

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: FRIENDS OF MARTY FLYNN											
Street Address: PO BOX 91											
City: SCRANTON			State: PA	Zip Code: 18504							
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2021	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	
				MO	DAY	YEAR	DEM				
				5	18	2021	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	4	2021	TO	5	28	2021			
A. Amount Brought Forward From Last Report				\$		61,152.65					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		276,709.63					
C. Total Funds Available (Sum Of Lines A and B)				\$		337,862.28					
D. Total Expenditures (From Schedule III)				\$		248,906.51					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		88,955.77					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		75,595.47					
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF MARTY FLYNN	From: <u>5/4/2021</u> To: <u>5/28/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 35.72

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
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
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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.)	\$ 35.72
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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	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor					\$	0.00
Mailing Address	MO	DAY	YEAR			
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 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: To:

	DATE			AMOUNT			
Full Name of Contributing Committee	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">City</td> <td style="width: 20%; padding: 5px;">State</td> <td style="width: 50%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
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 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	
Mailing Address				\$ 0.00
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: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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 FRIENDS OF MARTY FLYNN	Reporting Period From: <u>5/4/2021</u> To: <u>5/28/2021</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)	\$ 75,559.75
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.)	\$ 75,559.75

**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	
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 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 FRIENDS OF MARTY FLYNN	Reporting Period From: <u>5/4/2021</u> To: <u>5/28/2021</u>
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				DATE	AMOUNT		
Full Name of Contributor DLCC				MO	DAY	YEAR	\$ 252.40
Mailing Address 1225 EYE ST. NW				5	18	2021	
City WASHINGTON	State DC	Zip Code(Plus 4) 20005					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution STAFF TIME	

Full Name of Contributor DLCC				MO	DAY	YEAR	\$ 252.40
Mailing Address 1225 EYE ST. NW				5	17	2021	
City WASHINGTON	State DC	Zip Code(Plus 4) 20005					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution STAFF TIME	

Full Name of Contributor DLCC				MO	DAY	YEAR	\$ 252.40
Mailing Address 1225 EYE ST. NW				5	16	2021	
City WASHINGTON	State DC	Zip Code(Plus 4) 20005					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution STAFF TIME	

Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY				MO	DAY	YEAR	\$ 16,607.33
Mailing Address 229 STATE STREET				5	6	2021	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution DESIGN/PRODUCTION/MALL HOUSE/POSTAGE	

Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY				MO	DAY	YEAR	\$ 16,607.33
Mailing Address 229 STATE STREET				5	6	2021	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution DESIGN/PRODUCTION/MALL HOUSE/POSTAGE	

Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY				MO	DAY	YEAR	\$ 19,613.49
Mailing Address 229 STATE STREET				5	5	2021	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution DESIGN/PRODUCTION/MALL HOUSE/POSTAGE	

Full Name of Contributor FRIENDS OF BRIDGET KOSIEROWSKI				MO	DAY	YEAR	\$ 2,310.80
Mailing Address PO BOX 38				5	17	2021	
City CLARKS SUMMIT	State PA	Zip Code(Plus 4) 18411					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution EVENT CATERING	

Full Name of Contributor PA SEIU STATE COUNCIL				MO	DAY	YEAR	\$ 611.06
Mailing Address 1500 NORTH 2ND STREET SUITE 11				5	27	2021	
City HARRISBURG	State PA	Zip Code(Plus 4) 17102					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution STAFF TIME	

Full Name of Contributor PA SEIU STATE COUNCIL				MO	DAY	YEAR	\$ 933.14
Mailing Address 1500 NORTH 2ND STREET SUITE 11				5	20	2021	
City HARRISBURG	State PA	Zip Code(Plus 4) 17102					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution STAFF TIME	

Full Name of Contributor PA SEIU STATE COUNCIL				MO	DAY	YEAR	\$ 953.40
Mailing Address 1500 NORTH 2ND STREET SUITE 11				5	13	2021	
City HARRISBURG	State PA	Zip Code(Plus 4) 17102					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution STAFF TIME	

Full Name of Contributor KEVIN FOLEY				MO	DAY	YEAR	\$ 2,166.00
Mailing Address 513 CLARK AVENUE				5	11	2021	
City CLARKS SUMMIT	State PA	Zip Code(Plus 4) 18411					
Employer of Contributor FOLEY LAW FIRM				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 538 SPRUCE STREET SUITE 200			City SCRANTON	State PA	Zip Code(Plus 4) 18503	Description of Contribution BILLBOARD	

Full Name of Contributor SENATE DEMOCRATIC CAMPAIGN COMMITTEE				MO	DAY	YEAR	\$ 5,000.00
Mailing Address PO BOX 59358				5	17	2021	
City PHILADELPHIA	State PA	Zip Code(Plus 4) 19102					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution DIGITAL ADVERTISING	

Full Name of Contributor SENATE DEMOCRATIC CAMPAIGN COMMITTEE				MO	DAY	YEAR	\$ 10,000.00
Mailing Address PO BOX 59358				5	7	2021	
City PHILADELPHIA	State PA	Zip Code(Plus 4) 19102					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution DIGITAL ADVERTISING	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 75,559.75
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**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate FRIENDS OF MARTY FLYNN	Reporting Period From <u>5/4/2021</u> To: <u>5/28/2021</u>
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			DATE	AMOUNT		
To Whom Paid CINDY			MO	DAY	YEAR	
Mailing Address			5	27	2021	\$ 150.00
City	State	Zip Code (Plus 4)	Description of Expenditure POLL WORKER			
To Whom Paid ANN BROKENSHIRE			MO	DAY	YEAR	
Mailing Address			5	27	2021	\$ 84.00
City	State	Zip Code (Plus 4)	Description of Expenditure POLL WORKER			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL	\$ 234.00

