

# 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 RD.  |                          |  |                         |                             |                      |   |                              |             |  |             |
| City: PHILIPSBURG   |                          |  |                         | State: PA                   |                      | Zip Code: 16866                               |                              |             |  |             |
| TYPE OF REPORT<br><br>(place X to the right of report type)               | 6TH TUESDAY PRE-PRIMARY  | 1. <input checked="" type="checkbox"/> | 2ND FRIDAY PRE-PRIMARY  | 2.                          | 30 DAY POST-PRIMARY  | 3.  | AMENDMENT REPORT?            | Yes         | No <input checked="" type="checkbox"/> |             |
|   | 6TH TUESDAY PRE-ELECTION | 4.                                     | 2ND FRIDAY PRE-ELECTION | 5.                          | 30 DAY POST-ELECTION | 6.  | TERMINATION REPORT?          | Yes         | No <input checked="" type="checkbox"/> |             |
|   | ANNUAL REPORT            | 7.                                     | Year 2018               | 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  | DEM                          |             |  |             |
|   |                          |  |                         | 11                          | 6                    | 2018  | (SEE INSTRUCTIONS FOR CODES) |             |  |             |
| Summary of Receipts and Expenditures from:                                |                          | MO                                     | DAY                     | YEAR                        | TO                   | MO  | DAY                          | YEAR        | FOR OFFICE USE ONLY                    |             |
|   |                          | 1                                      | 1                       | 2018                        |                      | 3   | 26                           | 2018        |  |             |
| A. Amount Brought Forward From Last Report                                |                          |  |                         | \$ 12,036.78                |                      |   |                              |             |  |             |
| B. Total Monetary Contributions And Receipts (From Schedule I)            |                          |  |                         | \$ 3,500.00                 |                      |   |                              |             |  |             |
| C. Total Funds Available (Sum Of Lines A and B)                           |                          |  |                         | \$ 15,536.78                |                      |   |                              |             |  |             |
| D. Total Expenditures (From Schedule III)                                 |                          |  |                         | \$ 2,552.91                 |                      |   |                              |             |  |             |
| E. Ending Cash Balance (Subtract Line D From Line C)                      |                          |  |                         | \$ 12,983.87                |                      |   |                              |             |  |             |
| 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**

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

|  |         |
|--|---------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |         |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 0.00 |

|  |           |
|--|-----------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |           |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 500.00 |
| <b>All Other Contributions (Part B)</b>  | \$ 0.00   |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 500.00 |

|   |             |
|---|-------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |             |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 3,000.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 0.00     |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 3,000.00 |

|  |         |
|--|---------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |         |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 0.00 |

|   |             |
|---|-------------|
| <b>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.)</b> | \$ 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.**

|  |   |             |               |
|--|---|-------------|---------------|
| <b>Name of Filing Committee or Candidate</b><br><br>FRIENDS OF SCOTT CONKLIN   | <b>Reporting Period</b><br><br><b>From:</b> <u>1/1/2018</u> <b>To:</b> <u>3/26/2018</u> |             |               |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table> |   | <b>DATE</b> | <b>AMOUNT</b> |
| <b>DATE</b>  | <b>AMOUNT</b>   |             |               |

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>LAW PAC |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 212 N 3RD STREET               |                    |                                   | 1         | 29         | 2018        |           |
| <b>City</b> HARRISBURG                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17101 |           |            |             |           |

|   |                    |                                   |           |            |             |           |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>IBC - PAC |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 1901 MARKET STREET               |                    |                                   | 1         | 30         | 2018        |           |
| <b>City</b> PHILADELPHIA                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19103 |           |            |             |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 500.00         |



