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 2006 | 317 | | | Rep File | | | CANDI | DATE | | СОМ | 4ITTEE | ✓ | LOBE | BYIST | | |
|--|----------------------------------|-------------|------------------------|-------|-------------|-------|----------------|-------------|----------|--------|------------|------------------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | | FRIE | ND: | S OF | SCOTT C | ONKLI | N | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | PHILIPSBURG | | | | | | | State: | PA | | | Zip Cod | ie: 16 | 866 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDAY PRIMARY | PRE- | - 2 | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - 5 | 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | | / |
| report type) | ANNUAL REPORT | 7. | Year 2018 | | | | | IG METHO | | | | PAPER | | / | DISKE | TTE | |
| Name of Office S | Sought by Candida | te: | | | | | | DATE 0 | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Coun | |
| | | | | | | | | МО | DAY | YE | AR | DEM DEM | | | | | |
| | | | | | | | | 11 | | 6 | 2018 | (SEE INSTRUCTIONS FOR CODES) | | | | | 1 |
| | Receipts and | МО | DAY Y | EAR | | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | s trom: | | 1 1 | 20 | 018 | Т | 0 | 3 | ; | 26 | 2018 | | | | | | |
| A. Amount Bro | ught Forward Fror | n Last R | eport | | | | \$ | | | 12,0 | 36.78 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From S | che | dule | I) | \$ | | | 3,5 | 00.00 | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | 15,5 | 36.78 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 2,5 | 52.91 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | | | | \$ | | | 12,9 | 83.87 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From Sch | edul | le II) |) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | | | | |
| | | | P | ١FF | IDA | VI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign he | re. I | [f thi | is is | a Can | didate re | eport, o | andi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | uding the | e attached sched | dules | filed | l on | paper o | or by elect | ronic m | edium | , are to t | he best o | f my knov | wledge | and belie | ef , tru | ıe. |
| Sworn to and subs | cribed before me this day of | • | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | ort | | _ |
| | Signatu | re | | | | | - | | | | | Prin | ted Name | • | | | _ |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | | | Arc | ea Cod | e | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a cand | didate's | authorized Co | omm | ittee | e, Ca | andida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of n | ny knowle | edge and belief | this | politi | ical | commi | ittee has n | ot viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L | 1333 | 3, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | s | ignature o | of Candid | ate | | | - |
| | | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature | | | | | | - | | | | | Ema | il | | | | - |
| , солилизэтон Ехр | | | | | | | | | | | | | | | | | |
| | МО | D | AY | YR | | | | | Area | Code | | Da | aytime T | elephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|----------|--------------|-----------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| FRIENDS OF SCOTT CONKLIN | From: | 1/1/201 | <u>8</u> To: | 3/26/2018 |
| 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) | | | \$ | 500.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 500.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 3,000.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 3,000.00 |
| 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 | | | \$ | 3,500.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name | of Filing Committee or Candida | te | | Re | porting I | Period | | | |
|--------------------|--------------------------------|--------------------|---------------------------|----|-----------|--------|-----------------|----|-----------|
| FRIE | NDS OF SCOTT CONKLIN | | | Fr | om: | 1/1/20 |) <u>18</u> To: | 1 | 3/26/2018 |
| | | | | | | DATE | | | AMOUNT |
| Full Na IBC - P | me of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing | Address | | | | 1 | 30 | 2018 | \$ | 250.00 |
| City | PHILADELPHIA | State PA | Zip Code (Plus 4 19103 | 4) | _ | | | | |
| Full Na | me of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing | Address | | | | 1 | 29 | 2018 | \$ | 250.00 |
| City | HARRISBURG | State PA | Zip Code (Plus 4 | 4) | _ | | | | |

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

PAGE TOTAL 500.00

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 Committe | ee or Candidate | | Repo | orting P | eriod | | | |
|--------------------------|-----------------|-------------------|------|----------|-------|------|------------|------------|
| | | | Fron | n: | | To |) : | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | 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.

