

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 : 20180026		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DONNA IANNONE											
Street Address: PO BOX 32											
City: DUSHORE					State: PA		Zip Code: 18614				
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	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	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		
		10	23	2018		11	26	2018			
A. Amount Brought Forward From Last Report					\$ 1,678.56						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,782.65						
C. Total Funds Available (Sum Of Lines A and B)					\$ 3,461.21						
D. Total Expenditures (From Schedule III)					\$ 2,889.80						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 571.41						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 582.65						

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 DONNA IANNONE	From: <u>10/23/2018</u> To: <u>11/26/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 150.00

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)	\$ 650.00
TOTAL for the Reporting Period (2)	\$ 650.00

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)	\$ 982.65
TOTAL for the Reporting Period (3)	\$ 982.65

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.)	\$ 1,782.65
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------

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 DONNA IANNONE	From: <u>10/23/2018</u> To: <u>11/26/2018</u>

DATE	AMOUNT
-------------	---------------

Full Name of Contributor BARBARA G. REILLY			MO	DAY	YEAR	\$ 100.00
Mailing Address 2593 GALLOWAY RD			10	29	2018	
City BENSALEM	State PA	Zip Code (Plus 4) 19020				

Full Name of Contributor FRANKLIN R. INNES			MO	DAY	YEAR	\$ 250.00
Mailing Address 309 YORK AVE			10	29	2018	
City TOWANDA	State PA	Zip Code (Plus 4) 18848				

Full Name of Contributor MARIANNE WOODRUFF				MO	DAY	YEAR	\$ 200.00
Mailing Address 799 HORSESHOE RD				11	2	2018	
City DUSHORE	State PA	Zip Code (Plus 4) 18614					

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
MIKE O'MARA							
Mailing Address 7583 44TH AVE SW				11	20	2018	
City SEATTLE	State WA	Zip Code (Plus 4) 98136					

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

PAGE TOTAL
\$ 650.00

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 DONNA IANNONE	Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u>
------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
DONNA IANNONE							
Mailing Address 1269 DIEFFENBACH RD				11	26	2018	\$ 400.00
City DUSHORE	State PA	Zip Code (Plus 4) 18614					
Employer Name SULLIVAN COUNTY				Occupation COMMISSIONER			
Employer Mailing Address/Principal Place of Business 245 MUNCY STPO BOX 157			City LAPORTE		State PA	Zip Code (Plus 4) 18626	

Full Name of Contributor				MO	DAY	YEAR	
DONNA IANNONE							
Mailing Address 1269 DIEFFENBACH RD				11	26	2018	\$ 582.65
City DUSHORE	State PA	Zip Code (Plus 4) 18614					
Employer Name SULLIVAN COUNTY				Occupation COMMISSIONER			
Employer Mailing Address/Principal Place of Business 245 MUNCY STPO BOX 157			City LAPORTE		State PA	Zip Code (Plus 4) 18626	

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

PAGE TOTAL
\$ 982.65

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 DONNA IANNONE		From: <u>10/23/2018</u> To: <u>11/26/2018</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

5/17/2024 7:00:41 AM

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DONNA IANNONE	From <u>10/23/2018</u> To: <u>11/26/2018</u>

DATE				AMOUNT		
To Whom Paid WATTS BROADCASTING			MO	DAY	YEAR	\$ 360.00
Mailing Address 204 DESMOND ST			10	31	2018	
City SAYRE	State PA	Zip Code (Plus 4) 18840	Description of Expenditure RADIO AD			
To Whom Paid AMERICAN EXPRESS			MO	DAY	YEAR	\$ 628.02
Mailing Address PO BOX 1270			11	1	2018	
City NEWARK	State NJ	Zip Code (Plus 4) 07101	Description of Expenditure POST CARDS, BUSINESS CARDS			
To Whom Paid DJ MARY JOHNSON			MO	DAY	YEAR	\$ 150.00
Mailing Address BROWN ROAD			11	6	2018	
City DUSHORE	State PA	Zip Code (Plus 4) 18614	Description of Expenditure DJ			
To Whom Paid SAMS CLUB SYNCHRONY BANK			MO	DAY	YEAR	\$ 1,176.11
Mailing Address PO BOX 965003			11	26	2018	
City ORLANDO	State FL	Zip Code (Plus 4) 32896	Description of Expenditure RADIO AND NEWSPAPER AD			
To Whom Paid SAYRE MORNING TIMES			MO	DAY	YEAR	\$ 37.47
Mailing Address 201 NORTH LEHIGH AVE			11	26	2018	
City SAYRE	State PA	Zip Code (Plus 4) 18840	Description of Expenditure AD BALANCE			

To Whom Paid UNITED STATES POSTAL SERVICE			MO	DAY	YEAR	
Mailing Address 58 CHURCH ST			10	13	2018	
City WYALUSING	State PA	Zip Code (Plus 4) 18853	Description of Expenditure POSTAGE			

To Whom Paid STAPLES			MO	DAY	YEAR	
Mailing Address 3701 VESTAL PARKWAY EAST			10	7	2018	
City VESTAL	State NY	Zip Code (Plus 4) 13850	Description of Expenditure OFFICE SUPPLIES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,889.80

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate				Reporting Period	
FRIENDS OF DONNA IANNONE				From: <u>10/23/2018</u> To: <u>11/26/2018</u>	

				Outstanding Balance of Debt	
				DATE	
Name of Creditor DONNA IANNONE				MO	DAY
Mailing Address 1269 DIEFFENBACH RD				YEAR	
				11	26
				2018	\$ 582.65
City DUSHORE	State PA	Zip Code (Plus 4) 18614	Description of Debt CANDIDATE LOAN		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					PAGE TOTAL \$ 582.65