# 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.**

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

|   |          |                         |  | DATE |     | AMOUNT |             |
|---|----------|-------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee<br>TROOPER'S ASSN     |          |                         |  | MO   | DAY | YEAR   | \$ 2,000.00 |
| Mailing Address 3625 VARTAN WAY                           |          |                         |  | 1    | 12  | 2018   |             |
| City HARRISBURG   | State PA | Zip Code (Plus 4) 17110 |  |      |     |        |             |
| Full Name of Contributing Committee<br>AFSCME COUNCIL 13  |          |                         |  | MO   | DAY | YEAR   | \$ 500.00   |
| Mailing Address 4031 EXECUTIVE PARK DRIVE                 |          |                         |  | 1    | 13  | 2018   |             |
| City HARRISBURG   | State PA | Zip Code (Plus 4) 17111 |  |      |     |        |             |
| Full Name of Contributing Committee<br>PA. OPTOMETRIC PAC |          |                         |  | MO   | DAY | YEAR   | \$ 500.00   |
| Mailing Address 218 NORTH STREET                          |          |                         |  | 2    | 5   | 2018   |             |
| City HARRISBURG   | State PA | Zip Code (Plus 4) 17101 |  |      |     |        |             |

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

| PAGE TOTAL  |
|-------------|
| \$ 3,000.00 |

**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: <span style="float: right;">To:</span> |

|  |       |                   |      | 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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 |
|                                       | From: To:        |

|                     |       |                   | 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**

|  |  |  |      |
|--|--|--|------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                    |      |
| FRIENDS OF SCOTT CONKLIN   |  | From: <u>1/1/2018</u> To: <u>3/26/2018</u> |      |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |  |      |
| TOTAL for the Reporting Period (1)   |  | \$   | 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |  |      |
| TOTAL for the Reporting Period (2)   |  | \$   | 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |  |      |
| 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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | 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. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |



# SCHEDULE III STATEMENT OF EXPENDITURES

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

| DATE                              |          |                         |  | AMOUNT |      |           |
|-----------------------------------|----------|-------------------------|--|--------|------|-----------|
| To Whom Paid<br>CAFE FRESCO       |          |                         | MO                                       | DAY    | YEAR | \$ 378.00 |
| Mailing Address 215 N. SECOND ST  |          |                         | 1  | 24     | 2018 |           |
| City HARRISBURG                   | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure<br>BREAKFAST  |        |      |           |
| To Whom Paid<br>FACEBOOK          |          |                         | MO                                       | DAY    | YEAR | \$ 50.10  |
| Mailing Address 1601 WILLOW RD.   |          |                         | 2  | 1      | 2018 |           |
| City MENLO PARK                   | State CA | Zip Code (Plus 4) 94025 | Description of Expenditure<br>PAGE BOOST |        |      |           |
| To Whom Paid<br>VERIZON           |          |                         | MO                                       | DAY    | YEAR | \$ 274.23 |
| Mailing Address 899 HEATHROW PARK |          |                         | 1  | 5      | 2018 |           |
| City LAKE MARY                    | State FL | Zip Code (Plus 4) 32746 | Description of Expenditure<br>PHONE      |        |      |           |
| To Whom Paid<br>VERIZON           |          |                         | MO                                       | DAY    | YEAR | \$ 274.39 |
| Mailing Address 899 HEATHROW PARK |          |                         | 2  | 5      | 2018 |           |
| City LAKE MARY                    | State FL | Zip Code (Plus 4) 32746 | Description of Expenditure<br>PHONE      |        |      |           |
| To Whom Paid<br>VERIZON           |          |                         | MO                                       | DAY    | YEAR | \$ 274.39 |
| Mailing Address 899 HEATHROW PARK |          |                         | 3  | 5      | 2018 |           |
| City LAKE MARY                    | State FL | Zip Code (Plus 4) 32746 | Description of Expenditure<br>PHONE      |        |      |           |

|                                 |             |                            |                                  |     |      |          |
|---------------------------------|-------------|----------------------------|----------------------------------|-----|------|----------|
| To Whom Paid<br>FACEBOOK        |             |                            | MO                               | DAY | YEAR | \$ 25.00 |
| Mailing Address 1601 WILLOW RD. |             |                            | 3                                | 1   | 2018 |          |
| City MENLO PARK                 | State<br>CA | Zip Code (Plus 4)<br>94025 | Description of Expenditure<br>AD |     |      |          |

|                                |             |                            |  |     |      |           |
|--------------------------------|-------------|----------------------------|--|-----|------|-----------|
| To Whom Paid<br>JEFF HELFRICH  |             |                            | MO                                     | DAY | YEAR | \$ 150.00 |
| Mailing Address 1036 SAXTON DR |             |                            | 1                                      | 19  | 2018 |           |
| City STATE COLLEGE             | State<br>PA | Zip Code (Plus 4)<br>16866 | Description of Expenditure<br>WEB SITE |     |      |           |

