

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 KAPP RD. | | | | | | | | |
| City: PHILIPSBURG | | | | State: PA | | Zip Code: 16866 | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5.X | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes <input type="checkbox"/> 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 |
| | | | | MO | DAY | YEAR | | |
| | | | | 11 | 6 | 2018 | | |
| | | | | | | | (SEE INSTRUCTIONS FOR CODES) | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR |
| | | 9 | 18 | 2018 | | 10 | 22 | 2018 |
| A. Amount Brought Forward From Last Report | | | | | \$ 8,851.74 | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ 4,125.00 | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ 12,976.74 | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ 1,150.00 | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ 11,826.74 | | | |
| 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 SCOTT CONKLIN | From: <u>9/18/2018</u> To: <u>10/22/2018</u> |

| | |
|--|----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 25.00 |

| | |
|--|-------------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 1,250.00 |
| All Other Contributions (Part B) | \$ 0.00 |
| TOTAL for the Reporting Period (2) | \$ 1,250.00 |

| | |
|---|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 2,850.00 |
| All Other Contributions (Part D) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 2,850.00 |

| | |
|--|---------|
| 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.) | \$ 4,125.00 |
|---|-------------|

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 Candidate FRIENDS OF SCOTT CONKLIN | Reporting Period From: <u>9/18/2018</u> To: <u>10/22/2018</u> | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table> | | DATE | AMOUNT |
| DATE | AMOUNT | | |

| Full Name of Contributing Committee | MO | DAY | YEAR | AMOUNT |
|--|----|-----|------|-----------|
| HEALTH PARTNERS OF PHIL. | | | | |
| Mailing Address 901 MARKET ST. STE 600 | | | | |
| City PHILADELPHIA State PA Zip Code (Plus 4) 19107 | 9 | 19 | 2018 | \$ 250.00 |
| NI SOURCE INC PAC | | | | |
| Mailing Address 290 W. NATIONWIDE BLVD. | | | | |
| City COLUMBUS State OH Zip Code (Plus 4) 43215 | 9 | 21 | 2018 | \$ 250.00 |
| HIGH MARK | | | | |
| Mailing Address 1800 CENTER ST. | | | | |
| City PHILIPSBURG State PA Zip Code (Plus 4) 17089 | 10 | 20 | 2018 | \$ 250.00 |
| TEAMSTER NO. 8 | | | | |
| Mailing Address 2225 HIGH TECH ROAD | | | | |
| City STATE COLLEGE State PA Zip Code (Plus 4) 16803 | 10 | 20 | 2018 | \$ 250.00 |
| VERSANT PAC | | | | |
| Mailing Address 116 PINE ST. | | | | |
| City HARRISBURG State PA Zip Code (Plus 4) 17101 | 10 | 20 | 2018 | \$ 250.00 |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,250.00 |

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 FRIENDS OF SCOTT CONKLIN | Reporting Period From: <u>9/18/2018</u> To: <u>10/22/2018</u> |
|--|---|

| | | | | DATE | AMOUNT | |
|--|----------|-------------------------|--|------|--------|------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| MARK DAMBLY | | | | 9 | 25 | 2018 |
| Mailing Address 354 DARLINGTON RD | | | | | | |
| City MEDIA | State PA | Zip Code (Plus 4) 19063 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| WINDSTREAM POLITICAL ACTION | | | | 9 | 20 | 2018 |
| Mailing Address 4001 RODNEY PARHAM RD | | | | | | |
| City LITTLE ROCK | State AR | Zip Code (Plus 4) 72212 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| AFSCME 13 | | | | 10 | 20 | 2018 |
| Mailing Address 4031 EXECUTIVE PARK DR | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17111 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| P.L.A.N | | | | 10 | 20 | 2018 |
| Mailing Address 904 N. 2ND STREET | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 2,850.00 |

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: To: |

| | | | 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.

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 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

| | | | |
|--|--|--|---------|
| Name of Filing Committee or Candidate | | Reporting Period | |
| FRIENDS OF SCOTT CONKLIN | | From: <u>9/18/2018</u> To: <u>10/22/2018</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: |
|--|---|

| | | | 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 |

7/12/2025 7:36:00 AM

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF SCOTT CONKLIN | From <u>9/18/2018</u> To: <u>10/22/2018</u> |

| DATE | | | | AMOUNT |
|---------------------------------------|----------|-------------------------|--|--------|
| To Whom Paid | | | | |
| MAUREEN MADDEN FRIENDS OF | | | | |
| Mailing Address 7404 VENTURE DR. | | | | |
| City TOBYHANNA | State PA | Zip Code (Plus 4) 18466 | | |
| Description of Expenditure | | | | |
| DONATION | | | | |
| To Whom Paid | | | | |
| COMMITTEE TO ELECT PAM SNYDER | | | | |
| Mailing Address 286 CENTER SCHOOL RD. | | | | |
| City JEFFERSON | State PA | Zip Code (Plus 4) 15344 | | |
| Description of Expenditure | | | | |
| DONATION | | | | |
| To Whom Paid | | | | |
| BRANDEN MARKOSEK FOR STATE REP | | | | |
| Mailing Address 207 GLENWOOD DR. | | | | |
| City MONROEVILLE | State PA | Zip Code (Plus 4) 15146 | | |
| Description of Expenditure | | | | |
| DONATION | | | | |
| To Whom Paid | | | | |
| FRIENDS OF MIKE HANNA | | | | |
| Mailing Address 50 SYLVAN DR. | | | | |
| City LOCK HAVEN | State PA | Zip Code (Plus 4) 17745 | | |
| Description of Expenditure | | | | |
| DONATION | | | | |
| To Whom Paid | | | | |
| SHANNON BILGER | | | | |
| Mailing Address 4903 WYOMING AVE | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17109 | | |
| Description of Expenditure | | | | |
| CONSULTING | | | | |
| To Whom Paid | | | | |
| CITIZENS FOR MULLERY | | | | |
| Mailing Address 6 MARIE DRIVE | | | | |
| City NANTICOKE | State PA | Zip Code (Plus 4) 18634 | | |
| Description of Expenditure | | | | |
| DONATION | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|------------------|
| To Whom Paid JEFF HELFFRICH | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1038 SAXTON DRIVE | | | 10 | 20 | 2018 | |
| City STATE COLLEGE | State PA | Zip Code (Plus 4) 16801 | Description of Expenditure WEB HOSTING | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|------------------|
| To Whom Paid AIMEE LEWIS | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 127 EAST MARKET STREET FL 2 REAR | | | 10 | 20 | 2018 | |
| City YORK | State PA | Zip Code (Plus 4) 17401 | Description of Expenditure VIDEO | | | |

| | | | | | | |
|--|--|--|--|--|--|--------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 1,150.00 |

