# **Campaign Finance Report**

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

						-	CANDI	DATE	COM	MITTEE		LOB	BYIST		
Filer Identificat Number :	ion 2012	0098			Repor Filed	-	CANDI	DATE	COM	MIIIEE	✓	LODI	51151		
Name of Filing (	Committee, Candid	ate or L	obbyist:		FLYNN,	MAR	TY FRIEN	DS OF							
Street Address:	1520 ORAM S	т													
City:	SCRANTON						State:	PA		Zip Co	<b>(ip Code:</b> 18507				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDAY PRE- PRIMARY				IARY I	POST-	3.	AMENDI REPORT		Yes	No	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY I CTION	5.	TERMIN REPORT		Yes	No	$\checkmark$		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020				NG METH			PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by Candida	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code	
			EMPLY				мо	DAY	YEAR	113	STH	DEN	1	35	
REPRESENTAT.	IVE IN THE GENER	KAL ASS	EMBLY				11	:	3 2020		(SEE INS	STRUCTI	ONS FOR C	ODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		3 27	2	020 <b>1</b>	<b>0</b>	4	1	7 2020	2					
A. Amount Bro	ught Forward From	n Last R	eport			\$	5	1	69,175.38						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	4	\$	500.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	\$	1	69,675.38						
D. Total Expen	ditures (From Sch	edule II	I)			\$	\$		1,000.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		4	\$	10	58,675.38	-					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)	4	\$		0.00	4					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		4	\$ 0.00								
				AFF	IDAVI	IT SI	ECTION								
	s a Committee rep	•	-					• •		-				6	
correct and compl	) that this report, incl ete.	luding the	e attached sc	nedule	s filed on	paper	r or by elect	ronic me	dium, are to	the best o	от ту кпоч	viedge	and belie	er, true	
Sworn to and subs	scribed before me this day of	5	20						Signatur	e of Perso	on Submitt	ing Rep	oort		
	Signatu	re				_				Prir	nted Name	1			
My Commission E	xpires									Ema	ail				
	мо	D	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee, G	Candio	date shall	sign hei	re.						
I swear (or affirm) No 320) as amend	) that to the best of n ed.	ny knowle	edge and beli	ef this	olitical	com	nittee has n	ot violate	ed any provis	sions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subse	cribed before me this day of		20						S	Signature	of Candida	ate			
						_				Printe	ed Name				
My Commission For	Signature					-				Ema	ail				
My Commission Exp						_									
	мо	D	AY	YR	1			Area C	ode	D	aytime Te	elephon	e Numb	er	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FLYNN, MARTY FRIENDS OF From: <u>3/27/2020</u> To: <u>4/17/2020</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)** 500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 500.00 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 \$ 500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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					
Fro				From: To:				
					DATE			AMOUNT
Full Name of Contributing Committee				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.

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	orting P	eriod				
From: To						):			
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00	

### PAGE 5

# 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						
FLYNN, MARTY FRIENDS OF				<u>3/2</u>	<u>7/2020</u>	<u>4/</u>	<u>4/17/2020</u>			
					TE		АМ	IOUNT		
Full Name of Contributing Committee DENTONS COHEN AND GRIGSBY PA				мо	DAY	YEAR				
Mailing Address 625 LIBERTY AVE	Ē						\$	500.00		
City PITTSBURGH	<b>State</b> PA	<b>Zip Cod</b> 15222-	<b>e (Plus 4)</b> 3152	3	27	2020				
						Γ		PAGE TOTAL		
Enter Grand Total of Part C on Sc	hedule I, Detai	iled Summary Pa	age, Sectio	n 3.			\$	500.00		

## 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		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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			Report	ting Perio	od				
						То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	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 Period		
FLYNN, MARTY FRIENDS OF	From:	<u>3/27/2020</u> <b>То:</b>	<u>4/17/2020</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 PAR	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 R			Reporting Period					
	From:			То:				
				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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
					From: To:					
					DATE A					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
FLYNN, MARTY FRIENDS OF	From	<u>3/2</u>	То:	<u>4/17/2020</u>							
		DATE			AMOUNT						
<b>To Whom Paid</b> Mendola & Associates				DAY	YEAR						
Mailing Address 1109 Taylor Ave			4	3	2020	\$	1,000.00				
CityDunmoreStateZip Code (Plus 4)PA18510				Description of Expenditure Olive St.							
							PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	lover Page, Item L	).			\$	1,000.00				