#### **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 2018	0026			Rep File			CANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		FRIE	ND	S OF	DONNA	IANNO	NE	-					
Street Address:	PO BOX 32															
City:	DUSHORE							State:	PA			Zip Cod	<b>le:</b> 18	3614		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3. <b>X</b>		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	<u>-</u> !	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018					NG METH CHECK C						<b>/</b>	DISKE	TTE
Name of Office S	- Sought by Candidat	te:						DATE (	)F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County
								МО	DAY	YI	EAR		1	DEM	1	
								11		6	2018		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		5 1	2	018	Т	0	(	5	4	2018					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			2,	253.26					
B. Total Monet	ary Contributions /	And Rec	eipts (From	Sche	dule	<b>I</b> )	\$			2,	315.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			4,	568.26					
D. Total Expen	ditures (From Sch	edule II	I)				\$			1,9	954.30					
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$			2,6	13.96					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II	)	\$			2	208.84					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00					
				AFF	IDA	\VI	T SE	CTION								
	s a Committee repo	•									_					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	nedule	s filed	d on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	1	20							5	Signature	of Perso	n Submit	ting Rep	ort	
	Signatur	ra	-				- -					Prin	ted Name	<b></b>		
My Commission Ex	_											Ema	il			
	мо	D	AY	YR					Ar	ea Co	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not viola	ted ar	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of 						_					Printe	d Name			
	Signature						-			_						
My Commission Exp	<del>-</del>											Ema	il			
	МО	D	AY	YR	l		-		Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

-				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DONNA IANNONE	From:	<u>5/1/201</u>	<u>8</u> To:	6/4/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	615.00
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)	\$	700.00		
TOTAL for the Reporting Period (2)				700.00
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	J 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		\$	2,315.00	

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

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 Po	eriod			
FRIENDS OF DONNA IANNONE			Froi	m:	5/1/2	2018 To	):	6/4/2018
					DATE			AMOUNT
Full Name of Contributor REBECCA FERGUSON				МО	DAY	YEAR		
Mailing Address 79 CELTIC RD							\$	100.00
City MUNCY VALLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17758		5	11	2018		
Full Name of Contributor DEBORAH BEDNAR				МО	DAY	YEAR		
Mailing Address 3112 KUMQUAT DR	IVE						\$	100.00
City EDGEWATER	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 32141		6	1	2018		
Full Name of Contributor GILBERT BLEVINS				МО	DAY	YEAR		
Mailing Address 721 S.R. 187							\$	100.00
City MEHOOPANY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18629		6	1	2018		
Full Name of Contributor MARGARET THOMPSON				МО	DAY	YEAR		
Mailing Address 1579 BACK ROAD  City SUGAR RUN	State	Zip Code (Plus 4)		6	1	2018	\$	200.00
	PA	18846						
Full Name of Contributor DOUGLAS THOMPSON				МО	DAY	YEAR		
Mailing Address 1579 BACK ROAD				_	_	2012	\$	200.00
City SUGAR RUN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18846		6	1	2018		

**PAGE TOTAL** 

**\$** 700.00

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.

Name of Filing Committee or Candi	me of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committ	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	-			orting Pe	riod			
FRIENDS OF DONNA IANNONE			Fron	n:	<u>5/1/2</u>	<u>018</u> To	: <u>6/4/2018</u>	
				D/	ATE		AMOUNT	
Full Name of Contributor CHRISTINE ENG				МО	DAY	YEAR		
Mailing 1209 MCCARDLE ROAD  Address   Latin Co. Latin China			6	1	2018	\$ 1,000.00		
City SAYRE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18840			1	2018		
Employer Name AVERY DENNISON				Occupation MANAGER				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)	
1 WILCOX STREET		SAYRE			PA		18840	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.		4	<b>PAGE TOTAL</b> 1,000.00	

