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 2006	317			Repo			CAND	DATE		СОМ	4ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	NDS	oF :	SCOTT C	ONKLI	N						
Street Address:	339 KEPP RD.															
City:	PHILIPSBURG							State:	PA			Zip Cod	le: 16	5866		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(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	\
report type)	ANNUAL REPORT	7. X	Year 2021					NG METH CHECK O				PAPER		/	DISKE	TTE
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County
								МО	DAY	YI	AR	rumber	couc			Couc
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l l			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	rom:	1	11 23	2	021	T	0	12	2	31	2021					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			19,	119.69					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	[)	\$			9,2	250.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		28,369.69							
D. Total Expen	ditures (From Scho	edule II	I)				\$			6,1	12.20					
E. Ending Cash	Balance (Subtract	Line D	From Line (E)			\$			22,2	57.49					
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)		\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	chedule IV)			\$				0.00			1		
				AFF	'IDA	VIT	SE	CTION								
	s a Committee rep	-	_								_					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	s filed	on p	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	i	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	ra					•					Prin	ted Name	e		
My Commission Ex	_											Ema	il			
	мо	D/	ΑΥ	YR			•		Ar	ea Cod	le	Daytim	e Teleph	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	, Ca	ndid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politic	cal (comm	ittee has r	not viola	ted an	y provis	ions of the	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/	λΥ	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 SCOTT CONKLIN	From:	11/23/202	<u>1</u> To:	12/31/2021
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)			\$	1,750.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	1,750.00
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	7,500.00
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 Pa			\$	9,250.00

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.

		· I					
Name of Filing Committee or Can	didate		Reporting	Period			
FRIENDS OF SCOTT CONKLIN			From:	11/23/20) <u>21</u> To	1	12/31/2021
				DATE			AMOUNT
Full Name of Contributing Committe HIGHMARK PAC	ee		мо	DAY	YEAR		
Mailing Address 1800 CENTE	R ST.	_	5	20	2021	\$	250.00
City CAMPHILL	State PA	Zip Code (Plus 4) 17089					
Full Name of Contributing Committe HIGHMARK PAC	ee		мо	DAY	YEAR		
Mailing Address 1800 CENTE	R ST.		12	2	2021	\$	250.00
City CAMPHILL	State PA	Zip Code (Plus 4) 17089					
Full Name of Contributing Committee PA. MERIDIAN WATER	ee		МО	DAY	YEAR		
Mailing Address 852 WESLEY				22	2021	\$	250.00
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055					
Full Name of Contributing Committee PAA-PAC	ee		мо	DAY	YEAR		
Mailing Address 1925 N. FRC	ONT ST.		5	11	2021	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17105					
Full Name of Contributing Committee ANTHONY CRISCI	ee	·	МО	DAY	YEAR		
Mailing Address 21 TAVERN	HOUSE HILL		6	7	2021	\$	250.00
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17050					
Full Name of Contributing Committee PA FRATERNAL POLICE	ee		МО	DAY	YEAR		
Mailing Address PO BOX 898			6	3	2021	\$	250.00
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055					
Full Name of Contributing Committed	<u></u>		МО	DAY	YEAR		
Mailing Address 30 SOUTH 1	4TH STREET		12	16	2021	\$	250.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 16866					
				l	<u> </u>	L	

PAGE TOTAL

1,750.00

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

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.

Name of Filing Com	mittee or Candidate		Reporti	ng P	eriod			
			From:			To) :	
					DATE			AMOUNT
Full Name of Contribu	tor		M	0	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL

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			
FRIENDS OF SCOTT CONKLIN			From:	11/2	3/2021	То:	<u>12/31/2021</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee APSCUF PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 319 N. FRONT ST.				6	11	2021	, 555.55
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)			2021	
Full Name of Contributing Committee DUANE MORRIS LLP				мо	DAY	YEAR	\$ 500.00
Mailing Address 30 SOUTH 17TH STR	EET			6	22	2021	
City PHILADELPHIA	State PA	Zip Code 19103	e (Plus 4)				
Full Name of Contributing Committee 2999 GROUP		-		мо	DAY	YEAR	\$ 5,000.00
Mailing Address 2999 STREET RD.				4	15	2021	3,000.00
City BENSALEM	State PA	Zip Code 19020	e (Plus 4)			2021	
Full Name of Contributing Committee LAW PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 212 NORTH THIRD S	TREET SUITE 101			6	10	2021	, 300.00
City HARRISBURG	State PA	Zip Cod 17101	e (Plus 4)				
Full Name of Contributing Committee LAW PAC				МО	DAY	YEAR	\$ 500.00
Mailing Address 212 NORTH THIRD S	TREET SUITE 101			12	15	2021	
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)				
Full Name of Contributing Committee MCNEES PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 100 PINE STREET				6	3	2021	
City HARRISBURG	State	Zip Code	e (Plus 4)				

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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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 Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	lus 4)					
Receipt Description	'	.					<u> </u>	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 SCOTT CONKLIN	From:	<u>11/23/2021</u> To:	<u>12/31/2021</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 PAR	T 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		Reportin	g Period			
			From:			To:	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	-
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	iptio	on of Contribut	ion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE TO	TAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I	Period		
FRIENDS OF SCOTT CONKLIN	From	11/23/2021	То:	12/31/2021

				DATE		AMOUNT
To Whom Paid			МО	DAY	YEAR	
WALMART			140		ILAK	
Mailing Address 1665 N. ATHE	RTON ST.		8	20	2021	\$ 288.32
City STATE COLLEGE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	16803	PRIZE [ONATION		
To Whom Paid			мо	DAY	YEAR	
RIVER VIEW			MO	DAI	ILAK	
Mailing Address 2638 WOODG	LEN RD.		8	31	2021	\$ 2.00
City POTTSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	17901	SERVIC	E CHARGE		
To Whom Paid			мо	DAY	YEAR	
HOMETOWN SPORTS			140		ILAK	
Mailing Address 469 PLUM ST.			8	2	2021	\$ 430.00
City BELLE FONTE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	16823	ADVERT	ΓISING		
To Whom Paid			МО	DAY	YEAR	
JIM VERBECK (WAGEN WHEEL)			МО	DAY	YEAK	
Mailing Address 491 SLEEPY H	OLLOW RD.		9	8	2021	\$ 100.00
City PHILIPSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	16866	ADVERT	ΓISING		
To Whom Paid			МО	DAY	YEAR	
RIVERVIEW BANK			МО	DAT	TEAR	
Mailing Address 2638 WOODG	LEN RD		9	30	2021	\$ 2.00
City POTTSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	17901	SERVIC	E CHARGE		
To Whom Paid			МО	DAY	YEAR	
RIVER VIEW			INO		ILAK	
Mailing Address 2638 WOODG	LEN RD		10	1	2021	\$ 2,958.15
City POTTSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	17901	ACCOU	NT RECEIV	'ABLE	

City STATE COLLEGE State PA 16801 To Whom Paid CENTRE COUNTY DEMS State PA 2ip Code (Plus 4) 16801 Description of Expenditure AD/DONATION YEAR	75.73
CENTRE COUNTY DEM Mailing Address 315 S. ALLEN ST. SUITE 116 City STATE COLLEGE State PA 16801 To Whom Paid CENTRE COUNTY DEMS MO DAY YEAR	75.73
City STATE COLLEGE State PA 16801 Description of Expenditure AD/DONATION To Whom Paid CENTRE COUNTY DEMS AD/DONATION MO DAY YEAR	75.73
To Whom Paid CENTRE COUNTY DEMS PA 16801 AD/DONATION MO DAY YEAR	
To Whom Paid CENTRE COUNTY DEMS MO DAY YEAR	
CENTRE COUNTY DEMS MO DAY YEAR	
CENTRE COUNTY DEMS	
Mailing Address 315 S ALLEN ST SUITE 116 10 12 2021 \$	
10 12 2021	10.00
City STATE COLLEGE State Zip Code (Plus 4) Description of Expenditure	
PA 16801 DONATION	
To Whom Paid MO DAY YEAR	
FRIENDS OF LAURA SHADLE	
Mailing Address PO BOX 1105 2 18 2021 \$ 2	50.00
City STATE COLLEGE State Zip Code (Plus 4) Description of Expenditure	
PA 16804 DONATION	
To Whom Paid MO DAY YEAR	
KIWANI'S	
Mailing Address 2 18 2021 \$ 1	00.00
City PHILIPSBURG State Zip Code (Plus 4) Description of Expenditure	
PA 16866 DONATION	
To Whom Paid MO DAY YEAR	
HOMETOWN SPORTS	
Mailing Address 469 PLUM ST. 2 18 2021 \$ 2	15.00
City BELLEFONTE State Zip Code (Plus 4) Description of Expenditure	
City BELLEFONTE State Zip Code (Plus 4) Description of Expenditure PA 16823 ADVERTISING	
PA 16823 ADVERTISING To Whom Paid STURGES SPEAKEASY To Whom Paid STURGES SPEAKEASY	
To Whom Paid STURGES SPEAKEASY PA 16823 ADVERTISING MO DAY YEAR	36.55
To Whom Paid STURGES SPEAKEASY PA 16823 ADVERTISING MO DAY YEAR	36.55
To Whom Paid STURGES SPEAKEASY MO DAY YEAR Mailing Address 400 FOSTER ST. 6 8 2021 \$	36.55
To Whom Paid STURGES SPEAKEASY MO DAY YEAR Mailing Address 400 FOSTER ST. 6 8 2021 \$ City HARRISBURG State PA Zip Code (Plus 4) 17102 Description of Expenditure FUNDRAISER To Whom Paid MO DAY YEAR	36.55
To Whom Paid STURGES SPEAKEASY MO DAY YEAR Mailing Address 400 FOSTER ST. 6 8 2021 \$ City HARRISBURG State PA Zip Code (Plus 4) 17102 Description of Expenditure FUNDRAISER To Whom Paid GO DADDY MO DAY YEAR	
To Whom Paid STURGES SPEAKEASY MO DAY YEAR Mailing Address 400 FOSTER ST. 6 8 2021 \$ City HARRISBURG State PA Zip Code (Plus 4) 17102 Description of Expenditure FUNDRAISER To Whom Paid GO DADDY MO DAY YEAR	36.55 19.17
To Whom Paid STURGES SPEAKEASY Mo DAY YEAR Moldary M	
PA 16823 ADVERTISING To Whom Paid STURGES SPEAKEASY PA PA PA PA PA PA PA P	
PA 16823 ADVERTISING	
PA 16823 ADVERTISING To Whom Paid STURGES SPEAKEASY M0 DAY YEAR STURGES SPEAKEASY M0 DAY YEAR M0 DAY YEAR M0 DAY YEAR M0 DAY	19.17
PA 16823 ADVERTISING	
PA 16823 ADVERTISING To Whom Paid STURGES SPEAKEASY M0 DAY YEAR M0 DAY M0	19.17

						1710	_ 13
To Whom Paid			МО	DAY	YEAR		
RIVERVIEW BANK							
Mailing Address 2638 WOODGLEN	RD		7	30	\$	2.00	
City POTTSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17901	SERVICE CHARGE				
To Whom Paid			мо	DAY	YEAR		
CENTRE COUNTY DEMS							
Mailing Address 315 S. ALLEN ST. SUITE 116			8	9	2021	\$	155.08
City STATE COLLEGE	State	Zip Code (Plus 4)	(Plus 4) Description of Expenditure				
	PA	16801	DINNER	AD			
To Whom Paid			МО	DAY	YEAR		
HOMETOWN SPORTS			М		ILAK		
Mailing Address 469 PLUM ST.			12	1	2021	\$	430.00
City BELLEFONTE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16823	ADVER1	ISING			
To Whom Paid			мо	DAY	YEAR		
RIVERVIEW BANK			1-10		ILAK		
Mailing Address 2638 WOODGLEN	RD		10	29	2021	\$	2.00
City POTTSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17901	SERVIC	E CHARGE			
To Whom Paid			мо	DAY	YEAR		
WALMART			1-10		1 Z Aux		
Mailing Address 1665 N. ATHERTOI	N ST.		10	25	2021	\$	168.54
City STATE COLLEGE State Zip Code (Plus 4)			Description of Expenditure				
	PA	16803	PRIZE/DONATION				
To Whom Paid			МО	DAY	YEAR		
RIVERVIEW BANK							
Mailing Address 2638 WOODGLEN	RD		11	30	2021	\$	2.00
City POTTSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17901	SERVICE CHARGE				
To Whom Paid			мо	DAY	YEAR		
CENTRE COUNTY DEMS			МО		ILAK		
Mailing Address 315 S. ALLEN ST. S	SUITE 116		11	9	2021	\$	2.16
City STATE COLLEGE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16801	SERVIC	E CHARGE			
To Whom Paid			МО	DAY	YEAR		
CENTRE COUNTY DEMS			MO		ILAK		
Mailing Address 315 S. ALLEN ST.			12	9	2021	\$	0.50
City STATE COLLEGE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	SERVICE CHARGE						
	PA 16801						

To Whom Paid	МО	DAY	YEAR					
CENTRE COUNTY DEMS					ILAK			
Mailing Address 315 S. ALLEN ST.			12	31	2021	\$	50.00	
City STATE COLLEGE	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16801	DONATION					
To Whom Paid			мо	DAY	YEAR			
DECO GRAB & amp; GO								
Mailing Address 240 N. 3RD ST. SUI	TE 102		12	16	2021	\$	209.00	
City HARRISBURG	State	Zip Code (Plus 4)) Description of Expenditure					
	PA	17101	FUNDRAISER					
To Whom Paid			МО	DAY	YEAR			
RIVERVIEW BANK					ILAK			
Mailing Address 2638 WOODGLEN RD			12	31	2021	\$	2.00	
City POTTSVILLE	POTTSVILLE State Zip Code (Plus 4) Description of Expenditure							
	PA	17901						
							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	Cover Page, Item D	•			\$	6,112.20	