### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2012	20098				port ed B		CANDI	NDIDATE COMMITTEE V LOBBYIST					SYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	•	FRII	END	S OF I	MARTY F	LYNN							
Street Address:	PO BOX 91															
City:	SCRANTON							State:	PA			Zip Cod	le: 18	3504		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021					IG METHO				PAPER		$\overline{}$	DISKE	TTE
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YI	AR		10000	DEN	1	
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)
•	Summary of Receipts and MO DAY YEAR MO DAY YEAR								EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	irom:		10 19	20	021	Т	<u> </u>	11	:	12	2021					
A. Amount Bro	ught Forward Froi	m Last R	eport				\$			187,2	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)							\$			6,9	88.61					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$		=	196,5	33.18					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			1,7	700.00			1		
			A	٩FF	ΊD	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	[f th	nis is	a Can	didate re	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sche	dules	file	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this day of	5	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	ıre					-					Prin	ted Name	•		
My Commission Ex	cpires											Ema	il			
	мо	D	AY	YR					Are	ea Coo	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	omn	nitte	ee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	poli	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of 						-					Printe	d Name			
	Signature						-									
My Commission Exp	ires											Ema	il			
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MARTY FLYNN	From:	10/19/20	2 <u>1</u> To:	11/12/2021
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	16,287.50

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Reporting Period					
		From:				:		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•			•	•		PAGE TOTAL

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

**PAGE TOTAL**\$ 0.00

### 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** 

DATE

FRIENDS OF MARTY FLYNN

From:

<u>10/19/2021</u> **To:** 

11/12/2021

AMOUNT

Full Name of Contributor MARIO COSTA	МО	DAY	YEAR			
Mailing Address 511 HUDS				\$ 250.00		
City JERMYN	State	Zip Code (Plus 4)	10	21	2021	
	PA	18433				

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

**PAGE TOTAL \$** 250.00

#### **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	ame of Filing Committee or Candidate							
FRIENDS OF MARTY FLYNN			From:	10/1	<u>9/2021</u>	То:	11/12/	2021
		•		DA	TE		AMOU	NT
Full Name of Contributing Committee EXXON MOBIL PAC				МО	DAY	YEAR		
Mailing Address 5959 LAS COLINAS E	BLVD.						\$	500.00
City IRVING	<b>State</b> TX	<b>Zip Code</b> 75039	(Plus 4)	11	1	2021		
Full Name of Contributing Committee  LOCAL UNION #98 IBEW					DAY	YEAR		
Mailing Address 1719 SPRING GARDE  City PHILADELPHIA	State PA	<b>Zip Code</b> 19130	(Plus 4)	10	21	2021	\$	5,000.00
Full Name of Contributing Committee COZEN O'CONNOR PAC		!		мо	DAY	YEAR		
Mailing Address 1650 MARKET STREE	T ONE LIBERTY STRE	EET					\$	500.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code</b> 19103	(Plus 4)	10	21	2021		
<b>Full Name of Contributing Committee</b> UPS PAC				МО	DAY	YEAR		
Mailing Address 55 GLENLAKE PKWY	N.E.						\$	1,000.00
City ATLANTA	<b>State</b> GA	<b>Zip Code</b> 30328	(Plus 4)	10	21	2021		
Full Name of Contributing Committee FRIENDS OF ED STABACK				МО	DAY	YEAR		
Mailing Address 225 MAIN STREET S	ΓURGES						\$	500.00
City OLYPHANT	<b>State</b> PA	<b>Zip Code</b> 18447	(Plus 4)	10	21	2021		

