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 2017	0224			Repor Filed		CA	NDI	DATE		COM	MITTEE			1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIEND	S OF	KYLE	MU	LLINS							
Street Address: P.O. BOX 72																
City:	PECKVILLE						State	e:	PA			Zip Co	de: 18	452		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.							TERMIN/ REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2018				FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	ГТЕ
Name of Office S	- Sought by Candidat	te:					DAT	ΈΟ	F ELEC	СТІО	N	District Number	Office Code	Part	ty Code	County Code
							МО		DAY	YE	AR			DEM		
								11		6	2018		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YI	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	from:		11 27	20	018 7	ГО		12	(3)	31	2018					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				27,4	451.10					
B. Total Moneta	ary Contributions /	And Rec	eipts (Fron	n Sche	dule I)	\$					0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$				27,4	451.10					
D. Total Expend	ditures (From Scho	edule II	I)			\$				12,5	549.58					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				14,9	01.52					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$				19,0	32.70			•		
					IDAVI											
	that this report, incl	*	_						-		_		f my knov	vledge a	nd belie	ef , true
•	cribed before me this	;									Signature	of Perso	n Submitt	ing Pen	ort	
	day of					_								g Rep		
	Signatu	re				_						Prin	ted Name	•		
My Commission Ex						_						Ema				
	МО		AY	YR						a Coc	le	Daytin	e Teleph	one Nur	nber	
	a report of a cance that to the best of m				•							e e e e	+ -£ 1:	3 10	27 (0.1	1222
No 320) as amende	ed.	iy Kilowi	euge and ben	iei tilis	political	Commi	ittee i	145 II	Ot Violat	eu an	iy provis	ions or th	e act of st	ille 3,13	737 (P.L.	
SWORN TO AND SUBSC	ribed before me this day of		20								S	ignature	of Candida	ate		
			_			_						Printe	d Name			
My Commission Exp	Signature ires											Ema	il			-
	мо	D	AY	YR		_			Area	Code		D	aytime To	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
FRIENDS OF KYLE MULLINS	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) 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

	this Part to itemize onl with an aggregate value		\$2) in the			
Name of Filing Committee or Candidate			From:			То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I			<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 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 Committee or Candidate			Rep					
F):		
					DATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$0.00

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:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod				
				Fror	m:		To):	
					D	ATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State Zip Code (Plus 4)								
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Business	Place of		City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio				on 3.			P	O.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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Peri	od	
FRIENDS OF KYLE MULLINS	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	١	
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, 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 Period						
	Fro				From: To:					
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL			
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL			
						\$	0.00			

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						Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption (of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.										PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF KYLE MULLINS	From	11/27/2018	То:	12/31/2018

				DATE		AMOUNT		
To Whom Paid CENTER CITY PRINT			МО	DAY	YEAR			
Mailing Address 119 PENN AVE			12	10	2018	\$	14.84	
City SCRANTON	State PA	Zip Code (Plus 4) 185032015	Description of Expenditure PROMOTIONAL MATERIALS					
To Whom Paid CENTER CITY PRINT				DAY	YEAR			
Mailing Address 119 PENN AVE			12	10	2018	\$	145.75	
City SCRANTON	State PA	Zip Code (Plus 4) 185032015	Description of Expenditure PROMOTIONAL MATERIALS					
To Whom Paid CENTER CITY PRINT			МО	DAY	YEAR			
Mailing Address 119 PENN AVE			12	10	2018	\$	190.00	
City SCRANTON	State Zip Code (Plus 4) PA 185032015			Description of Expenditure PROMOTIONAL MATERIALS				
To Whom Paid CENTER CITY PRINT		·	мо	DAY	YEAR			
Mailing Address 119 PENN AVE			12	10	2018	\$	318.00	
City SCRANTON	State PA	Zip Code (Plus 4) 185032015	Description of Expenditure PROMOTIONAL MATERIALS					
To Whom Paid GEORGE AND LISA COBB			МО	DAY	YEAR			
Mailing Address 2 WOODLAND DR			12	7	2018	\$	4,500.00	
City PECKVILLE	State PA	Zip Code (Plus 4) 184521009	1	otion of Exp MENT OF L				