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.

| Nam | e of Filing Committee or Candidate | | | Reporting | Period | | | | |
|--------|--|-------|---------|------------|--------|---------|------|---------------|-----------------|
| FRIE | NDS OF SCOTT CONKLIN | | | From: | 1/ | /1/2018 | То: | <u>3</u> | <u>/26/2018</u> |
| | | | | | DA | TE | | Α | MOUNT |
| | Name of Contributing Committee OPER'S ASSN | | | | МО | DAY | YEAR | \$ | 2,000.00 |
| Maili | ng Address | | | | 1 | 12 | 2018 | | , |
| City | HARRISBURG | State | Zip Cod | e (Plus 4) | _ | 12 | 2010 | | |
| | | PA | 17110 | | | | | | |
| Full I | Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| AFSC | CME COUNCIL 13 | | | | | | | \$ | 500.00 |
| Maili | ng Address | | | | 1 | 13 | 2018 | | |
| City | HARRISBURG | State | Zip Cod | e (Plus 4) |] | | 2010 | | |
| | | PA | 17111 | | | | | | |
| Full I | Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| PA. 0 | OPTOMETRIC PAC | | | | 1.10 | | | _{\$} | 500.00 |
| Maili | ng Address | | | | 2 | 5 | 2018 |] | |
| City | HARRISBURG | State | Zip Cod | e (Plus 4) |] | | 2010 | | |
| | | PA | 17101 | | | | | | |
| | | | | | | | | | |

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

PAGE TOTAL \$ 3,000.00

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 | 2 | | | Rep | orting Pe | riod | | | |
|---------------------------------------|------------------|---------|--------------|------------|-----------|-------|------|------------|--------------|
| | | | | Fron | n: | | To |) : | |
| | | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | | |
| City | State | Zi | p Code (Plus | (4) | | | | | |
| Employer Name | • | | | | Occupa | tion | - | - | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | • | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Sch | edule I, Detaile | ed Sumr | mary 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 | ing Peri | od | | | |
|----------------------------|---------------------------|-------------------|--------|----------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | • | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | ıs 4) | | | | | |
| Receipt Description | <u>'</u> | <u>'</u> | | | • | | | |
| Futor Curred Total of Bout | For Cabadula I Batailad | I Comment Page Co | | 4 | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule 1, Detailed | Summary Page, Se | ection | 4. | | | \$ | 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>1/1/2018</u> To: | <u>3/26/2018</u> |
| 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 Ca | ndidate | | Reportin | 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: | • | | • | • | | | |
| | | | | _ | Г | | |
| Enter Grand Total of Part F of Section 2. | n Schedule II, In-Ki | nd Contributions Detai | led Sum | nmary Pa | ge, | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Rep | orting | Period | | | | |
|---|------------------|------|------------------|--------|--------|----------------|-------|---|--------------------|-----|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | ֓֟֟֓֓֟֟֓֓֓֓֓֟֟֓֓֓֟֟֓֓֟֓֓֟֓֓֟֟֓֓֟֓֓֟֓֓֟֓ | \$ 0 | .00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | Cit | ty | State | e Zi | p Code(Plus 4) | Descr | ipti | on of Contribution | 1 |
| Enter Grand Total of Part G on Sch | edule II. In-Kir | nd (| Contributions D | etaile | ed | | | | PAGE TOTA | ,L |
| Summary Page, Section 3. | | | | | | | | | 0 | .00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|---------------------------------------|------------------|----------|-----|------------------|--|--|--|
| FRIENDS OF SCOTT CONKLIN | From | 1/1/2018 | То: | <u>3/26/2018</u> | | | |

