clerk of Courts		121	Dem	MO. 11	DAY 7
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO. 1	DAY 1	YEAR 2010	TO MO. 12 DAY 31 YEAR 2010	
30 DAY POST-PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 10,400				
6TH TUESDAY PRE-ELECTION	4.					
2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6.					
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>	

RECEIVED
2011 JAN 27 PM 2:38
BOARD OF ELECTIONS
LUZERNE COUNTY, PA.

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF January 20 11 Signature: <i>Danylle L Rambo</i> MY COMMISSION EXPIRES June 15 2014 MO. DAY YR.	Signature: <i>Donna Reilly</i> SIGNATURE OF PERSON SUBMITTING REPORT PRINTED NAME: DONNA REILLY AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 8250260
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PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 25th DAY OF January 20 11 Signature: <i>Danylle L Rambo</i> MY COMMISSION EXPIRES June 15 2014 MO. DAY YR.	Signature: <i>Robert Reilly</i> SIGNATURE OF CANDIDATE PRINTED NAME: ROBERT REILLY AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 8250260
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COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Danylle L. Rambo, Notary Public
 Wilkes-Barre, Luzerne County
 My Commission Expires June 15, 2014