

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 :		20170367		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF KARA SCOTT													
Street Address: PO BOX 288													
City: BOWMANSTOWN						State: PA			Zip Code: 18030				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2018	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	6	2018					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						3	27	2018					
						4	30	2018					
A. Amount Brought Forward From Last Report						\$ 1,825.00							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,745.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 3,570.00							
D. Total Expenditures (From Schedule III)						\$ 218.37							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 3,351.63							
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 KARA SCOTT	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 395.00

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)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 350.00

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)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,745.00
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PART B
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	Reporting Period
FRIENDS OF KARA SCOTT	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

DATE	AMOUNT
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Full Name of Contributor	MO	DAY	YEAR	
KATHY DENNING				
Mailing Address 210 MAGNOLIA ST.				
City CELINA	State OH	Zip Code (Plus 4) 45822	4	19
			2018	\$ 100.00

Full Name of Contributor	MO	DAY	YEAR	
ROY CHRISTMAN				
Mailing Address 6495 POHOPOCO DRIVE				
City LEHIGHTON	State PA	Zip Code (Plus 4) 18235	1	29
			2018	\$ 100.00

Full Name of Contributor	MO	DAY	YEAR	
ROY CHRISTMAN				
Mailing Address 6495 POHOPOCO DRIVE				
City LEHIGHTON	State PA	Zip Code (Plus 4) 18235	3	24
			2018	\$ 150.00

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

PAGE TOTAL
\$ 350.00

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 FRIENDS OF KARA SCOTT	Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
DAVID DRURY							
Mailing Address 646 ONOKO LANE				3	23	2018	\$ 500.00
City JIM THORPE	State PA	Zip Code (Plus 4) 18229					
Employer Name INN AT JIM THORPE				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business 24 BROADWAY			City JIM THORPE		State PA	Zip Code (Plus 4) 18229	

Full Name of Contributor				MO	DAY	YEAR	
CAROLY FOLLANSBEE							
Mailing Address 1005 DUNEDIN DR.				4	13	2018	\$ 500.00
City GREENSBURG	State PA	Zip Code (Plus 4) 15601					
Employer Name RETIRED				Occupation RETIRED			
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
\$ 1,000.00

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				
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 KARA SCOTT		From: <u>3/27/2018</u> To: <u>4/30/2018</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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF KARA SCOTT	From <u>3/27/2018</u> To: <u>4/30/2018</u>

DATE				AMOUNT
To Whom Paid ACTBLUE	MO	DAY	YEAR	
Mailing Address PO BOX 441146	4	23	2018	\$ 10.51
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure FUNDRAISER	
To Whom Paid DUDA WEBSITES	MO	DAY	YEAR	
Mailing Address 577 COLLEGE AVE	4	30	2018	\$ 76.00
City PALO ALTO	State CA	Zip Code (Plus 4) 94306	Description of Expenditure WEBSITE HOSTING	
To Whom Paid DAWN'S VINYL DESIGNS	MO	DAY	YEAR	
Mailing Address 103 CARBON ST.	3	13	2018	\$ 0.00
City WEATHERLY	State PA	Zip Code (Plus 4) 18255	Description of Expenditure BANNERS & STICKERS	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 86.51