| | | | | DATE | | | AMOUNT | |
|-----------------|-------|-------------------|----------------------------|-------------|----------|----|--------|--|
| To Whom Paid | | | МО | DAY | YEAR | | | |
| CAFE FRESCO | | | MO | DAI | ILAK | | | |
| Mailing Address | | | 1 | 24 | 2018 | \$ | 378.00 | |
| City HARRISBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | PA | 17101 | BREAKE | AST | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| FACEBOOK | | | PIO | | ILAK | | | |
| Mailing Address | | | 2 | 1 | 2018 | \$ | 50.10 | |
| City MENLO PARK | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | CA | 94025 | PAGE B | OOST | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| VERIZON | | | 1-10 | | IZAK | | | |
| Mailing Address | | | 1 | 5 | 2018 | \$ | 274.23 | |
| City LAKE MARY | State | Zip Code (Plus 4) | Descrip | tion of Exp | | | | |
| | FL | 32746 | PHONE | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| VERIZON | | | 1-10 | | | | | |
| Mailing Address | | | 2 | 5 | 2018 | \$ | 274.39 | |
| City LAKE MARY | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | FL | 32746 | PHONE | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| VERIZON | | | 1-10 | | IZAK | | | |
| Mailing Address | | | 3 | 5 | 2018 | \$ | 274.39 | |
| City LAKE MARY | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | FL | 32746 | PHONE | | | | | |
| To Whom Paid | | | MO | DAY | YEAR | | | |
| FACEBOOK | | | МО | DAT | TEAK | | | |
| lailing Address | | | 3 | 1 | 2018 | \$ | 25.00 | |
| City MENLO PARK | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | CA | 94025 | AD | | | | | |

| To Whom Paid | | | | | DAY | YEAR | | | |
|-------------------------|---------------------|-------|-------------------|----------------------------|-------------|----------|--------|--------|--|
| JEFF HELFRICH | | | | МО | DAT | IEAR | | | |
| Mailing Address | | | | 1 | 19 | 2018 | \$ | 150.00 | |
| City | STATE COLLEGE | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | |
| | | PA | 16866 | WEB SI | TE | | | | |
| To Whom Paid | | | | мо | Ī | | | | |
| BARASH MEDIA | | | | | DAY | YEAR | | | |
| Mailing Address | | | | | 18 | 2018 | \$ | 125.00 | |
| City | STATE COLLEGE | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | ı | | |
| | | PA | 16801 | AD | | | | | |
| To Whom Paid | | | | | | | | | |
| DIANNE GREGG | | | | | DAY | YEAR | | | |
| Mailing Address | | | | | 2 | 2018 | \$ | 250.00 | |
| City | CENTRE HALL | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | ı | | |
| | | 16828 | CAMPAIGN WORK | | | | | | |
| To Whom Paid | | | | | DAY | YEAR | | | |
| KIWA | NS (KIDS BREAKFAST) | | | | | | | | |
| Mailin | Mailing Address | | | | 1 | 2018 | \$ | 100.00 | |
| City | PHILIPSBURG | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | - | | |
| | | PA | 16866 | KIDS BREAKFAST | | | | | |
| To Wi | nom Paid | | | мо | DAY | YEAR | | | |
| WAGON WHEEL PRODUCTIONS | | | | М | | ILAK | | | |
| Mailing Address | | | | 3 | 14 | 2018 | \$ | 100.00 | |
| City | PHILIPSBURG | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 16866 | AD | | | | | |
| To Whom Paid | | | | | DAY | YEAR | | | |
| НОМЕ | ETOWN SPORTS | | | МО | | | | | |
| Mailin | Mailing Address | | | 3 | 14 | 2018 | \$ | 215.00 | |
| City | BELLEFONTE | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | l | | |
| | | PA | 16823 | AD | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | |
| CREATIVE DESIGN | | | | | | | | | |
| Mailing Address | | | 3 | 14 | 2018 | \$ | 121.90 | | |
| City | MILHEIM | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | |
| | PA 16854 | | | PALM CARD | | | | | |
| To Whom Paid | | | | | DAY | YEAR | | | |
| HOMETOWN SPORTS | | | | | | | | | |
| Mailing Address | | | | 1 | 20 | 2018 | \$ | 215.00 | |
| City | BELLEFONTE | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | |
| | | PA | 16803 | AD | | | | | |
| | | | | | | | | | |

PAGE 13

| er Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | PAGE TOTAL | |
|--|------------|----------|
| | \$ | 2,553.01 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |