## **Campaign Finance Report**

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

Filer Identificati	ion 2022	C0323			Repo		CAN	DID	ATE	<b>√</b>	СО	MMITTE		LOBBYIST		
Number :	Committee Condid	-	- hhviet		Filed	-										
Name of Filing Committee, Candidate or Lobbyist: N. SCOTT CONKLIN																
Street Address:																
City:							State:					Zip Cod	<b>e:</b> 16	16866		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY 1ARY	PO	POST- 3.		AMENDMENT REPORT?		Yes 🗸 No	D		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣- 5.	30 D ELEC	DAY CTION	PO	POST- 6. <b>X</b>			TERMINATION REPORT?		Yes 🗸 No	D	
					ING MET ) CHECK					PAPER			ETTE			
Name of Office S	- Sought by Candida	te:					DATE	OF	ELEC	TION		District Number	Office Code	Party Code	County Code	
							мо	D	DAY	YEAF	ł	77	STH	DEM	•	
REPRESENTAL	IVE IN THE GENER	RAL ASS	EMBLY					11	:	8 2	022	·	(SEE INS	TRUCTIONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	C	DAY	YEAF	ł	FO		E USE ONLY		
Expenditures	s from:	1	10 25	2	022	то		11	2	8 2	022					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			0	0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	)	\$ 0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			C	0.00					
D. Total Expen	ditures (From Scho	edule II	I)				\$			C	0.00					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			0	.00					
F. Value Of In-	Kind Contributions	6 Receive	ed (From S	chedu	le II)		\$			0	.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()			\$ 0.00									
				AFF	IDAV	'IT S	ECTIO	Ν								
PART I - If this is	s a Committee repo	ort, trea	surer sign	here.	If this	is a Ca	andidate	rep	ort, ca	andidat	e sig	gn here.				
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached sc	hedule	s filed o	n pape	r or by ele	ectro	nic me	dium, ar	e to t	the best of	my know	vledge and bel	ief , true	
Sworn to and subs	scribed before me this day of	5	20					_		Sign	ature	e of Person	Submitt	ing Report		
						_		_				Print	ed Name			
My Commission E	Signatu xpires	re						_				Email	1			
-	мо	DA	AY	YR				_	Area	a Code				one Number		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee,	Candi	date sha	all si	gn hei	re.						
	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 Signature of Car									f Candida	ite						
day of20Printed Name																
	Signature												- nume			
My Commission Exp	-								Email							
	мо	DA	۹Y	YR	1			_	Area C	ode		Da	ytime Te	elephone Numl	per	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
N. SCOTT CONKLIN	From:	<u>10/25/202</u>	<u>2</u> To:	<u>11/28/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			1	
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

# 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.

Name of Filing Committee or Candidate					Reporting Period					
			From	n:		То	:			
					DATE			AMOUNT		
Full Name of Contributing Committee			1	мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

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 Candidat	e		Rep	orting P	eriod				
			Fro	m:		То	):		
					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 Commit	ttee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	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 Candidate	Name of Filing Committee or Candidate				Reporting Period						
From:					n: To:						
				D	ATE			AMOUNT	Г		
Full Name				мо	DAY	YEAR					
Mailing Address							\$	5	0.00		
City	State	Zip Code (	Plus 4)								
Receipt Description	·						•				
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL		
	are 1, Detailed Sum	iniai y Faye,	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 Perio	bd	
N. SCOTT CONKLIN	From:	<u>10/25/2022</u> <b>To:</b>	<u>11/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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, 3		\$	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:			То:				
				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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plu	ıs 4)						
Employer of Contributor	I		1			Occupat	tion			
Employer Mailing Address/Principa Business	l Place of	City	s	State		Zip 4)	Code(Plus	Descri	ption of	f Contribution
				_						PAGE TOTAL

		1
- 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00