Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	90002	297				port ed B		CAN	IDIE	DATE		COM	1ITTEE	✓	LOB	BYIS	T	
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		PSP.	A Po	liical	Suppo	rt f	or Pol	itical	Action						
Street Address:	600 T	hird Aveı	nue																
City:	Kingst -	on							State	:	PA			Zip Cod	le: 18	3704			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRID PRIMARY	AY PRE	; -	2.	30 DA		P	OST-	3.		AMENDM REPORT?		Yes		No	/
(place X to the right of	6TH TUESI PRE-ELECT		4. X	2ND FRID ELECTION		E	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes		No	\
report type)	ANNUAL	REPORT	7.	Year 2011	1				CHECK					PAPER		\	DIS	KETTE	
Name of Office S	ought by	Candidat	e:						DATE	0	F ELE	CTIC	N	District Number	Office Code	Pa	rty Co	de Cou Cod	
									МО		DAY	YI	AR					40	
										11		8	2011		(SEE IN:	STRUCT	IONS F	OR CODE	S)
Summary of		and	МО	DAY	YEAR	ł			МО		DAY	YI	EAR	FO	R OFFI	CE USI	ONI	Υ.	
Expenditures	from:			6	8 2	011	Т	0		9		19	2011						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				4,3	301.23						
B. Total Moneta	ary Contril	outions A	and Rec	eipts (Fro	m Sche	dule	ı)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)					\$				4,3	301.23									
D. Total Expenditures (From Schedule III)						\$				2,0	00.00								
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				2,3	01.23						
F. Value Of In-	Kind Conti	ibutions	Receive	ed (From	Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obl	igations ((From S	Schedule I	V)			\$					0.00			'			
					AFF	ID/	١٧٢	T SE	CTIO	N									
PART I - If this is		-	•	_									_						
I swear (or affirm) correct and comple		eport, inclu	uding the	attached s	chedule	s file	d on	paper	or by el	ectr	onic m	edium	, are to t	he best o	f my knov	wledge	and I	elief , t	rue
Sworn to and subs	cribed before day of	re me this		20						-		S	ignature	of Perso	n Submitt	ing Re	port		
		Signatur	e					- -		-				Prin	ted Name				_
My Commission Ex	pires									-				Emai	i				-
	N	10	D	AY	YR						Are	ea Cod	le	Daytim	e Teleph	one N	ımbeı		
Part II- If this is	a report	of a cand	idate's	authorize	d Comn	nitte	e, C	andid	ate sh	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	lief this	polit	tical	comm	ittee ha	s no	t viola	ted an	y provisi	ions of the	e act of J	une 3,1	1937 (P.L. 133	33,
Sworn to and subsc		me this											Si	ignature o	of Candida	ate			-
	day of — –							-						Printe	d Name				_
	Si	gnature						-		_									_
My Commission Exp														Ema	il				
		МО	D	AY	YR	ì		•			Area	Code		Da	ytime T	elepho	ne Nu	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
PSPA Poliical Support for Political Action	From:	<u>6/8/201</u>	<u>1</u> To:	9/19/2011
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
		From: To				D:		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filling Committee of Candidate			Rep Fro					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
			Fror	m:		То	:	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name		•		Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, .5.,				4	•	0.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PSPA Poliical Support for Political Action	From:	<u>6/8/2011</u> To:	9/19/2011
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period	
PSPA Poliical Support for Political Action	From	6/8/2011 ^T	To: <u>9/19/2011</u>
		DATE	AMOUNT

				DATE			AMOUNT
To Whom Paid Friends of Mike Eakin				DAY	YEAR		
Mailing Address C/O 10 Meadow Avenue			8	12	2011	\$	2,000.00
City Scranton	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18505	Contrib	ution			
			•				PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							2,000.00