|                                  |             |                            |                                  |     |      |           |
|----------------------------------|-------------|----------------------------|----------------------------------|-----|------|-----------|
| To Whom Paid<br>BARASH MEDIA     |             |                            | MO                               | DAY | YEAR | \$ 125.00 |
| Mailing Address 403 S. ALLEN ST. |             |                            | 1                                | 18  | 2018 |           |
| City STATE COLLEGE               | State<br>PA | Zip Code (Plus 4)<br>16801 | Description of Expenditure<br>AD |     |      |           |

|                                  |             |                            |   |     |      |           |
|----------------------------------|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid<br>DIANNE GREGG     |             |                            | MO  | DAY | YEAR | \$ 250.00 |
| Mailing Address 148 ROCK HILL RD |             |                            | 2   | 2   | 2018 |           |
| City CENTRE HALL                 | State<br>PA | Zip Code (Plus 4)<br>16828 | Description of Expenditure<br>CAMPAIGN WORK |     |      |           |

|   |             |                            |  |     |      |           |
|---|-------------|----------------------------|--|-----|------|-----------|
| To Whom Paid<br>KIWANS (KIDS BREAKFAST) |             |                            | MO   | DAY | YEAR | \$ 100.00 |
| Mailing Address                         |             |                            | 3  | 1   | 2018 |           |
| City PHILIPSBURG                        | State<br>PA | Zip Code (Plus 4)<br>16866 | Description of Expenditure<br>KIDS BREAKFAST |     |      |           |

|   |             |                            |                                  |     |      |           |
|---|-------------|----------------------------|----------------------------------|-----|------|-----------|
| To Whom Paid<br>WAGON WHEEL PRODUCTIONS |             |                            | MO                               | DAY | YEAR | \$ 100.00 |
| Mailing Address 109 E. PREGUIL ST.      |             |                            | 3                                | 14  | 2018 |           |
| City PHILIPSBURG                        | State<br>PA | Zip Code (Plus 4)<br>16866 | Description of Expenditure<br>AD |     |      |           |

|  |                    |                                   |   |            |             |           |
|--|--------------------|-----------------------------------|---|------------|-------------|-----------|
| <b>To Whom Paid</b><br>HOMETOWN SPORTS |                    |                                   | <b>MO</b>                               | <b>DAY</b> | <b>YEAR</b> | \$ 215.00 |
| <b>Mailing Address</b> 469 PLUM ST.    |                    |                                   | 3                                       | 14         | 2018        |           |
| <b>City</b> BELLEFONTE                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16823 | <b>Description of Expenditure</b><br>AD |            |             |           |

  

|  |                    |                                   |  |            |             |           |
|--|--------------------|-----------------------------------|--|------------|-------------|-----------|
| <b>To Whom Paid</b><br>CREATIVE DESIGN |                    |                                   | <b>MO</b>                                      | <b>DAY</b> | <b>YEAR</b> | \$ 121.90 |
| <b>Mailing Address</b> P.O. BOX 538    |                    |                                   | 3  | 14         | 2018        |           |
| <b>City</b> MILHEIM                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16854 | <b>Description of Expenditure</b><br>PALM CARD |            |             |           |

  

|  |                    |                                   |   |            |             |           |
|--|--------------------|-----------------------------------|---|------------|-------------|-----------|
| <b>To Whom Paid</b><br>HOMETOWN SPORTS |                    |                                   | <b>MO</b>                               | <b>DAY</b> | <b>YEAR</b> | \$ 215.00 |
| <b>Mailing Address</b> 469 PLUM ST.    |                    |                                   | 1                                       | 20         | 2018        |           |
| <b>City</b> BELLEFONTE                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16803 | <b>Description of Expenditure</b><br>AD |            |             |           |

  

|  |  |  |  |  |  |                   |
|--|--|--|--|--|--|-------------------|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b> |
|  |  |  |  |  |  | \$ 2,553.01       |

