

# 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.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	✓		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	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				
						5	1	2018					
						6	4	2018					
A. Amount Brought Forward From Last Report						\$ 3,351.63							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 814.64							
C. Total Funds Available (Sum Of Lines A and B)						\$ 4,116.27							
D. Total Expenditures (From Schedule III)						\$ 101.37							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 4,014.90							
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 KARA SCOTT	From: <u>5/1/2018</u> To: <u>6/4/2018</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 189.64

<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>	\$ 150.00
<b>All Other Contributions (Part B)</b>	\$ 475.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 625.00

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

<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>	\$ 814.64
---	-----------

**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>  FRIENDS OF KARA SCOTT	<b>Reporting Period</b>  <b>From:</b> <u>5/1/2018</u> <b>To:</b> <u>6/4/2018</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> GARY WEGMAN FOR CONGRESS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> 3562 PERKIOMEN AVENUE SUITE 102				5	4	2018	
<b>City</b> READING	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  19606					

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

<b>PAGE TOTAL</b>
\$ 150.00

**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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF KARA SCOTT	From: <u>5/1/2018</u> To: <u>6/4/2018</u>

<b>DATE</b>	<b>AMOUNT</b>
-------------	---------------

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ROY B CHRISTMAN						
Mailing Address			5	9	2018	
6495 POHOPOCO DRIVE						
City	State	Zip Code (Plus 4)				
LEHIGHTON	PA	18235				

Full Name of Contributor CAROL B O'BRIEN			MO	DAY	YEAR	\$ 100.00
Mailing Address 329 NORTH %TH STREET			5	16	2018	
City LEHIGHTON	State PA	Zip Code (Plus 4) 18235				

Full Name of Contributor				MO	DAY	YEAR	\$ 75.00
KERRY A PALUMBO							
Mailing Address 393 GRIST MILL ROAD RR 1				5	17	2018	
City LEHIGHTON		State PA	Zip Code (Plus 4) 18235				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
SUSAN A OLIVIA							
Mailing Address 1036 CIRCLE DRIVE				5	4	2018	
City	PALMERTON	State	Zip Code (Plus 4)				
		PA	18071				

Full Name of Contributor BONNIE L GLOSE				MO	DAY	YEAR	\$ 100.00
Mailing Address 236 ORE STREET PO BOX 301				4	28	2018	
City BOWMANSTOWN	State PA	Zip Code (Plus 4) 18030					

**PAGE TOTAL**

\$ 475.00

**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 Candidate	Reporting Period
	From: <span style="float: right;">To:</span>

			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.

<b>PAGE TOTAL</b>
\$ 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	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				
Mailing Address				
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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 KARA SCOTT		From: <u>5/1/2018</u> To: <u>6/4/2018</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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <div style="display: flex; justify-content: space-between;"><span><b>From:</b></span><span><b>To:</b></span></div>
--	---

			DATE	AMOUNT	
Full Name of Contributor		MO	DAY	YEAR	
<b>Mailing Address</b>					\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>			
<b>Description of Contribution:</b>					
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>					<b>PAGE TOTAL</b>  \$ 0.00



# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF KARA SCOTT	From <u>5/1/2018</u> To: <u>6/4/2018</u>

DATE				AMOUNT
<b>To Whom Paid</b> ACT BLUE	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 441146	5	31	2018	\$ 0.02
<b>City</b> SOMERVILLE	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 021440031	<b>Description of Expenditure</b> SERVICE FEES FOR E-DONATIONS	
<b>To Whom Paid</b> ACT BLUE	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 441146	6	4	2018	\$ 1.35
<b>City</b> SOMERVILLE	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 021440031	<b>Description of Expenditure</b> SERVICE FEES FOR E-DONATIONS	
<b>To Whom Paid</b> PALMERTON HOTEL	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 304 DELAWARE AVENUE	5	4	2018	\$ 100.00
<b>City</b> PALMERTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18071	<b>Description of Expenditure</b> USE OF FACILITIES FOR FUNDRAISER ON 5/4/18	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b> \$ 101.37

