

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 : 20120098 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | | |
| Name of Filing Committee, Candidate or Lobbyist: FLYNN, MARTY FRIENDS OF | | | | | | | | | | | |
| Street Address: 1520 ORAM ST | | | | | | | | | | | |
| City: SCRANTON | | | | | State: PA | | Zip Code: 18507 | | | | |
| 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. | AMENDMENT REPORT? | Yes | No <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. X | 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 | 113 | 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 | | |
| | | 10 | 20 | 2020 | | 11 | 23 | 2020 | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ | | 177,873.82 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ | | 20,530.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ | | 198,403.82 | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ | | 23,850.00 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ | | 174,553.82 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | \$ | | 1,700.00 | | | | |

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 |
| FLYNN, MARTY FRIENDS OF | From: <u>10/20/2020</u> To: <u>11/23/2020</u> |

| | |
|--|-------------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 1,580.00 |

| | |
|--|-------------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 350.00 |
| All Other Contributions (Part B) | \$ 2,400.00 |
| TOTAL for the Reporting Period (2) | \$ 2,750.00 |

| | |
|---|--------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 8,700.00 |
| All Other Contributions (Part D) | \$ 7,500.00 |
| TOTAL for the Reporting Period (3) | \$ 16,200.00 |

| | |
|--|---------|
| 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.) | \$ 20,530.00 |
|---|--------------|

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 FLYNN, MARTY FRIENDS OF | Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u> | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table> | | DATE | AMOUNT |
| DATE | AMOUNT | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee Lackawanna County Federation of Democratic Women | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address PO Box 1282 | | | 10 | 27 | 2020 | |
| City Scranton | State PA | Zip Code (Plus 4) 18501 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee Archbald Borough Dem Com | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 273 S. Main St | | | 11 | 2 | 2020 | |
| City Archbald | State PA | Zip Code (Plus 4) 18403 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 350.00 |

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 FLYNN, MARTY FRIENDS OF | Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u> |
|---|--|

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | | | | |
|---|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor Milan Smolko | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 144 Sumner Ave | | | | 10 | 26 | 2020 | |
| City Clarks Summit | State PA | Zip Code (Plus 4) 18411 | | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$150.00 |
|--------------------------|----------|-------------------|----|-----|------|----------|
| Robert James Casey | | | | | | |
| Mailing Address | | | 10 | 26 | 2020 | |
| 1500 Froud Ave | | | | | | |
| City | Scranton | State | | | | |
| | | PA | | | | |
| | | Zip Code (Plus 4) | | | | |
| | | 18505 | | | | |

| | | | | | | | |
|--|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor Patrick Doherty | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 5 Trinity Place | | | | 10 | 27 | 2020 | |
| City Clarks Summit | State PA | Zip Code (Plus 4) 18411 | | | | | |

| | | | | | | | |
|-----------------------------------|----------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 100.00 |
| Robert Thomas | | | | | | | |
| Mailing Address 1328 Schlauger St | | | | 11 | 2 | 2020 | |
| City | Scranton | State | Zip Code (Plus 4) | | | | |
| | | PA | 18504 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$100.00 |
|--------------------------|----------|-------|----|-------------------|-------|------|----------|
| James J hughes | | | | | | | |
| Mailing Address | | | | 11 | 2 | 2020 | |
| 1724 Wayne Ave | | | | | | | |
| City | Scranton | State | PA | Zip Code (Plus 4) | 18508 | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor Atty. John T Mclane | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1208 Schlager St | | | 11 | 2 | 2020 | |
| City Scranton | State PA | Zip Code (Plus 4) 18504 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor John Michaely | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 2124 Durkin Ave | | | 11 | 4 | 2020 | |
| City Scranton | State PA | Zip Code (Plus 4) 18508 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor William P Cadden Jr. | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 28 Fawnwood Dr | | | 11 | 4 | 2020 | |
| City Scranton | State PA | Zip Code (Plus 4) 18504 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor James J. Buckley | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 821 N. Rebecca Ave | | | 11 | 4 | 2020 | |
| City Scranton | State PA | Zip Code (Plus 4) 18504 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor Daniel Santasiero | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 306 3rd Ave | | | 11 | 4 | 2020 | |
| City Scranton | State PA | Zip Code (Plus 4) 18505 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor JS Palumbo | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1007 Columbia St | | | 11 | 4 | 2020 | |
| City Scranton | State PA | Zip Code (Plus 4) 18509 | | | | |

