

Campaign Finance Report

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

Filer Identification Number : 20170224		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF KYLE MULLINS											
Street Address: PO BOX 72											
City: PECKVILLE					State: PA		Zip Code: 18452				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	112	STH	DEM	35
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		5	19	2020			6	22	2020		
A. Amount Brought Forward From Last Report					\$		20,867.95				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		1,500.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		22,367.95				
D. Total Expenditures (From Schedule III)					\$		405.77				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		21,962.18				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		7,500.00				

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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF KYLE MULLINS	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 300.00

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)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 350.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 350.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 850.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,500.00
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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 Candidate	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

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 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 FRIENDS OF KYLE MULLINS	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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DATE	AMOUNT
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Full Name of Contributor NOELLE LYON-KOVALESKI			MO	DAY	YEAR	\$ 100.00
Mailing Address 18 MANCHESTER DR			6	19	2020	
City WILKES BARRE	State PA	Zip Code (Plus 4) 187027315				

Full Name of Contributor				MO	DAY	YEAR	\$	100.00
PAUL WOELKERS								
Mailing Address				6	19	2020		
916 OLD LOGGER RD		City	MOSCOW				State	PA

Full Name of Contributor				MO	DAY	YEAR	\$	150.00
MICHAEL WYLIE								
Mailing Address				6	19	2020		
205 FAIRVIEW RD								
City		State	Zip Code (Plus 4)					
CLARKS GREEN		PA	184111207					

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

PAGE TOTAL
\$ 350.00

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
FRIENDS OF KYLE MULLINS	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	350.00
GENESIS HEALTHCARE CORP STATE POLITICAL ACTION COMMITTEE								
Mailing Address								
101 E STATE ST				6	19	2020		
City	KENNETT SQUARE	State	Zip Code (Plus 4)					
		PA	193483109					

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

PAGE TOTAL
\$ 350.00

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 FRIENDS OF KYLE MULLINS	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
ZACHARY M. SHAMBERG							
Mailing Address 300 N 24TH ST				6	19	2020	\$ 500.00
City CAMP HILL	State PA	Zip Code (Plus 4) 170113605					
Employer Name THE PENNSYLVANIA HEALTH CARE ASSOCIATION				Occupation PRESIDENT AND CEO			
Employer Mailing Address/Principal Place of Business 315 N 2ND ST			City HARRISBURG	State PA	Zip Code (Plus 4) 171011305		

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

PAGE TOTAL
\$ 500.00

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: To:
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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.

PAGE TOTAL
\$ 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 Period	
FRIENDS OF KYLE MULLINS		From: <u>5/19/2020</u> To: <u>6/22/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF KYLE MULLINS	From <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
NATIONAL ALLIANCE ON MENTAL ILLNESS SCRANTON CHAPTER				
Mailing Address 846 JEFFERSON AVE	5	26	2020	\$ 50.00
City SCRANTON	State PA	Zip Code (Plus 4) 185101032	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
NGP				
Mailing Address 1447 NEW YORK AVE NW # 200	6	1	2020	\$ 2.50
City WASHINGTON	State DC	Zip Code (Plus 4) 208052134	Description of Expenditure ONLINE CONTRIBUTION MERCHANT FEES	
To Whom Paid	MO	DAY	YEAR	
GOOGLE, LLC				
Mailing Address 1600 AMPHITHEATRE PKWY	6	2	2020	\$ 6.36
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure WEB DOMAIN	
To Whom Paid	MO	DAY	YEAR	
AARP CHAPTER 373				
Mailing Address 720 DELAWARE ST	6	18	2020	\$ 50.00
City SCRANTON	State PA	Zip Code (Plus 4) 185091916	Description of Expenditure PROGRAM AD/DONATION	
To Whom Paid	MO	DAY	YEAR	
VERIZON				
Mailing Address 300 LACKAWANNA AVE # 224	6	18	2020	\$ 96.91
City SCRANTON	State PA	Zip Code (Plus 4) 185032001	Description of Expenditure CAMPAIGN PHONE SERVICE	

To Whom Paid SCRANTON MUNICIPAL RECREATION AUTHORITY			MO	DAY	YEAR	
Mailing Address 340 N WASHINGTON AVE			6	19	2020	
City SCRANTON	State PA	Zip Code (Plus 4) 185031546	Description of Expenditure FREE LUNCH PROGRAM DONATION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 405.77

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**

Name of Filing Committee or Candidate FRIENDS OF KYLE MULLINS				Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor CINDY EGNOTOVICH				MO	DAY	YEAR	
Mailing Address 6920 DOWINGTON DR				2	28	2018	\$ 7,500.00
City CHARLOTTE	State NC		Zip Code (Plus 4) 282772731		Description of Debt LOAN RECEIVED		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 7,500.00