PAGE 6

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

PAGE TOTAL

**\$** 7,500.00

### 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	Name of Filing Committee or Candidate				riod			
FRIENDS OF MARTY FLYNN			Fror	n:	10/19/2	<u>021</u> To	o: <u>11/12/2021</u>	
				D	ATE		AMOUNT	
Full Name of Contributor DAVID J. MONLE VERDE				мо	DAY	YEAR		
Mailing 158 BERKELEY STRE	ET						<b>\$</b> 500.00	
City ROCHESTER	State	Zip Code (Plu	s 4)	11	16	2021		
	NY	14607						
Employer Name				Occupat				
Employer Mailing Address/Principal Place of Business  City					State		Zip Code (Plus 4)	
Full Name of Contributor WILLIAM F. MEDICO III					DAY	YEAR		
Mailing 150 FREEDOM RIDER							\$ 1,000.00	
City GLEN MILLS	<b>State</b> PA	Zip Code (Plu 19342	s 4)	11	16	2021		
Employer Name	1			Occupation				
Employer Mailing Address/Principal Plac Business	ce of	City			State		Zip Code (Plus 4)	
Full Name of Contributor LOUIS EVANS				МО	DAY	YEAR		
Mailing 113 TERRACE DRIVE							<b>\$</b> 1,000.00	
City ROARING BROOK TWP	State PA	Zip Code (Plu 18444	s 4)	11	16	2021		
Employer Name COMMONWEALTH ENERGY GROUP			<b>Occupation</b> CEO					
Employer Mailing Address/Principal Plac Business	ce of	City		State Zip Code (Plus			Zip Code (Plus 4)	
1031 REEVES ST.		DUNMOF	RE	PA 18512				

								_	
Full Name of Contri					МО	DAY	YEAR		
SAMUEL A. FALCO	NE JR. ESQ.							Ц	
Mailing Address	000 RUTLER AVE. BO	X 24						\$ 1,000.	.00
City FORTY FOR	.T	State	Ziı	Code (Plus 4)	11	4	2021		
		PA	18	3704					
Employer Name	SAPORITO FALCONE 8	kamp; WATT			Occupat	tion	ATTORNI	EY	
Employer Mailing Ad Business	ddress/Principal Place	e of		City	1	State	Π	Zip Code (Plus 4)	
48 S. MAIN ST.SU	ITE 300			PITTSTON		PA		18640	
Full Name of Contri					МО	DAY	YEAR		
CHARLES J. PASSE	:KI							Ц	
Mailing 2 Address	2801 STAFFORD AVEN	NUE						\$ 1,000	.00
City SCRANTON	1	State	Ziı	Code (Plus 4)	11	4	2021		
		PA	18	3505					
Employer Name FALCON PROPANE LLC					Occupation PRINCIPAL				
Employer Mailing Address/Principal Place of Business  City				City		State		Zip Code (Plus 4)	
309 MAIN ST. OLYPHANT						PA		18447	
Full Name of Contri	ibutor				МО	DAY	YEAR		
EMMETT PAUL MAN	NCINELLI								
Mailing 1 Address	.03 LONGFELLOW CLO	OSE						\$ 500.	.00
City MOOSIC		State	Zi <sub>l</sub>	Code (Plus 4)	11	4	2021		
		PA	18	3507					
Employer Name					Occupat	tion			
	ddress/Principal Place	e of		City		State	Τ	Zip Code (Plus 4)	
Business									
Full Name of Contri	ibutor				МО	DAY	YEAR		
SCOTT D. ALLEN								Ц	
Mailing 2 Address	2427 RANSOM ROAD							\$ 500.	.00
City CLARKS SU	JMMIT	State	Zij	Code (Plus 4)	11	4	2021		
		PA	18	3411					
Employer Name SDA ARCHITECTS P.C.			Occupat	tion	OWNER				
Employer Mailing Address/Principal Place of City			City	State Zip Code (Plus 4)					
Business 2427 RANSOM RD. CLARKS SUMI				CLARKS SUMMI	MMIT PA 18411				

