

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 :		2006317		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: CONKLIN, SCOTT FRIENDS OF												
Street Address: 339 KEPP RD												
City: PHILIPSBURG						State: PA			Zip Code: 16866-0000			
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	77	STH	DEM	14
						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						\$		14,502.82				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		10,000.00				
C. Total Funds Available (Sum Of Lines A and B)						\$		24,502.82				
D. Total Expenditures (From Schedule III)						\$		3,818.13				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		20,684.69				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		0.00				

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
CONKLIN, SCOTT 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)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 1,000.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 1,000.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 9,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 9,000.00

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.)	\$ 10,000.00
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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 CONKLIN, SCOTT 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 PA STATE LODGE OF FRATERNAL ORDER OF POLICE PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 898			10	23	2020	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				

Full Name of Contributing Committee TRIAD STRATEGIES PA PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 300 N 2ND ST, STE 600			10	23	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1800 CENTER ST			10	28	2020	
City CAMP HILL	State PA	Zip Code (Plus 4) 17089-0000				

Full Name of Contributing Committee CRISCI ASSOC PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 204 STATE ST			10	28	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 171010000				

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

PAGE TOTAL
\$ 1,000.00

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
CONKLIN, SCOTT FRIENDS OF	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,000.00
THE DT PAC				10	23	2020	
Mailing Address 909 Green Street							
City Harrisburg	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
SEIU HEALTHCARE PA COPE				10	23	2020	
Mailing Address 1500 N 2ND ST, STE 12							
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
BALLARD SPAHR PAC				10	28	2020	
Mailing Address 1735 MARKET ST, 51ST FL							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,500.00
FEDEX CORPORATION POLITICAL ACTION COMMITTEE (FEDEXPAC)				10	31	2020	
Mailing Address 942 SOUTH SHADY GROVE ROAD							
City MEMPHIS	State TN	Zip Code (Plus 4) 38120-0000					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
AFSCME COUNCIL 13 POL & LEG ACCT				10	23	2020	
Mailing Address 4031 EXECUTIVE PARK DRIVE							
City HARRISBURG	State PA	Zip Code (Plus 4) 17111-1507					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
IPAL (IRONWORKERS POL ACTION LEAGUE)				10	23	2020	
Mailing Address 981 N PEIFERS LANE							
City HARRISBURG	State PA	Zip Code (Plus 4) 171090000					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
TROOPER ASSN PAC (TAP)			10	23	2020	
Mailing Address 3625 VARTAN WAY						
City HARRISBURG	State PA	Zip Code (Plus 4) 17110-9439				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
POLITICAL LABOR ACTION NOW (PLAN)						
Mailing Address 904 N 2ND ST			10	28	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102-3119				

Full Name of Contributing Committee			MO	DAY	YEAR	\$500.00
IRONWORKERS POL ACTION LEAGUE-DC						
Mailing Address 1750 N.Y. AVE,NW STE 400			11	2	2020	
City WASHINGTON	State DC	Zip Code (Plus 4) 200060000				

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

PAGE TOTAL
\$ 9,000.00

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: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)	

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

PAGE TOTAL	
\$	0.00

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	
CONKLIN, SCOTT 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 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:

				DATE		AMOUNT	
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
CONKLIN, SCOTT FRIENDS OF	From <u>10/20/2020</u> To: <u>11/23/2020</u>

			DATE	AMOUNT		
To Whom Paid CPEC LLC			MO	DAY	YEAR	\$ 3,000.00
Mailing Address 4903 Wyoming Ave.			10	23	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17109	Description of Expenditure Consulting			
To Whom Paid CPEC LLC			MO	DAY	YEAR	\$ 500.00
Mailing Address 4903 Wyoming Ave.			11	2	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17109	Description of Expenditure Consulting			
To Whom Paid Philipsburg Journal			MO	DAY	YEAR	\$ 216.00
Mailing Address 216 E. Presqueisle St.			11	2	2020	
City Philipsburg	State PA	Zip Code (Plus 4) 16866	Description of Expenditure Advertising			
To Whom Paid ActBlue			MO	DAY	YEAR	\$ 2.13
Mailing Address PO Bov 441146			11	10	2020	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure Banking/Transaction Fees			
To Whom Paid PA Federation of Democratic Women			MO	DAY	YEAR	\$ 100.00
Mailing Address 7510 Briar Rd.			10	23	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19138	Description of Expenditure Donation			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3,818.13