| | | | | | | |
|---------------------------------|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 250.00 |
| Alex Hazzouri | | | | | | |
| Mailing Address 919 Electric St | | | 11 | 4 | 2020 | |
| City Scranton | State PA | Zip Code (Plus 4) 18509 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$ 200.00 |
|--------------------------|---------|-------------------|----|-----|------|-----------|
| Gerald Jones | | | | | | |
| Mailing Address | | | 11 | 4 | 2020 | |
| 1510 Quincy Ave | | | | | | |
| City | Dunmore | State | | | | |
| | | PA | | | | |
| | | Zip Code (Plus 4) | | | | |
| | | 18509 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 100.00 |
|--------------------------|-------|-------------------|--|----|-----|------|-----------|
| Joseph R. Haggerty | | | | | | | |
| Mailing Address | | | | 11 | 6 | 2020 | |
| 540 N. Garfield Ave | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| Scranton | PA | 18504 | | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$ 100.00 |
|--------------------------|-------|-------------------|----|-----|------|-----------|
| Gene J. Pasarella | | | | | | |
| Mailing Address | | | 11 | 10 | 2020 | |
| 1315 Jackson St | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Scranton | PA | 18504 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 250.00 |
|--------------------------|---------------|-------|----|-------------------|-------|------|-----------|
| David J. Rinaldi | | | | | | | |
| Mailing Address | | | | 11 | 17 | 2020 | |
| 404 Fairfield Rd | | | | | | | |
| City | Clarks Summit | State | PA | Zip Code (Plus 4) | 18411 | | |

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

PAGE TOTAL

\$ 2,400.00

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 |
| FLYNN, MARTY FRIENDS OF | From: <u>10/20/2020</u> To: <u>11/23/2020</u> |

| | | | | DATE | | AMOUNT | |
|--|----------|-----------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee UNITEDHEALTH GROUP INC PAC OF PA | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 701 PENNSYLVANIA AVE, N.W. | | | | 10 | 27 | 2020 | |
| City WASHINGTON | State DC | Zip Code (Plus 4) 200040000 | | | | | |
| Full Name of Contributing Committee GREATER PA CARPENTERS PEC | | | | MO | DAY | YEAR | \$ 2,000.00 |
| Mailing Address 1803 SPRING GARDEN STREET | | | | 10 | 27 | 2020 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19130 | | | | | |
| Full Name of Contributing Committee PAMIC PAC | | | | MO | DAY | YEAR | \$ 400.00 |
| Mailing Address 1017 MUMMA RD STE 103 | | | | 10 | 27 | 2020 | |
| City WORMLEYSBURG | State PA | Zip Code (Plus 4) 170430000 | | | | | |
| Full Name of Contributing Committee PASNAP - PA ASSN STAFF NURSES/ALLIED PROFS | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 2TWR, 1FAYETTE STREET,STE475 | | | | 10 | 27 | 2020 | |
| City CONSHOHOCKEN | State PA | Zip Code (Plus 4) 194280000 | | | | | |
| Full Name of Contributing Committee MARATHON PETROLEUM CORPORATION EMPLOYEES PAC (MPAC) | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 539 S MAIN ST | | | | 10 | 27 | 2020 | |
| City FINDLAY | State OH | Zip Code (Plus 4) 45840 | | | | | |

| | | | | | | |
|--|----------|------------------------------|----|-----|------|-------------|
| Full Name of Contributing Committee ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 400 W 15TH ST, STE 720 | | | 11 | 2 | 2020 | |
| City AUSTIN | State TX | Zip Code (Plus 4) 78701-1661 | | | | |
| Full Name of Contributing Committee TROOPER ASSN PAC (TAP) | | | MO | DAY | YEAR | \$ 700.00 |
| Mailing Address 3625 VARTAN WAY | | | 11 | 16 | 2020 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17110-9439 | | | | |
| Full Name of Contributing Committee Z PAC (PA ANESTHESIOLOGISTS PAC) | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 50 S PROVIDENCE RD | | | 11 | 16 | 2020 | |
| City MEDIA | State PA | Zip Code (Plus 4) 19063 | | | | |
| Full Name of Contributing Committee PSEA-PACE FOR STATE ELECTIONS | | | MO | DAY | YEAR | \$ 600.00 |
| Mailing Address 400 N THIRD ST | | | 11 | 16 | 2020 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17105-1724 | | | | |
| Full Name of Contributing Committee PAW PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 800 West Hersheypark Dr | | | 11 | 16 | 2020 | |
| City Hershey | State PA | Zip Code (Plus 4) 17033 | | | | |
| Full Name of Contributing Committee ERIE INSURANCE PAC | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 100 ERIE INSURANCE PLAZA | | | 11 | 23 | 2020 | |
| City ERIE | State PA | Zip Code (Plus 4) 16530-0000 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 8,700.00 |

