

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20170224		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF KYLE MULLINS												
<b>Street Address:</b> P.O. BOX 72												
<b>City:</b> PECKVILLE						<b>State:</b> PA			<b>Zip Code:</b> 18452			
<b>TYPE OF REPORT</b>  (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	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2019	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>		<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	DEM			
						3	12	2019	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		2	26	2019		3	22	2019				
<b>A. Amount Brought Forward From Last Report</b>						\$ 7,657.88						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 0.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 7,657.88						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 1,789.28						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 5,868.60						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 14,032.70						

## 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF KYLE MULLINS	From: <u>2/26/2019</u> To: <u>3/22/2019</u>

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 0.00
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>	
Name of Filing Committee or Candidate	Reporting Period
	From: To:
DATEAMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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:	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.

<b>PAGE TOTAL</b>
\$ 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	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

<b>PAGE TOTAL</b>
\$ 0.00

## 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: <span style="float: right;">To:</span>
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			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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF KYLE MULLINS		From: <u>2/26/2019</u> To: <u>3/22/2019</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>

				DATE			AMOUNT
Full Name of Contributor				MO	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 Detailed Summary Page, Section 2.							<b>PAGE TOTAL</b> \$ 0.00



# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF KYLE MULLINS	From <u>2/26/2019</u> To: <u>3/22/2019</u>

DATE				AMOUNT		
To Whom Paid ECKERSLEY AND OSTROWSKI, LLP			MO	DAY	YEAR	\$ 175.00
Mailing Address 434 LACKAWANNA AVE STE 300			3	1	2019	
City SCRANTON	State PA	Zip Code (Plus 4) 185032052	Description of Expenditure PAYMENT FOR FORM 1099 PREPARATION			
To Whom Paid GOOGLE, LLC			MO	DAY	YEAR	\$ 5.30
Mailing Address 1600 AMPHITHEATRE PKWY			3	1	2019	
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure WEB DOMAIN			
To Whom Paid NGP			MO	DAY	YEAR	\$ 150.00
Mailing Address 1447 NEW YORK AVE NW #200			3	4	2019	
City WASHINGTON	State DC	Zip Code (Plus 4) 200052134	Description of Expenditure CAMPAIGN FINANCE REPORTING PROGRAM			
To Whom Paid NGP			MO	DAY	YEAR	\$ 2.50
Mailing Address 1447 NEW YORK AVE NW #200			3	4	2019	
City WASHINGTON	State DC	Zip Code (Plus 4) 200052134	Description of Expenditure ONLINE CONTRIBUTION MERCHANT FEES			
To Whom Paid ANCIENT ORDER OF HIBERNAINS			MO	DAY	YEAR	\$ 350.00
Mailing Address PO BOX 539			3	5	2019	
City WEST CALDWELL	State NJ	Zip Code (Plus 4) 070070539	Description of Expenditure DONATION/EVENT SPONSORSHIP			

<b>To Whom Paid</b> ST. PATRICK'S DAY PARADE ASSOCIATION OF LACKAWANNA COUNTY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 25			3	6	2019	
<b>City</b> SCRANTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 185010025	<b>Description of Expenditure</b> DONATION			

  

<b>To Whom Paid</b> BLAKELY PECKVILLE CRIME WATCH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1439 MAIN ST			3	8	2019	
<b>City</b> PECKVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 184522076	<b>Description of Expenditure</b> DONATION/EVENT SPONSOR			

  

<b>To Whom Paid</b> SOCIETY OF IRISH WOMEN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 48			3	13	2019	
<b>City</b> SCRANTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 185040048	<b>Description of Expenditure</b> DONATION			

  

<b>To Whom Paid</b> SQUARESPACE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 225 VARICK ST FL 12			3	15	2019	
<b>City</b> NEW YORK	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100144383	<b>Description of Expenditure</b> WEBSITE			

  

<b>To Whom Paid</b> VERIZON			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 300 LACKAWANNA AVE #224			3	18	2019	
<b>City</b> SCRANTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 185032001	<b>Description of Expenditure</b> CAMPAIGN PHONE AND INTERNET			

  

<b>To Whom Paid</b> SOCIETY OF IRISH WOMEN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 48			3	19	2019	
<b>City</b> SCRANTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 185040048	<b>Description of Expenditure</b> PROGRAM AD			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 1,789.28

**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

<b>Name of Filing Committee or Candidate</b> FRIENDS OF KYLE MULLINS				<b>Reporting Period</b> From: <u>2/26/2019</u> To: <u>3/22/2019</u>			
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DATE				Outstanding Balance of Debt
<b>Name of Creditor</b> CINDY EGNOTOVICH				\$ 10,000.00
<b>Mailing Address</b> 6920 DOWINGTON DR				
2	28	2018		
<b>City</b> CHARLOTTE	<b>State</b> NC	<b>Zip Code (Plus 4)</b> 282772731	<b>Description of Debt</b> LOAN RECEIVED	
DATE				Outstanding Balance of Debt
<b>Name of Creditor</b> SWEDA ADVERTISING				\$ 4,032.70
<b>Mailing Address</b> 120 N ABINGTON RD				
10	31	2018		
<b>City</b> CLARKS GREEN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 184112541	<b>Description of Debt</b> MARKETING AND MEDIA SERVICES	
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>				<b>PAGE TOTAL</b> \$ 14,032.70