## 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	bd			
			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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 DONNA IANNONE	From:	<u>5/1/2018</u> <b>To:</b>	6/4/2018					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	208.84					
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,		\$	208.84					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Ca	ndidate		Reporting	Period			
FRIENDS OF DONNA IANNONE	•		From:	] <u>-</u>	5/1/2018	To:	6/4/2018
		<u>'</u>		DATE			AMOUNT
Full Name of Contributor DONNA IANNONE			мо	DAY	YEAR		
Mailing Address 1269 DIEFFENBACH RD				1	2016	\$	138.58
City DUSHORE	State	Zip Code (Plus 4)	7				
	PA	18614					
Description of Contribution:	 CHIPS, SODA, SANDWI	CHES, BANNER		l			
Description of Contribution:  Full Name of Contributor  DONNA IANNONE	L CHIPS, SODA, SANDWI	CHES, BANNER	МО	DAY	YEAR		
Full Name of Contributor  DONNA IANNONE	CHIPS, SODA, SANDWI	CHES, BANNER	<b>MO</b> 5	DAY 12	<b>YEAR</b> 2018	\$	70.26
Full Name of Contributor DONNA IANNONE  Mailing Address 1269 DIEF		Zip Code (Plus 4)	5			. \$	70.26
Full Name of Contributor DONNA IANNONE  Mailing Address 1269 DIEF	FENBACH RD		5			\$	70.26
Full Name of Contributor DONNA IANNONE  Mailing Address 1269 DIEF  City DUSHORE	FENBACH RD State	<b>Zip Code (Plus 4)</b> 18614	5			\$	70.26
Full Name of Contributor DONNA IANNONE  Mailing Address 1269 DIEF  City DUSHORE	FENBACH RD  State  PA  CHIPS, SODA, SANDWI	Zip Code (Plus 4) 18614 CCHES, BANNER	5	12	2018	\$	70.26 PAGE TOTAL

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								<b>\$</b>	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Place of Business City State				State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00			

## STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
FRIENDS OF DONNA IANNO	NE		From	<u>5/</u>	1/2018	То:	6/4/2018	
				DATE				
<b>To Whom Paid</b> WATS BROADCASTING, INC			мо	DAY	YEAR			
Mailing Address 193 S. KE	YSTONE AVE		5	2	2018	\$	360.00	
City SAYRE State PA Zip Code (Plus 4)			<b>Descrip</b> RADIO	otion of Exp	penditure			
<b>To Whom Paid</b> WVYS/WDYS			МО	DAY	YEAR			
Mailing Address 103 NORTH LEHIGH STREET				2	2018	\$	174.30	
City SAYRE	State Zip Code (Plus 4) PA 18840			Description of Expenditure RADIO AD				
To Whom Paid WIGGLE 100	·		МО	DAY	YEAR			
Mailing Address 1233 RED	INGTON AVE		5	2	2018	\$	450.00	
City TROY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16947	Description of Expenditure RADIO AD					
<b>To Whom Paid</b> MINDY SWEIGART	·		мо	DAY	YEAR			
Mailing Address PO BOX 1	77		5	14	2018	\$	100.00	
<b>City</b> MILDRED	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18632	<b>Descrip</b> SPONS	otion of Exp	penditure			
To Whom Paid ATHENS BUSINESS ASSOC			МО	DAY	YEAR			
ailing Address PO BOX 65			5	22	2018	\$ \$	35.00	

Zip Code (Plus 4)

18817

**Description of Expenditure** 

**VENDOR SPOT** 

State

PΑ

City

EAST SMITHFIELD

To Whom Paid IHM JULY PICNIC AD BOOK			МО	DAY	YEAR	
Mailing Address PO BOX 30	07		5	22	2018	\$ 50.00
City DUSHORE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18614	<b>Descri</b> AD	otion of Exp	penditure	
To Whom Paid WYALUSING COMMUNITY CORP				DAY	YEAR	
Mailing Address 121 MAIN STREET				24	2018	\$ 500.00
City WYALUSING	State PA	<b>Zip Code (Plus 4)</b> 18853	<b>Descri</b> RENT	otion of Exp	penditure	
To Whom Paid AMERICAN EXPRESS			МО	DAY	YEAR	
Mailing Address PO BOX 12	270		6	3	2018	\$ 285.00
City NEWARK State Zip Code (Plus 4)  NJ 07101			1	otion of Exp	penditure	
Enter Grand Total of Evnenditures on Page 1 Penort Cover Page Item D						PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			•			\$ 1,954.30