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 FLYNN, MARTY FRIENDS OF | Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u> |
|---|--|

| | | | | DATE | | | AMOUNT |
|--|-----------------|--------------------------------|-------------------------|---------------------------|--------------------|-----------------------------------|-------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| Diana S. Gilchrist | | | | 11 | 23 | 2020 | \$ 2,000.00 |
| Mailing Address 808-810 Main St | | | | | | | |
| City Moosic | State PA | Zip Code (Plus 4) 18507 | | | | | |
| Employer Name Retired | | | | Occupation Retired | | | |
| Employer Mailing Address/Principal Place of Business 88-810 Main St | | | City Moosic | | State PA | Zip Code (Plus 4) 18507 | |
| Lawrence J. Moran Jr. | | | | 11 | 17 | 2020 | \$ 1,000.00 |
| Mailing Address 116 N. Washington Ave | | | | | | | |
| City Scranton | State PA | Zip Code (Plus 4) 18503 | | | | | |
| Employer Name Self Employed | | | | Occupation Lawyer | | | |
| Employer Mailing Address/Principal Place of Business 116 N. Washington Ave | | | City Scranton | | State PA | Zip Code (Plus 4) 18503 | |
| James Corbett | | | | 11 | 17 | 2020 | \$ 500.00 |
| Mailing Address 402 Sanders St | | | | | | | |
| City Scranton | State PA | Zip Code (Plus 4) 18505 | | | | | |
| Employer Name Unknown | | | | Occupation Unknown | | | |
| Employer Mailing Address/Principal Place of Business 402 Sanders St | | | City Scranton | | State PA | Zip Code (Plus 4) 18505 | |

| | | | | | | |
|---|--------------------|-----------------------------------|------------------------------|-----------------------------------|-------------|-------------|
| Full Name of Contributor Thomas DePietro | | | MO | DAY | YEAR | \$ 4,000.00 |
| Mailing Address 104 E. Warren St | | | 11 | 6 | 2020 | |
| City Dunmore | State PA | Zip Code (Plus 4) 18512 | | | | |
| Employer Name DePietro's Pharmacy | | | Occupation Pharmacist | | | |
| Employer Mailing Address/Principal Place of Business 104 E. Warren St | | City Dunmore | State PA | Zip Code (Plus 4) 18512 | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 7,500.00 |

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 |
| | <div style="display: flex; justify-content: space-between;"> From: To: </div> |

| | | | 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 | |
| FLYNN, MARTY FRIENDS OF | | From: <u>10/20/2020</u> To: <u>11/23/2020</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 RECEIVED - 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: |
|---------------------------------------|--|

| | | | 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 III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| FLYNN, MARTY FRIENDS OF | From <u>10/20/2020</u> To: <u>11/23/2020</u> |

| DATE | | | | AMOUNT | | |
|--|----------|-------------------------|---|--------|------|-------------|
| To Whom Paid Lackawanna County Democratic Committee | | | MO | DAY | YEAR | \$ 3,900.00 |
| Mailing Address P.O. Box 441 | | | 10 | 27 | 2020 | |
| City Olyphant | State PA | Zip Code (Plus 4) 18447 | Description of Expenditure Contribution | | | |
| To Whom Paid Friends of Nina Ahmed | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address P.O. Box 40601 | | | 10 | 27 | 2020 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19107 | Description of Expenditure Campaign Contribution | | | |
| To Whom Paid House Democratic Campaign Committee | | | MO | DAY | YEAR | \$ 8,500.00 |
| Mailing Address PO Box 555 | | | 10 | 28 | 2020 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Contribution | | | |
| To Whom Paid Citizens for Mullery | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 496 N. Main St | | | 10 | 29 | 2020 | |
| City Archbald | State PA | Zip Code (Plus 4) 18403 | Description of Expenditure Campaign Contribution | | | |
| To Whom Paid Elmhurst Country Club | | | MO | DAY | YEAR | \$ 9,600.00 |
| Mailing Address 319 Gardner Rd | | | 11 | 9 | 2020 | |
| City Elmhurst | State PA | Zip Code (Plus 4) 18444 | Description of Expenditure Golf Tournament | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|-----------------------------------|
| To Whom Paid Elmhurst Country Club | | | MO | DAY | YEAR | |
| Mailing Address 319 Gardner Rd | | | 11 | 9 | 2020 | |
| City Elmhurst | State PA | Zip Code (Plus 4) 18444 | Description of Expenditure Golf Tournament | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 23,850.00 |

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 FLYNN, MARTY FRIENDS OF | | | | Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u> | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td align="center" style="width: 15%;">DATE</td> <td align="center" style="width: 25%;">Outstanding Balance of Debt</td> </tr> </table> | | | | | | | | DATE | Outstanding Balance of Debt |
| | DATE | Outstanding Balance of Debt | | | | | | | |
| Name of Creditor marty flynn | | | | MO | DAY | YEAR | \$ 1,700.00 | | |
| Mailing Address 1520 Oram Street | | | | 11 | 23 | 2020 | | | |
| City Scranton | | State PA | | Zip Code (Plus 4) 18504 | | Description of Debt Loan From Candidate | | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | PAGE TOTAL \$ 1,700.00 | | |