

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	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 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			
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	19	2021	TO	11	22	2021		
A. Amount Brought Forward From Last Report			\$			187,234.89				
B. Total Monetary Contributions And Receipts (From Schedule I)			\$			16,287.50				
C. Total Funds Available (Sum Of Lines A and B)			\$			203,522.39				
D. Total Expenditures (From Schedule III)			\$			6,988.61				
E. Ending Cash Balance (Subtract Line D From Line C)			\$			196,533.78				
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
 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>10/19/2021</u> To: <u>11/22/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 37.50

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)	\$ 250.00
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)	\$ 7,500.00
All Other Contributions (Part D)	\$ 8,500.00
TOTAL for the Reporting Period (3)	\$ 16,000.00

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.)	\$ 16,287.50
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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

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

PAGE TOTAL	
\$	7,500.00

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 FRIENDS OF MARTY FLYNN	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
DAVID J. MONLE VERDE					
Mailing Address 158 BERKELEY STREET	11	16	2021	\$	500.00
City ROCHESTER State NY Zip Code (Plus 4) 14607					
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)	

Full Name of Contributor	MO	DAY	YEAR		
WILLIAM F. MEDICO III					
Mailing Address 150 FREEDOM RIDER TRL.	11	16	2021	\$	1,000.00
City GLEN MILLS State PA Zip Code (Plus 4) 19342					
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)	

Full Name of Contributor	MO	DAY	YEAR		
LOUIS EVANS					
Mailing Address 113 TERRACE DRIVE	11	16	2021	\$	1,000.00
City ROARING BROOK TWP State PA Zip Code (Plus 4) 18444					
Employer Name COMMONWEALTH ENERGY GROUP			Occupation CEO		
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)	
1031 REEVES ST.		DUNMORE	PA	18512	

Full Name of Contributor SAMUEL A. FALCONE JR. ESQ.				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 900 RUTTER AVE. BOX 24				11	4	2021	
City FORTY FORT	State PA	Zip Code (Plus 4) 18704					
Employer Name SAPORITO FALCONE & WATT				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 48 S. MAIN ST.SUITE 300			City PITTSTON		State PA	Zip Code (Plus 4) 18640	

Full Name of Contributor CHARLES J. PASSERI				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2801 STAFFORD AVENUE				11	4	2021	
City SCRANTON	State PA	Zip Code (Plus 4) 18505					
Employer Name FALCON PROPANE LLC				Occupation PRINCIPAL			
Employer Mailing Address/Principal Place of Business 309 MAIN ST.			City OLYPHANT		State PA	Zip Code (Plus 4) 18447	

Full Name of Contributor EMMETT PAUL MANCINELLI				MO	DAY	YEAR	\$ 500.00
Mailing Address 103 LONGFELLOW CLOSE				11	4	2021	
City MOOSIC	State PA	Zip Code (Plus 4) 18507					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor SCOTT P. ALLEN				MO	DAY	YEAR	\$ 500.00
Mailing Address 2427 RANSOM ROAD				11	4	2021	
City CLARKS SUMMIT	State PA	Zip Code (Plus 4) 18411					
Employer Name SDA ARCHITECTS P.C.				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 2427 RANSOM RD.			City CLARKS SUMMIT		State PA	Zip Code (Plus 4) 18411	

Full Name of Contributor WILLIAM GILCHRIST JR.			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 21 ALPINE DRIVE			11	4	2021	
City MOOSIC	State PA	Zip Code (Plus 4) 18507				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor CHRISTOPHER GILCHRIST			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 164 S. HIGHLAND DRIVE			11	4	2021	
City JENKINS TWP	State PA	Zip Code (Plus 4) 18640				
Employer Name SELF-EMPLOYED			Occupation BUSINESSMAN			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor JAMES VALVANO			MO	DAY	YEAR	\$ 500.00
Mailing Address 347 REAR MAIN STREET			11	4	2021	
City DICKSON CITY	State PA	Zip Code (Plus 4) 18519				
Employer Name TSE INC.			Occupation OWNER			
Employer Mailing Address/Principal Place of Business 1025 HICKORY ST.		City SCRANTON	State PA	Zip Code (Plus 4) 18505		

Full Name of Contributor ERIC PUSEY			MO	DAY	YEAR	\$ 500.00
Mailing Address 613 NEW STREET			10	21	2021	
City OLYPHANT	State PA	Zip Code (Plus 4) 18447				
Employer Name MEDICAP PHARMACY			Occupation PHARMACIST/OWNER			
Employer Mailing Address/Principal Place of Business 518 BURKE BYPASS		City OLYPHANT	State PA	Zip Code (Plus 4) 18447		

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

PAGE TOTAL	
\$	8,500.00

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
	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>10/19/2021</u> To: <u>11/22/2021</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)	\$ 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	
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	Reporting Period
	From: To:

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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
FRIENDS OF MARTY FLYNN	From <u>10/19/2021</u> To: <u>11/22/2021</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
LUIGI'S PIZZA	10	24	2021	\$ 235.32
Mailing Address 302 LACKAWANNA AVENUE				
City OLYPHANT				
State PA				
Zip Code (Plus 4) 18447				
Description of Expenditure MID VALLEY SOFTBALL PIZZA PARTY				
To Whom Paid JESSEL COSTA FOR JUDGE	10	25	2021	\$ 2,500.00
Mailing Address 429 FOURTH AVE. SUITE 1705				
City PITTSBURGH				
State PA				
Zip Code (Plus 4) 15219				
Description of Expenditure CONTRIBUTION				
To Whom Paid FRIENDS OF WEST SEVANTA WRESTLING	11	2	2021	\$ 50.00
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Description of Expenditure AD				
To Whom Paid SAL POST 328	11	4	2021	\$ 50.00
Mailing Address 2929 BIRNEY AVENUE				
City SCRANTON				
State PA				
Zip Code (Plus 4) 18505				
Description of Expenditure CONTRIBUTION				
To Whom Paid SWEDA ADVERTISING	11	4	2021	\$ 3,750.00
Mailing Address 120 N. ABINGTON ROAD				
City CLARKS GREEN				
State PA				
Zip Code (Plus 4) 18411				
Description of Expenditure ADS				

To Whom Paid WOMEN'S RESOURCE CENTER			MO	DAY	YEAR	
Mailing Address PO BOX 975			11	20	2021	\$ 50.00
City SCRANTON	State PA	Zip Code (Plus 4) 18501	Description of Expenditure CONTRIBUTION			
To Whom Paid MID-VALLEY BIDDY BASKETBALL			MO	DAY	YEAR	
Mailing Address			11	20	2021	\$ 250.00
City	State	Zip Code (Plus 4)	Description of Expenditure TEAM SPONSOR			
To Whom Paid VANTIZE COMMERCE FUNDS DISB			MO	DAY	YEAR	
Mailing Address 900 CHELMSFORD ST.			11	9	2021	\$ 3.29
City LOWELL	State MA	Zip Code (Plus 4) 01851	Description of Expenditure SERVICE FEE			
To Whom Paid FORK OVER LOVE			MO	DAY	YEAR	
Mailing Address 345 MARKET STREET			10	23	2021	\$ 100.00
City KINGSTON	State PA	Zip Code (Plus 4) 18704	Description of Expenditure DINNERS			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 6,988.61

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 FRIENDS OF MARTY FLYNN			Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</u>			
			DATE			Outstanding Balance of Debt
Name of Creditor MARTY FLYNN			MO	DAY	YEAR	\$ 1,700.00
Mailing Address 1520 ORAM STREET			12	31	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