To Whom Paid GOOGLE, LLC			мо	DAY	YEAR		
Mailing Address 1600 AMPHITHEATRE PKWY				3	2018	\$	5.30
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure WEB DOMAIN				
To Whom Paid TIM KELLY JR				DAY	YEAR		
Mailing Address 1213 WALNUT ST UNIT 210			12	5	2018	\$	5,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074914	Description of Expenditure CONSULTING SERVICES				
To Whom Paid TIM KELLY JR			МО	DAY	YEAR		
Mailing Address 1213 WALNUT ST	UNIT 210		12	5	\$	869.57	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074914	Description of Expenditure DIGITAL ADVERTISING				
To Whom Paid ABREHAM KITTELL			МО	DAY	YEAR		
Mailing Address 384 WATERBURG RD			12	5	2018	\$	500.00
City TRUMANSBURG	State NY	Zip Code (Plus 4) 148869730	Description of Expenditure STAFF				
To Whom Paid NGP	·		мо	DAY	YEAR		
	AVE NW #200		MO 12	DAY 3	YEAR 2018	\$	150.00
NGP	AVE NW #200 State DC	Zip Code (Plus 4) 200052134	12 Descrip		2018 penditure		150.00
Mailing Address 1447 NEW YORK	State		12 Descrip	3 otion of Exp	2018 penditure		150.00
Mailing Address 1447 NEW YORK City WASHINGTON To Whom Paid	State DC		12 Descrip CAMPA	3 Dition of Exp IGN FINAN	2018 Denditure		150.00 21.89

							PAGE 13	
To Whom Paid NUNZI'S ADVERTISING SPECIALTIES, INC.				DAY	YEAR			
Mailing Address 1618 N MA	AIN AVE		12	10	2018	\$	80.50	
City SCRANTON	State Zip Code (Plus 4) PA 185081980			Description of Expenditure PROMOTIONAL APPAREL				
To Whom Paid JIM RODWAY			МО	DAY	YEAR			
Mailing Address 140 ELECTRIC ST			12	19	2018	\$	58.29	
City PECKVILLE	State PA	Zip Code (Plus 4) 184522110	Description of Expenditure EQUIPMENT REIMBURSEMENT					
To Whom Paid LARISSA VALONIS			МО	DAY	YEAR			
Mailing Address 526 3RD AVE			12	5	2018	\$	500.00	
City JESSUP	State PA	Zip Code (Plus 4) 184341418	Description of Expenditure STAFF					
To Whom Paid VERIZON	·		МО	DAY	YEAR			
Mailing Address 300 LACKAWANNA AVE #224			12	18	2018	\$	95.44	
City SCRANTON	State PA	Zip Code (Plus 4) 185032001	Description of Expenditure OFFICE PHONE AND INTERNET					
To Whom Paid VERIZON				DAY	YEAR			
Mailing Address 300 LACKAWANNA AVE #224			12	20	2018	\$	100.00	
City SCRANTON	State Zip Code (Plus 4) Description of Expenditure PA 185032001 WIRELESS DATA REFILL					l		
Enter Grand Total of Exper	nditures on Page 1. Pos	nort Cover Page Item D					PAGE TOTAL	
Enter Grand Total Of Exper	iditules on Faye 1, Re	port Cover Page, Item D	•			\$	12,549.58	

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 Report			Reportir	ting Period					
FRIENDS OF KYLE MULLINS			From:	<u>11</u>	/27/2018	То:		12/31/2018	
					DATE			Outstanding Balance of Debt	
Name of Creditor CINDY EGNOTOVICH				МО	DAY	YEAR			
Mailing Address 6920 DOWINGTON DR				2	28	2018	3 4	15,000.00	
City CHARLOTTE	State Zip Code (Plus 4) NC 282772731				otion of Del	ot			
					DATE			Outstanding Balance of Debt	
Name of Creditor SWEDA ADVERTISING				мо	DAY	YEAR			
Mailing Address 120 N ABINGTON RD					31	2018	3 \$	4,032.70	
City CLARKS GREEN	State PA	Zip Code (Plu 184112541	s 4)	Description of Debt MARKETING AND MEDIA SERVICES				VICES	
		•						PAGE TOTAL	
Enter Grand Total of Unpaid Deb		D C D	T	_					