

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 : 2006317		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF SCOTT CONKLIN											
Street Address: 339 KEPP ROAD											
City: PHILIPSBURG					State: PA		Zip Code: 16866				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2014	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	6	2014		6	9	2014			
A. Amount Brought Forward From Last Report					\$ 14,232.19						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 14,232.19						
D. Total Expenditures (From Schedule III)					\$ 1,525.95						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 12,706.24						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code 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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF SCOTT CONKLIN	From: <u>5/6/2014</u> To: <u>6/9/2014</u>

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

PART D
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
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

PART E 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	Reporting Period
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
FRIENDS OF SCOTT CONKLIN		From: <u>5/6/2014</u> To: <u>6/9/2014</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						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:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF SCOTT CONKLIN	From <u>5/6/2014</u> To: <u>6/9/2014</u>

DATE				AMOUNT
To Whom Paid HARRY READSHAW	MO	DAY	YEAR	
Mailing Address 2279 ALMONT STREET	5	5	2014	\$ 500.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15210	Description of Expenditure DONATION	
To Whom Paid PHILIPSBURG JOURNAL	MO	DAY	YEAR	
Mailing Address 216 PRESQUEISLE STREET	5	5	2014	\$ 40.00
City PHILIPSBURG	State PA	Zip Code (Plus 4) 16866	Description of Expenditure ADVERTISEMENT	
To Whom Paid VERIZONWIRELESS (800-922-0204)	MO	DAY	YEAR	
Mailing Address 180 WASHINGTON	5	5	2014	\$ 170.82
City	State NJ	Zip Code (Plus 4)	Description of Expenditure CAMPAIGN PHONE	
To Whom Paid MID-STATE LITERACY COUNCIL	MO	DAY	YEAR	
Mailing Address 248 EAST CALDER WAY SUITE 307	5	7	2014	\$ 60.00
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16801	Description of Expenditure DONATION	
To Whom Paid FRIENDS OF STATE HIGH	MO	DAY	YEAR	
Mailing Address C/O SUSAN SMITH 2416 PINE HURST DRIVE	5	13	2014	\$ 100.00
City STTE COLLEGE	State PA	Zip Code (Plus 4) 16803	Description of Expenditure DONATION	

To Whom Paid CREATIVE DESIGN & PRINTING			MO	DAY	YEAR	\$ 334.78
Mailing Address PO BOX 538			5	15	2014	
City MILLHEIM	State PA	Zip Code (Plus 4) 16854	Description of Expenditure SUPPLIES			

To Whom Paid FAMILY REFRESHMENT			MO	DAY	YEAR	\$ 29.25
Mailing Address 419 LAURA STREET			5	21	2014	
City PHILIPSBURG	State PA	Zip Code (Plus 4) 16866	Description of Expenditure DONATION			

To Whom Paid SAM'S CLUB			MO	DAY	YEAR	\$ 36.10
Mailing Address 381 BENNER PIKE			5	19	2014	
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16801	Description of Expenditure DONATION			

To Whom Paid HOMETOWN SPORTS, LLC			MO	DAY	YEAR	\$ 215.00
Mailing Address 469 PLUM STREET			5	18	2014	
City BELLEFONTE	State PA	Zip Code (Plus 4) 16823	Description of Expenditure ADVERTISEMENT			

To Whom Paid PHILIPSBURG JOURNAL			MO	DAY	YEAR	\$ 40.00
Mailing Address 216 PRESQUEISLE ST.			6	4	2014	
City PHILIPSBURG	State PA	Zip Code (Plus 4) 16866	Description of Expenditure ADVERTISEMENT			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,525.95

