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 90	00297				Rep File			CA	NDII	DATE		СОМ	4ITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee, Can	didate or	r Lob	byist:		PSPA	A Pc	liical	Supp	ort f	for Pol	itica	l Action						
Street Address:	600 THIRD	AVE																	
City:	KINGSTON								State	e:	PA			Zip Cod	le: 18	704-5	815		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDAY RIMARY	/ PRE-	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT		Yes	N)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDAY	/ PRE	- 5	5.	30 DA		Р	OST-	6. X		TERMINA REPORT		Yes	N)	√
report type)	ANNUAL REPO	RT 7.	Y	'ear 2009					NG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by Cand	idate:							DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	Υ	EAR					40	
										11		3	2009		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		МО		DAY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		1	1	20	009	Т	0		11		23	2009						
A. Amount Bro	ught Forward F	rom Last	t Rep	ort				\$				5,	551.23						
B. Total Moneta	B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																		
C. Total Funds	Available (Sum	Of Lines	s A aı	nd B)				\$				5,	551.23						
D. Total Expend	ditures (From S	chedule	III)					\$				1,	000.00						
E. Ending Cash	Balance (Subti	ract Line	D Fr	om Line C	c)			\$				4,	551.23						
F. Value Of In-	Kind Contributi	ons Rece	eived	(From Sc	hedul	le II)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (Fron	n Sch	hedule IV)			\$					0.00						
					AFF	IDA	VI	ΓSE	CTIO	NC									
PART I - If this is				_									_		e 1	.1 - 4			
I swear (or affirm) correct and comple		including	tne a	ttacned scn	ieauies	stiled	on	paper	OF DY 6	electr	ronic m	eaiun	n, are to t	ne best o	г ту кпоч	vieage	and bei	ier , tr	ue,
Sworn to and subs	cribed before me day of	this	2	20						,			Signature	of Perso	n Submitt	ing Rep	oort		
	Sign	ature						-						Prin	ted Name				_
My Commission Ex	opires							_		•				Ema	il				_
	МО		DAY		YR						Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a c	andidate	's au	uthorized (Comm	nitte	e, C	andid	ate sl	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende		of my kno	wledg	ge and belie	ef this	polit	ical	comm	ittee h	as no	ot viola	ted a	ny provis	ions of th	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me t day of	his	,	20									s	ignature o	of Candida	ite			_
			—'					-						Printe	d Name				-
My Commission Exp	Signatu	re						-						Ema	il				-
, commission Exp								_											_
	МО		DAY	•	YR						Area	Code		Da	aytime To	elephor	e Numi	oer	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting	J Period						
PSPA Poliical Support for Political Action	From:	1/1/200	<u>9</u> To:	11/23/2009				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	g 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			
			Fre	om:		То	:	
		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.

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 Filing Committee	e or Candidate		Rep	oorting P	eriod			
				m:		0:		
					DATE		A	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	ne of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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>1/1/2009</u> To:	11/23/2009						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	riod (1)	\$	0.00						
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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					Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupa	ation			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I			
PSPA Poliical Support for Political Action	From	1/1/2009	То:	11/23/2009
		DATE		AMOUNT

				DATE			AMOUNT
To Whom Paid Friends of Margaret Bisignani Moyle	е		МО	DAY	YEAR		
Mailing Address PO Box 244			10	21	2009	\$	1,000.00
City Scranton	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18501	Contrib	ution			
							PAGE TOTAL
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,000.00