Full Name of Contailing						
Full Name of Contributor						
WILLIAM GILCHRIST JR.			МО	DAY	YEAR	
Mailing 21 ALDINE DDTVE						4
Address 21 ALPINE DRIVE						\$ 1,000.00
City MOOSIC	State	Zip Code (Plus 4)	11	4	2021	
MOOSIC MOOSIC	PA	18507				
	170	10507				
Employer Name			Occupat	tion		
Employer Mailing Address/Principal Plac	e of	City	· ·	State		Zip Code (Plus 4)
Business						
Full Name of Contributor						
CHRISTOPHER GILCHRIST			МО	DAY	YEAR	
						4
Mailing   164 S. HIGHLAND DR   Address	RIVE					\$ 1,000.00
City 1FNKING TWD	State	Zip Code (Plus 4)	11	4	2021	
City JENKINS TWP	PA					
	I FA	18640				
Employer Name SELF-EMPLOYED		Occupation BUSINESSMAN				
Employer Mailing Address/Principal Plac	e of	City		State		Zip Code (Plus 4)
Business		City				
Full Name of Contributor						
JAMES VALVANO			мо	DAY	YEAR	II.
						Ц
Mailing 347 REAR MAIN STRE	ET					\$ 500.00
Mailing 347 REAR MAIN STRE		Zin Code (Plus 4)	11	4	2021	
Mailing 347 REAR MAIN STRE	State	Zip Code (Plus 4)	11	4	2021	
Mailing 347 REAR MAIN STRE		<b>Zip Code (Plus 4)</b> 18519	11	4	2021	
Mailing 347 REAR MAIN STRE	State		Occupat	ion	2021 DWNER	
Mailing 347 REAR MAIN STRE Address  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place	State PA			ion		
Mailing Address 347 REAR MAIN STRE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business	State PA	18519 City		State		Zip Code (Plus 4)
Mailing 347 REAR MAIN STRE Address  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place	State PA	18519		tion		
Mailing Address 347 REAR MAIN STRE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business	State PA	18519 City	Occupat	State PA	OWNER	Zip Code (Plus 4)
Mailing 347 REAR MAIN STREAM Address 347 REAR MAIN STREAM City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.	State PA	18519 City		State		Zip Code (Plus 4)
Mailing Address 347 REAR MAIN STRE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor  ERIC PUSEY	State PA	18519 City	Occupat	State PA	OWNER	Zip Code (Plus 4)
Mailing Address 347 REAR MAIN STRE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor ERIC PUSEY	State PA	18519 City	Occupat	State PA	YEAR	<b>Zip Code (Plus 4)</b> 18505  \$ 500.00
Mailing Address 347 REAR MAIN STREE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor ERIC PUSEY  Mailing Address 613 NEW STREET	State PA	18519 City	Occupat	State PA	OWNER	<b>Zip Code (Plus 4)</b> 18505  \$ 500.00
Mailing Address  347 REAR MAIN STRE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor ERIC PUSEY  Mailing 613 NEW STREET	State PA se of	City SCRANTON	Occupat	State PA DAY	YEAR	<b>Zip Code (Plus 4)</b> 18505  \$ 500.00
Mailing Address 347 REAR MAIN STREE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor ERIC PUSEY  Mailing Address 613 NEW STREET	State PA Se of State	City SCRANTON  Zip Code (Plus 4)	MO 10	State PA  DAY	YEAR	<b>Zip Code (Plus 4)</b> 18505  \$ 500.00
Mailing Address 347 REAR MAIN STREE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor ERIC PUSEY  Mailing Address 613 NEW STREET	State PA Se of State PA	City SCRANTON  Zip Code (Plus 4)	Occupat	State PA  DAY	YEAR 2021	<b>Zip Code (Plus 4)</b> 18505  \$ 500.00
Mailing Address 347 REAR MAIN STRE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor ERIC PUSEY  Mailing Address 613 NEW STREET  City OLYPHANT  Employer Name MEDICAP PHARMACY  Employer Mailing Address/Principal Place	State PA  See of  State PA	City SCRANTON  Zip Code (Plus 4)	MO 10	State PA  DAY	YEAR 2021	<b>Zip Code (Plus 4)</b> 18505  \$ 500.00
Mailing Address 347 REAR MAIN STREE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor ERIC PUSEY  Mailing Address 613 NEW STREET  City OLYPHANT  Employer Name MEDICAP PHARMACY  Employer Mailing Address/Principal Place Business	State PA  See of  State PA	City SCRANTON  Zip Code (Plus 4) 18447  City	MO 10	State PA  DAY  21  State	YEAR 2021	zip Code (Plus 4) 18505  \$ 500.00  CIST/OWNER  Zip Code (Plus 4)
Mailing Address 347 REAR MAIN STREE  City DICKSON CITY  Employer Name TSE INC.  Employer Mailing Address/Principal Place Business 1025 HICKORY ST.  Full Name of Contributor ERIC PUSEY  Mailing Address 613 NEW STREET  City OLYPHANT  Employer Name MEDICAP PHARMACY  Employer Mailing Address/Principal Place	State PA  See of  State PA	City SCRANTON  Zip Code (Plus 4) 18447	MO 10	State PA  DAY  21	YEAR 2021	# 500.00  CIST/OWNER

