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 2012	0098			Repor Filed		Τ	CANDI	DATE		COMM	AITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	bbyist:			-	_	FRIEN	DS OF								
Street Address:	1633 REAR D	OROTHY	ST														
City:	SCRANTON						s	state:	PA			Zip Co	de: 18	504-1	107		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		DAY IMAF		POST-	3.		AMENDMENT REPORT?		Yes	✓ N	0	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		DAY ECTI		POST-	6.		TERMIN/ REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2018						METHOD ECK ONE			PAPER	\checkmark	DISK	ETTE		
Name of Office S	Gought by Candidat	te:					l	DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	Cou	
	5 /						P	10	DAY	YE	AR	Humber	loue			1000	<u> </u>
								11		6	2018	·	(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Receipts and MO DAY YEAR								10	DAY	YE	AR	FC	R OFFIC	e use	ONLY		
Expenditures	from:	1	.1 27	20	018	Ю		12	3	1	2018						
A. Amount Bro	ught Forward Fron	n Last Re	eport	•	ľ		\$		1	41,0	72.50	1					
B. Total Monetary Contributions And Receipts (From Schedule I								\$ 6,300.00									
C. Total Funds Available (Sum Of Lines A and B)									1	.47,3	72.50						
D. Total Expenditures (From Schedule III)							\$			3,4	78.58	1					
E. Ending Cash	Balance (Subtract	t Line D I	From Line	C)			\$		1	43,89	93.92	1					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')			\$				0.00						
				AFF	IDAV	IT S	SEC	TION									
PART I - If this is	s a Committee repo	ort, treas	surer sign	here. I	If this i	s a C	Cand	lidate re	eport, ca	andid	late sig	gn here.					
I swear (or affirm) correct and compl) that this report, incl ete.	uding the	attached sc	hedules	s filed or	n pape	er or	by elect	ronic me	dium,	are to t	the best o	f my knov	ledge	and bel	ief , tı	rue <u></u>
Sworn to and subs	cribed before me this day of	5	20							Si	gnature	e of Perso	n Submitt	ing Rep	oort		-
			·			_						Prin	ted Name				—
My Commission Ex	Signatu (pires	re										Ema	il				-
	мо	DA	Y	YR		_			Are	a Cod	e	Daytin	e Teleph	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	nittee, (Cand	lidat	te shall	sign he	re.							
I swear (or affirm) No 320) as amende	that to the best of need.	ıy knowle	dge and beli	ef this	political	con	nmitt	tee has n	ot violat	ed any	/ provis	ions of th	e act of Ju	ne 3,1	937 (P.	L. 133	3,
Sworn to and subso	ribed before me this day of		20								S	ignature (of Candida	te			-
						_						Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				_
,	· -					_											_
	мо	DA	Y	YR					Area (Code		D	aytime Te	lephor	e Num	ber	

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:** 12/31/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 100.00 **Contributions Received From Political Committees (Part A)** 200.00 All Other Contributions (Part B) \$ **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 6,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 6,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 6,300.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candio	late	Name of Filing Committee or Candidate R					Reporting Period						
FLYNN, MARTY FRIENDS OF Fre				n:	<u>11/27/20</u>	:	<u>12/31/2018</u>						
			DATE			AMOUNT							
Full Name of Contributing Committee Committee to Elece Mark McAndrew	1	мо	DAY	YEAR									
Mailing Address 434 Lackawani	na Ave						\$	100.00					
City Scranton	State PA	Zip Code (Plus 4 18503	4)	12	11	2018							

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 Fre					<u>11/27/2</u>	2 <u>018</u> To	: <u>12/31/2018</u>			
					DATE		AMOUNT			
Full Name of Contributor Patrick Doherty			м	10	DAY	YEAR				
Mailing Address 1635 Penn Ave							\$	200.00		
City Scranton	State	Zip Code (Plus 4)		12	11	2018				
								PAGE TOTAL		
Enter Grand Total of Part A on S	Schedule I, Det	ailed Summary Pag	e, Secti	ion 2			\$	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 Can	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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 Committ	lame of Filing Committee or Candidate R				Rep	orting Per	riod					
FLYNN, MARTY FRIENI	DS OF				Fron	n:	<u>11/27/2</u>	018 To):	<u>12/3</u>	1/2018	
						DA	TE			AMOUN	т	
Full Name of Contributo	Dr					мо	DAY	YEAR				
Mailing 170 S Address	6. Highland Drive	2							\$		500.00	
City pittston		State	Zip	Code (Plus	; 4)	12	31	2018				
		PA	18	640								
Employer Name Cawle	awlet Chiropractic					Occupat	ion C	Chiropra	ctor	tor		
Employer Mailing Address/Principal Place of City Business							State		Zip Co	ode (Plu	ıs 4)	
35 N. Main Ave pittston						PA		1864	10			
Full Name of Contributor Josepg Gilchrist Jr.						мо	DAY	YEAR				
Mailing 129 (Address	Glenmaura Dr								\$		1,500.00	
City Moosic		State	Zip	Code (Plus	; 4)	12	31	2018				
		РА	18	507								
Employer Name Self E	Employed	· · · ·				Occupation Real Estate Developer						
Employer Mailing Addre Business	ss/Principal Plac	e of		City			State		Zip Co	ode (Plu	ıs 4)	
129 Glenmaura Dr				Moosic			PA		1850)7		
Full Name of Contributo Christopher Gilchrist	pr					мо	DAY	YEAR				
Mailing 164 S Address	6. Highland Dr								\$		1,500.00	
City Jenkins Twp		State	Zip	Code (Plus	; 4)	12	18	2018				
		PA	18	640								
Employer Name Self Employed					Occupation Real Estate Developer							
Employer Mailing Addre Business	mployer Mailing Address/Principal Place of City usiness						State	Zip Code (Plus 4)				
164 S. Highland Dr				Jenkins T	wp	PA 1864			8640			

