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 201	2C0970				port		CAN	NDII	IDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Candi	ndidate or Lobbyist: Marty Flynn																
Street Address:																		
City:								State	:				Zip Cod	e: 18	3504			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		E- !	5.	30 DA		Р	OST-	6.)	K	TERMINAT REPORT?	TION	Yes	1	No	\
report type)	ANNUAL REPORT	7.	Year 2013	2				NG ME CHECI					PAPER		/	DIS	ETTE	
Name of Office S	Name of Office Sought by Candidate: DATE OF ELECTION								District Number	Office Code	Pai	ty Coc	le Cou					
								МО		DAY	١	YEAR	113	STH	DEI	М	35	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY						11		6	2012		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО	DAY	YEAI	₹			МО		DAY	١	YEAR	FOI	ROFFI	CE USE	ONL	Y	
Expenditures	from:		10 2	7 2	012	T	0		12		6	2012						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	•			5	,000.00	1					
B. Total Moneta	ary Contributions	And Rec	eipts (Fro	m Sche	dule	ı)	\$					0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line	e C)			\$					0.00	1					
F. Value Of In-	Kind Contribution	s Receiv	ed (From	Schedu	ıle II	i)	\$					0.00	1					
G. Unpaid Debt	s And Obligation	s (From S	chedule I	V)			\$					0.00						
				AFF	FIDA	۱۷۶	T SE	CTIC	N									
PART I - If this is			_							•			=					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	attached s	chedule	s filed	d on	paper	or by e	lectr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	elief , tı	rue
Sworn to and subs	cribed before me th day of	is	20									Signatur	e of Person	Submit	ting Re	ort		_
	Signat						-						Print	ed Name	=			_
My Commission Ex	-								-				Email					-
	мо	D	AY	YR			_			Arc	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorize	d Comi	nitte	e, C	andid	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowle	edge and be	lief this	s polit	tical	comm	ittee h	as no	ot viola	ted a	any provi	sions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		;								-			Signature of	Candid	ate			-
-	day of						-						Printed	l Name				-
My Commission From	Signature						-		-				Email					_
My Commission Exp	<u></u>						_											_
	МО	D	AY	YF	₹					Area	Code	e	Da	ytime T	elephor	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Marty Flynn	From:	10/27/20	<u>12</u> To:	12/6/2012
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			
			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	or Candidate		Rep	porting P	eriod			
			Fro	m:		To):	
					DATE		AN	IOUNT
ull Name of Contributor				МО	DAY	YEAR		
failing 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	ame of Filing Committee or Candidate Reporting					ng 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	Reporting Period								
	F					To	То:		
				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 Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 C	Name of Filing Committee or Candidate				Reporting Period					
			From:			To:				
				D	ATE		АМ	OUNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description	·	·					•			
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL		
	Jones and an Detailed	a cannual y 1 age,	2001011	••			\$	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 Per	iod	
Marty Flynn	From:	10/27/2012 To :	12/6/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	Name of Filing Committee or Candidate Re						
			From:			To:	
				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 S	Schedule II. In-Kir	nd Contributions Deta	iled Sum	ımarv Pad	ne. F		PAGE TOTAL
Section 2.				,		\$	
						Τ	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(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00