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	20063	317			Repor Filed		CANDI	DATE	СОМ	MITTEE	\checkmark	LOBI	BYIST	
Name of Filing O	Committee	e, Candida	ate or L	obbyist:		CONKL	IN, SO	COTT FRI	ENDS O	F					
Street Address:	339 I	KEPP RD													
City:	PHILI	IPSBURG						State:	PA		Zip Co	de: 16	866-0	000	
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST-	POST- 3.		MENT ?	Yes	No	· 🗸
(place X to the right of	6TH TUES PRE-ELEC		4.					AY I TION	POST-	5.	TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL	REPORT	7. X	Year 2020				NG METHO CHECK O			PAPER		\checkmark	DISK	TTE
Name of Office S	- Sought by	Candidat	te:			!		DATE O	OF ELEC	TION	District Number		Par	ty Code	County Code
				EMDLV				мо	DAY	YEAR	77	STH	DEN	1	14
REPRESENTAT	REPRESENTATIVE IN THE GENERAL ASSEMBLY							11	:	3 2020		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	2		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditures	s from:			11 24	2	020	ГО	12	3	1 2020)				
A. Amount Bro	ught Forv	vard From	n Last R	eport			\$;		20,684.69					
B. Total Monet	ary Contri	ibutions A	And Rec	eipts (Fron	1 Sche	edule I)	\$	\$ 250.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$	5		20,934.69					
D. Total Expen	ditures (F	rom Sche	edule II	1)			\$	5		1,815.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)		4	5		19,119.69					
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From S	chedu	le II)	\$	\$ 0.00							
G. Unpaid Deb	ts And Ob	ligations	(From S	Schedule IV	()		\$	5		0.00					
					AFF	IDAV	it se	CTION							
PART I - If this i	s a Comm	ittee repo	ort, trea	surer sign	here.	If this i	s a Ca	ndidate ro	eport, ca	andidate si	gn here.				
I swear (or affirm correct and compl		report, inclu	uding the	e attached sc	hedule	s filed on	paper	or by elect	ronic me	dium, are to	the best o	of my knov	vledge	and bel	ief , true
Sworn to and subs	scribed befo day of	ore me this		20						Signatur	e of Perso	on Submitt	ing Rep	oort	
							_				Priı	nted Name			
My Commission E	xpires	Signatur	re								Ema	ail			
		мо	D	AY	YR		_		Area	a Code		ne Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nittee, (Candio	late shall	sign hei	re.					
I swear (or affirm) No 320) as amend) that to th								-		sions of th	ne act of Ju	ine 3,1	937 (P.I	L. 1333,
Sworn to and subso	cribed befo	re me this									Signature	of Candida	ite		
	day of						_				Duint	ed Name			
		Signature					_				Print	eu Marne			
My Commission Exp		Signatur e									Ema	ail			
	_	мо	D	AY	YR	Ł	_		Area C	ode	C	aytime Te	elephon	ne Numt	ber

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CONKLIN, SCOTT FRIENDS OF From: <u>11/24/2020</u> **To:** 12/31/2020 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) \$ 250.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 250.00 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 \$ 250.00 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 Re				Reporting Period						
CONKLIN, SCOTT FRIENDS OF Fro				:	<u>11/24/20</u>	:	<u>12/31/2020</u>			
					DATE			AMOUNT		
Full Name of Contributing Committee CAPITAL BLUE PAC			м	10	DAY	YEAR				
Mailing Address PO BOX 60710)						\$	250.00		
City HARRISBURG	State PA	Zip Code (Plus 17106-0710	4)	12	21	2020				
							Г	PAGE TOTAL		

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

250.00

\$

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			orting P	eriod				
			Fro	m:		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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Candidate			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		АМС	DUNT
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 Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	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 Candidat	Name of Filing Committee or Candidate			ing Perio	od				
From:				m: To:					
				D	ATE			AMOUN ⁻	г
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						-	\$	0.00
City	State	Zip Code (Plus 4)						
Receipt Description									
Enter Grand Total of Part E on Sche	dule T. Detailed !	Summary Page	Section	4				PAGE TO	TAL
							\$		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	d	
CONKLIN, SCOTT FRIENDS OF	From:	<u>11/24/2020</u> то:	<u>12/31/2020</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	「 F)		
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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ro			Reporting Period					
	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 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				Rej	oorting P	eriod				
					Fro	From: To:				
							DATE			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			State		Zip 4)	Code(Plus	Descri	ption of	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	1		Reporti	ng Period			
CONKLIN, SCOTT FRIENDS OF			From	<u>11/2</u> 4	<u>4/2020</u>	То:	<u>12/31/2020</u>
				DATE			AMOUNT
To Whom Paid Hometown Sports			мо	DAY	YEAR		
Mailing Address 469 Plum Street			12	30	2020	\$	215.00
CityBellefonteStateZip Code (Plus 4)PA16823				sing	benditure	1	
To Whom Paid Tor McCartney	мо	DAY	YEAR				
Mailing Address 72 Back Street	12	21	2020	\$	1,000.00		
CityOrvistonStateZip Code (Plus 4)PA16864				otion of Exp ting	benditure		
To Whom Paid Diane Gregg			мо	DAY	YEAR		
Mailing Address 148 Rock Hill Road			12	21	2020	\$	500.00
City Centre Hall	State PA	Zip Code (Plus 4) 16828		ign Expens			
To Whom Paid PAFDW			мо	DAY	YEAR		
Mailing Address 7510 Briar Rd.			12	23	2020	\$	100.00
CityPhiladelphiaStateZip Code (Plus 4)PA19138			Descrip Donatio	otion of Exp	oenditure	1	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D).			\$	PAGE TOTAL 1,815.00