Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20170367 Number :						port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		FRIE	END	S OF	KARA SC	отт								
Street Address:																	
City:	BOWMANSTO	WN						State:	PA			Zip Cod	ie: 18	3030			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST- 3.			AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST- 6.			TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7. X	Year 2018		FILING METHOD () CHECK ONE				PAPER DISKETT				TTE				
Name of Office S	Sought by Candida	ite:	•					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	ty
								МО	DAY	YE	AR	- rumber	couc			Couc	
								11		6	2018		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
expenditures	Expenditures from: 11 27 2018 TO 12 31 201							2018									
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			3,2	276.10						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			3,2	276.10						
D. Total Expend	ditures (From Sch	edule II	I)				\$			3	81.08						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			2,8	94.30						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	hedul	le II	()	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f th	is is	a Can	didate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	edules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	oort		
	Signatu	ire					- -					Prin	ted Name	e			
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comm	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	ny knowl	edge and belief	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L.	1333	3,
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
,							-										_
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF KARA SCOTT	From:	11/27/201	<u>8</u> To:	12/31/2018
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)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	(2)	\$	0.00	
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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	Name of Filing Committee or Candidate			Reporting Period						
		F	rom:		То	•				
		•		DATE			AMOUNT			
Full Name of Contributing Com	ımittee		МО	DAY	YEAR					
Mailing Address						\$	0.00			
City State Zip Code (Plus 4)										

PAGE TOTAL
0.00

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

0.00

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 Committe	ee or Candidate		Rep	orting P	eriod			
			Fro	m:		To) :	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
								PAGE TOTAL

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	me of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
<u> </u>	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$		0.00

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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	0.00

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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	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 Per	iod						
FRIENDS OF KARA SCOTT	From:	<u>11/27/2018</u> To:	12/31/2018					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)							
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (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,		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I	Period		
FRIENDS OF KARA SCOTT	From	11/27/2018	То:	12/31/2018

					DATE			AMOUNT
To Wh	om Paid			мо	DAY	YEAR		
LORE	LORENZO'S PIZZA KITCHEN					ILAK		
Mailing Address					13	2018	\$	381.08
City	LEHIGHTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	18235		ARTY FOR NG FOR 20		amp; CAI	MPAIGN
				PAGE TOTAL				
Enter	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	381.08