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	20063	17				Repo Filed			CAN	DII	DATE		COMM	1ITTEE	✓ [LOBI	BYIST		
Name of Filing C	ommittee, Ca	andida	te or Lo	bbyis	st:	F	FRIEN	NDS	OF	SCOT	CC	ONKLI	N							
Street Address:	339 KEP	P ROAI	D																	
City:	PHILIPSE -	BURG								State		PA			Zip Cod	le: 16	866			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND I PRIM	RIDAY ARY	PRE-	2.		30 DA PRIMA		P	OST-	3.		AMENDM REPORT?	Yes	N	0	√	
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND I		PRE-	- 5.		30 DA ELECT		P	OST-	6.		TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL REF	UAL REPORT 7. X Year 2016 FILING METHOD () CHECK ONE								PAPER		√	DISK	ETTE						
Name of Office S	ought by Car	ndidate	e:				•			DATE	01	F ELE	CTIO)N	District Number	Office Code	Par	ty Cod	e Cour	
REPRESENTATI	VE IN THE G	ENER <i>A</i>	AL ASS	EMBL'	Y					МО		DAY	YE	EAR	77	STH	DEN	1	14	
											11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES)
	Expenditures from:									DAY		EAR	FO	R OFFIC	E USE	ONLY	,			
		1 =		.1	29	20)16		1		1		2	2017						
A. Amount Bro				•	(From	Sched	lule 1	r)	\$				13,8	0.00						
C. Total Funds	-								\$				12 (
D. Total Expend					-,				\$ \$					396.29						
E. Ending Cash					Line C	:)			\$					379.35						
F. Value Of In-						<u>- </u>	e II)		\$				12,0	0.00						
G. Unpaid Debt	s And Obliga	tions (From S	ched	ıle IV))			\$					0.00						
						AFFI	[DA\	VI٦	SE	CTIO	N									
PART I - If this is	a Committe	e repo	rt, trea	surer	sign h	ere. I	f this	is	a Car	didate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		rt, inclu	ding the	attacl	ned sch	edules	filed	on p	oaper (or by el	ectr	onic m	edium	, are to t	he best of	f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before n day of	ne this		20							•		S	Signature	of Persoi	n Submitt	ing Rep	oort		_
	Si	ignature	<u>.</u>	•					•		•				Print	ted Name				
My Commission Ex	rpires								_		-				Emai	il				
	МО		DA	Υ		YR						Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	autho	rized (Comm	ittee	, Ca	ndid	ate sh	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	dge ar	nd belie	f this p	politic	cal	comm	ittee ha	s no	ot viola	ted an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me	e this		20										Si	ignature o	of Candida	te			- $ $
				20 -											Printe	d Name				-
My Commission Exp	_	ature							•		-				Emai	il				-
, commission Exp																				_
	М	10	DA	λY		YR						Area	Code		Da	ytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF SCOTT CONKLIN	From:	11/29/20	<u>16</u> То:	1/2/2017
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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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 Filing Committee or Candidat	e		Rep	orting P	eriod			
			Fro	m:		To):	
					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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	of Filing Committee or Candidate			Reporting Period					
			Froi	m:		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 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	Candidate		Report	ting Perio	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 P	Period	
FRIENDS OF SCOTT CONKLIN	From:	11/29/2016 To :	<u>1/2/2017</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBU	TOR	
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	ate		Reporting	g Period			
			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	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Cind C	Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
FRIENDS OF SCOTT CONKLIN			From	11/29	9/2016	То:	1/2/2017
		L		DATE			AMOUNT
To Whom Paid BALD EAGLE FOP LODGE #51			МО	DAY	YEAR		
Mailing Address 1979 REESE	HOLLOW ROAD PO BO	OX 99	12	1	2016	\$	145.00
City PORT MATILDA	State PA	Zip Code (Plus 4) 16866	Descrip DONAT	otion of Exp	penditure		
To Whom Paid VERIZONWIRELESS				DAY	YEAR		
Mailing Address 899 HEATHROW PARK				5	2016	\$	296.94
City	State FL	Zip Code (Plus 4)		otion of Exp IGN PHON			
To Whom Paid BARASH MEDIA	•	•	МО	DAY	YEAR		
Mailing Address 403 S ALLEN	ST. SUITE 200		12	7	2016	\$	360.00
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16801	Descrip DONAT	otion of Exp	penditure		
To Whom Paid HOMETOWN SPORTS LLC			мо	DAY	YEAR		
Mailing Address 469 PLUM S	Т		12	20	2016	\$	215.00
City BELLEFONTE	State PA	Zip Code (Plus 4) 16823	Descrip DONAT	otion of Exp	enditure		
	I	I	<u> </u>				PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

1,016.94