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	70367			Repo			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	late or L	obbyist:	i	FRIE	NDS	OF I	KARA SC	ОТТ									
Street Address:	P.O. BOX 288	33																
City:	BOWMANSTO	WN						State:		Zip Code: 18030								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	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 2019					IG METHO				PAPER		\	DISKE	TTE		
Name of Office S	Sought by Candida	ite:	_					DATE O	F ELE	CTIO	N	District Number	District Office Party Co Number Code					
								мо	DAY	YE	AR		10000	<u> </u>		Code		
								11		5	2019		(SEE IN	STRUCTI	ONS FOR C	ODES)		
	Receipts and	МО	DAY Y	'EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	s from:		11 26	20	019	T	0	12	:	31	2019							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			2,9	900.15							
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule 1	I)	\$				0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			2,9	900.15							
D. Total Expend	ditures (From Sch	edule II	I)				\$			5	22.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			2,3	78.15							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)		\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1				
			,	AFF	IDA'	VI٦	SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. I	f this	s is	a Can	didate re	eport, c	candi	date sig	ın here.						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	filed	on p	aper (or by elect	ronic m	edium	, are to t	he best o	f my knov	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	ort			
	Signatu	ıre					•					Prin	ted Name	9			_	
My Commission Ex	cpires						_					Ema	il					
	МО	D	AY	YR					Arc	ea Cod	le	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	, Ca	ndida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belief	this	politio	cal	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333	s,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-	
	day of —— ————											Printed Name						
	Signature						•										_	
My Commission Exp	ires											Ema						
	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:	11/26/201	<u>9</u> To:	12/31/2019
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) Period	(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

	his Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate				porting				
			From: To:					
		-			DATE			AMOUNT
Full Name of Contributin	ng Committee			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

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 Filling Committee of Candidate				Reporting Period From: To:					
					DATE			AMOUNT	
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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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	me of Filing Committee or Candidate				riod					
			Froi	m:		То:				
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	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	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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 KARA SCOTT	From:	<u>11/26/2019</u> To:	<u>12/31/2019</u>
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 Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or 0	Candidate		Reporti	ng Period			
FRIENDS OF KARA SCOTT			From	11/20	6/2019	То:	12/31/2019
				DATE			AMOUNT
To Whom Paid COMMUNITY OUTREACH ASSO	OCIATION		мо	DAY	YEAR		
Mailing Address 182 S. ST			2	22	2019	\$	300.00
City LEHIGHTON State PA Zip Code (Plus 4) 18235				otion of Exp			ON CENTER
To Whom Paid DUDA				DAY	YEAR		
Mailing Address AUTO WIT	HDRAW		3	20	2019	\$	12.00
City	State	Zip Code (Plus 4)	Descrip WEBSI	otion of Exp	penditure		
To Whom Paid LAURA QUICK	•		МО	DAY	YEAR		
Mailing Address			4	10	2019	\$	210.00
City State Zip Code (Plus 4)				otion of Exp ESSIVE CA			G
							PAGE TOTAL
Enter Grand Total of Expen	iditures on Page 1, Re	eport Cover Page, Item L).			ي ا	F22.00

522.00