Campaign Finance Report

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

Filer Identificat Number :	ion 20	20C0315			Repo Filed		С	ANDI	DATE	✓	CO	OMMITTE		LOBI	BYIST		
Name of Filing	Committee, Cand	lidate or L	obbyist:		FLYNN	I, MAF	RTY									•	
Street Address:																	
City:							Sta	te:				Zip Cod	Zip Code: 18504				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 E PRIM	DAY MARY	F	POST-	3.			AMENDMENT Yes No REPORT?				
(place X to the right of	(place X to the right of 6TH TUESDAY PRE-ELECTION 4. 2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTION						POST-	6. X		TERMINA REPORT?	TION	Yes	Nc	>			
report type)								PAPER		\checkmark	DISKE	TTE					
Name of Office	Sought by Candi	date:					DA	TE O	FELE	СТІО	Ν	District Number	Office Code	Par	ty Code	County Code	
REPRESENTATIVE IN THE GENERAL ASSEMBLY										YE	AR	113	STH	DEN	1	35	
								11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAF			мо)	DAY	YE	AR	FO	R OFFIC	e use	ONLY		
Expenditures	S ITOIII:		10 20	2	020	то		11		23	2020						
A. Amount Bro	ought Forward Fr	om Last F	leport				\$				0.00	_					
B. Total Monet	ary Contribution	s And Red	eipts (Fron	n Sche	dule I)	\$		0.00								
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From So	chedule II	1)				\$				0.00						
E. Ending Cash	n Balance (Subtra	act Line D	From Line	C)			\$				0.00	_					
F. Value Of In-	Kind Contributio	ons Receiv	ed (From S	chedu	le II)		\$				0.00	_					
G. Unpaid Deb	ts And Obligation	ns (From	Schedule I\	/)			\$				0.00						
				AFF	IDAV	IT S	ECT	ION									
PART I - If this i																	
I swear (or affirm correct and compl) that this report, i ete.	ncluding th	e attached so	hedule	s filed o	n pape	er or by	/ elect	ronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and sub	scribed before me t day of	his	20							Si	gnatur	e of Person	Submitt	ng Rep	oort		
		iture				_						Print	ed Name				
My Commission E	xpires											Emai					
	МО	D	AY	YR					Ar	ea Cod	e	Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Com	nittee,	Candi	idate	shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best o ed.	of my knowl	edge and bel	ief this	s politica	al com	mittee	has n	ot viola	ted any	/ provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	
Sworn to and subse	cribed before me th day of	is	20								S	ignature o	f Candida	te			
												Printee	d Name				
My Commission Ex	Signature My Commission Expires											Emai	1				
						_											
	МО	D	ΑΥ	YR	Ł				Area	Code		Da	ytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>10/20/2020</u> **To:** FLYNN, MARTY <u>11/23/2020</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				orting F	Period				
					From: To:				
					DATE			AMOUNT	
Full Name of Contributing Committe	e			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
							Γ	PAGE TOTAL	

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

PAGE 3

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 Candidat	e		Rep Froi	oorting P m:	eriod	тс):			
					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. \$								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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	······	-	,				\$		0.00

I

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	Name of Filing Committee or Candidate			ing Perio	od				
Fr				rom: To:					
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·						•		
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	Section				\$		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 Perio	od	
FLYNN, MARTY	From:	<u>10/20/2020</u> то:	<u>11/23/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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	Name of Filing Committee or Candidate Re						
	From:						
				DATE		АМО	UNT
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 Sched Section 2.	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00

0.00

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

Name of Filing Committee or Cano	lidate				Reporting F	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	l tion		I	
Employer Mailing Address/Principal Place of City State Business				te	Zip 4)	Code(Plus	Descri	ption of	Contribution
		·	<u> </u>						PAGE TOTAL

_ 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From To:						
		DATE			AMOUNT		
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)			Descri	otion of Ex	penditure		
Enter Grand Total of Expenditures					PAGE TOTAL		
	on Page 1, Report C	over Page, Item L				\$	0.00

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