II Name of Contributor wrence Moran Jr illing 19 Locust Lane					YEAR			
e						\$	2,000.00	
State	Zij	p Code (Plus 4)	12	18	2018			
PA	18	3420						
Employer Name Self Employed Occupation Lawyer								
Employer Mailing Address/Principal Place of City Business						Zip Code (Plus 4)	
19 Locust Ln Fleetville						18420		
Full Name of Contributor					VEAR			
James Valvano				2				
treet						\$	500.00	
State	Zij	p Code (Plus 4)	12	18	2018			
PA	18	3519						
ruction	I		Occupat	i on S	elf-Emp	ployed		
pal Place of		City	1	State		Zip Code (Plus 4)	
347 R. Main St Dicksor				РА			18519	
n Schedule I. Detai	led Sumn	nary Page Secti	on 3			PAG	E TOTAL	
		inary ruge, Secti				\$	6,000.00	
	state PA pal Place of treet State PA ruction pal Place of	State Zi PA 18 pal Place of treet State Zi PA 18 ruction pal Place of	State Zip Code (Plus 4) PA 18420 pal Place of City Fleetville treet State Zip Code (Plus 4) PA 18519 truction pal Place of City pal Place of City	State Zip Code (Plus 4) 12 PA 18420 Occupate pal Place of City Fleetville MO treet MO State Zip Code (Plus 4) PA 18519 truction Occupate pal Place of City City City	State PAZip Code (Plus 4) 184201218PAIst20Occupation PALpal Place ofCity FleetvilleState PAPAtreetMoDAYtreetIst391218pal Place ofCity PA1218state 	State Zip Code (Plus 4) 12 18 2018 PA 18420 0 12 18 2018 pal Place of City State Lawyer pal Place of City PA PA Verage treet MO DAY YEAR treet Image Image 12 18 2018 State Zip Code (Plus 4) 12 18 2018 treet Image Image Image Image Image Image pal Place of Zip Code (Plus 4) 12 18 2018 Image Image pal Place of City Image State Image Image <td>State Zip Code (Plus 4) 12 18 2018 \$ PA 18420 12 18 2018 \$ pal Place of City City Lawyer 18420 pal Place of City PA 18420 18420 treet Fleetville PA 18420 18420 treet Fleetville MO DAY YEAR State Zip Code (Plus 4) 12 18 2018 treet PA 18519 12 18 2018 truction City State Zip Code (Plus 4) 12 18 2018 pal Place of City Dickson City PA State Zip Code (pal Place of City Dickson City PA 18519</td>	State Zip Code (Plus 4) 12 18 2018 \$ PA 18420 12 18 2018 \$ pal Place of City City Lawyer 18420 pal Place of City PA 18420 18420 treet Fleetville PA 18420 18420 treet Fleetville MO DAY YEAR State Zip Code (Plus 4) 12 18 2018 treet PA 18519 12 18 2018 truction City State Zip Code (Plus 4) 12 18 2018 pal Place of City Dickson City PA State Zip Code (pal Place of City Dickson City PA 18519	

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		Report	ting Perio	bd				
			From:			То:			
				D	ATE		AMOUNT		
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description									
Enter Grand Total of Part E c	n Schedule I. Detailer	l Summary Page	Section	4				PAGE TOT	AL
	in Schedule I, Detailet	i Summaly Paye,	Section	4.			\$		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 Perio	d	
FLYNN, MARTY FRIENDS OF	From:	<u>11/27/2018</u> то:	<u>12/31/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

PAGE 11

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting P	Period			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor	1		I		Occupation					
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption of	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporti	ng Period			
FLYNN, MARTY FRIENDS OF			From	<u>11/2</u>	7/2018	То:	<u>12/31/2018</u>
				DATE			AMOUNT
To Whom Paid Sean Bingham			мо	DAY	YEAR		
Mailing Address Scranton	12	17	2018	\$	978.58		
City Scranton	Descrip	otion of Ex	penditure				
	PA	18504	Toy Dr	ive			
To Whom Paid West Scranton Community Devlp			мо	DAY	YEAR		
Mailing Address Unknown			12	30	2018	\$	2,500.00
City Scranton	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure		
	PA	18504	Donatio	on for gym	l		
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, R	eport Cover Page, Item I) .			\$	3,478.58