PAGE 10

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

PAGE TOTAL

8,500.00

\$

## 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		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Section	••			\$		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 Per	iod						
FRIENDS OF MARTY FLYNN	From:	<u>10/19/2021</u> <b>To:</b>	<u>11/12/2021</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (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,		\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period					
					From:		То:	ō:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occupa	ation				
Employer Mailing Address/Principal Place of Business City State					Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

### STATEMENT OF EXPENDITURES

Name of Filing Committee on Condidate									
Name of Filing Committee or Candidate			Reportii	ng Period					
FRIENDS OF MARTY FLYNN			From	10/19	9/2021	То:	11/12/2021		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
LUIGI'S PIZZA									
Mailing Address 302 LACKAWANNA AVENUE			10	24	2021	\$	235.32		
City OLYPHANT	State	Zip Code (Plus 4)	s 4) Description of Expenditure			<u> </u>			
CEITIAN	PA	18447	MID VALLEY SOFTBALL PARTY PIZZA						
To Whom Paid JESSEL COSTA FOR JUDGE			МО	DAY	YEAR				
Mailing Address 429 FOURTH AVE. SUITE 1705			10	25	2021	\$	2,500.00		
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	15219	CONTRIBUTION						
To Whom Paid FRIENDS OF WEST SEVANTA WRESTLING			мо	DAY	YEAR				
Mailing Address			11	2	2021	<b>\$</b>	50.00		
City	State	Zip Code (Plus 4)	Description of Expenditure AD						
To Whom Paid SAL POST 328			МО	DAY	YEAR				
Mailing Address 2929 BIRNEY AVENUE			11	4	2021	\$	50.00		
City SCRANTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	18505	CONTRIBUTION						
To Whom Paid SWEDA ADVERTISING			МО	DAY	YEAR				
Mailing Address 120 N. ABINGTON ROAD			11	4	2021	\$	3,750.00		
City CLARKS GREEN	State	Zip Code (Plus 4)	Descrir	tion of Exp	enditure	<u> </u>			
CLARKS GREEN	5.	1,044							

18411

ADS

PΑ

							TAGE 16
To Whom Paid WOMEN'S RESOURCE CENTER  Mailing Address PO BOX 975				DAY	YEAR		
				20	2021	\$	50.00
City SCRANTON	State PA	<b>Zip Code (Plus 4)</b> 18501	Description of Expenditure CONTRIBUTION				
To Whom Paid MID-VALLEY BIDDY BASKETBALL				DAY	YEAR		
Mailing Address			11	20	2021	\$	250.00
City	State	Zip Code (Plus 4)	Description of Expenditure TEAM SPONSOR				
To Whom Paid VANTIV ECOMMERCE FUNDS DISB			МО	DAY	YEAR		
Mailing Address 900 CHELMSFORD ST.			11	9	2021	\$	3.29
City LOWELL	State MA	<b>Zip Code (Plus 4)</b> 01851	Description of Expenditure SERVICE FEE				
To Whom Paid FORK OVER LOVE				DAY	YEAR		
Mailing Address 345 MARKET STREET			10	20	2021	\$	100.00
City KINGSTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18704	Description of Expenditure DINNERS				
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D					PAGE TOTAL
						\$	6,988.61

## 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			Reporting Period						
FRIENDS OF MARTY FLYNN			From:	10/19/2021 <b>To:</b>			<u>1</u>	11/12/2021	
					DATE			Outstanding Balance of Debt	
Name of Creditor MARTY FLYNN				мо	DAY	YEAR			
Mailing Address 1520 ORAM STREET					31	2020	<b>\$</b>	1,700.00	
City SCRANTON	<b>State</b> PA	<b>Zip Code (Pl</b> 18504	us 4)	Description of Debt LOAN FROM CANDIDATE					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	<b>PAGE TOTAL</b> 1,700.00	