

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 : 20120098		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FLYNN, MARTY FRIENDS OF											
Street Address: 1633 REAR DOROTHY ST											
City: SCRANTON					State: PA		Zip Code: 18504-1107				
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-PRIMARY	3.	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2018	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
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			
					11	27	2018				TO
					12	31	2018				
A. Amount Brought Forward From Last Report					\$ 141,072.50						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 6,300.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 147,372.50						
D. Total Expenditures (From Schedule III)					\$ 3,478.58						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 143,893.92						
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
FLYNN, MARTY FRIENDS OF	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 100.00
All Other Contributions (Part B)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 300.00

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)	\$ 6,000.00
TOTAL for the Reporting Period (3)	\$ 6,000.00

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.)	\$ 6,300.00
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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 FLYNN, MARTY FRIENDS OF	Reporting Period From: <u>11/27/2018</u> To: <u>12/31/2018</u>
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee Committee to Elece Mark McAndrew			MO	DAY	YEAR	\$ 100.00
Mailing Address 434 Lackawanna Ave			12	11	2018	
City Scranton	State PA	Zip Code (Plus 4) 18503				

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

PAGE TOTAL
\$ 100.00

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)**

Name of Filing Committee or Candidate	Reporting Period
FLYNN, MARTY FRIENDS OF	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

				DATE			AMOUNT		
Full Name of Contributor					MO	DAY	YEAR	\$	200.00
Patrick Doherty									
Mailing Address					12	11	2018		
1635 Penn Ave									
City			State		Zip Code (Plus 4)				
Scranton			PA		18509				

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

PAGE TOTAL
\$ 200.00

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 FLYNN, MARTY FRIENDS OF	Reporting Period From: <u>11/27/2018</u> To: <u>12/31/2018</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Frank Cawley				12	31	2018	\$ 500.00
Mailing Address 170 S. Highland Drive							
City pittston	State PA	Zip Code (Plus 4) 18640					
Employer Name Cawlet Chiropractic				Occupation Chiropractor			
Employer Mailing Address/Principal Place of Business 35 N. Main Ave			City pittston		State PA	Zip Code (Plus 4) 18640	
Josepg Gilchrist Jr.				12	31	2018	\$ 1,500.00
Mailing Address 129 Glenmaura Dr							
City Moosic	State PA	Zip Code (Plus 4) 18507					
Employer Name Self Employed				Occupation Real Estate Developer			
Employer Mailing Address/Principal Place of Business 129 Glenmaura Dr			City Moosic		State PA	Zip Code (Plus 4) 18507	
Christopher Gilchrist				12	18	2018	\$ 1,500.00
Mailing Address 164 S. Highland Dr							
City Jenkins Twp	State PA	Zip Code (Plus 4) 18640					
Employer Name Self Employed				Occupation Real Estate Developer			
Employer Mailing Address/Principal Place of Business 164 S. Highland Dr			City Jenkins Twp		State PA	Zip Code (Plus 4) 18640	

Full Name of Contributor Lawrence Moran Jr				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 19 Locust Lane				12	18	2018	
City Fleetville	State PA	Zip Code (Plus 4) 18420					
Employer Name Self Employed				Occupation Lawyer			
Employer Mailing Address/Principal Place of Business 19 Locust Ln			City Fleetville		State PA	Zip Code (Plus 4) 18420	

Full Name of Contributor James Valvano				MO	DAY	YEAR	\$ 500.00
Mailing Address 347 R. Main Street				12	18	2018	
City Dickson City	State PA	Zip Code (Plus 4) 18519					
Employer Name Valvano Construction				Occupation Self-Employed			
Employer Mailing Address/Principal Place of Business 347 R. Main St			City Dickson City		State PA	Zip Code (Plus 4) 18519	

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

PAGE TOTAL
\$ 6,000.00

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			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	
FLYNN, MARTY FRIENDS OF		From: <u>11/27/2018</u> To: <u>12/31/2018</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
FLYNN, MARTY FRIENDS OF	From <u>11/27/2018</u> To: <u>12/31/2018</u>

DATE				AMOUNT
To Whom Paid Sean Bingham	MO	DAY	YEAR	
Mailing Address Scranton	12	17	2018	\$ 978.58
City Scranton	State PA	Zip Code (Plus 4) 18504	Description of Expenditure Toy Drive	
To Whom Paid West Scranton Community Devlp	MO	DAY	YEAR	
Mailing Address Unknown	12	30	2018	\$ 2,500.00
City Scranton	State PA	Zip Code (Plus 4) 18504	Description of Expenditure Donation for gym	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 3,478.58

