

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 :		20170224		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF KYLE MULLINS												
Street Address: 933 NORTHERN BOULEVARD,SUITE 101												
City: SOUTH ABINGTON TWP						State: PA		Zip Code: 18411				
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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2023		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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	112	STH	DEM	35
						11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	28	2023		1	1	2024				
A. Amount Brought Forward From Last Report						\$ 57,360.67						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 58,860.67						
D. Total Expenditures (From Schedule III)						\$ 5,296.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 53,564.67						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF KYLE MULLINS	From: <u>11/28/2023</u> To: <u>1/1/2024</u>

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)	\$ 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)	\$ 1,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,500.00
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<div><div>PART B</div><div>ALL OTHER CONTRIBUTIONS</div><div>\$50.01 TO \$250.00</div><div>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)</div></div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00

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 FRIENDS OF KYLE MULLINS	Reporting Period From: <u>11/28/2023</u> To: <u>1/1/2024</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee PENN OSTEOPATHIC MED POLITICAL ACTION COMMITTEE				MO	DAY	YEAR	\$ 500.00
Mailing Address 1330 EISENHOWER BLVD				12	4	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 171112319					
Full Name of Contributing Committee ZENECA INC POLITICAL ACTION COMMITTEE (AZPAC)				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 15437				12	8	2023	
City WILMINGTON	State DE	Zip Code (Plus 4) 198505437					

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

PAGE TOTAL
\$ 1,500.00

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	Reporting Period
	From: To:

				DATE	AMOUNT	
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
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:
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			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		Reporting Period	
FRIENDS OF KYLE MULLINS		From: <u>11/28/2023</u> To: <u>1/1/2024</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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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	\$ 0.00
Mailing Address							
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 KYLE MULLINS	From <u>11/28/2023</u> To: <u>1/1/2024</u>

DATE				AMOUNT		
To Whom Paid EASTERN MANAGED PRINT NETWORK			MO	DAY	YEAR	\$ 29.84
Mailing Address 111 GRANT AVE STE 102			12	1	2023	
City ENDICOTT	State NY	Zip Code (Plus 4) 137605444	Description of Expenditure OFFICE EQUIPMENT			
To Whom Paid OSTROWSKI, BECKLEY, AND THORPE, PC			MO	DAY	YEAR	\$ 600.00
Mailing Address 933 NORTHERN BLVD STE 101			12	1	2023	
City SOUTH ABINGTON TOWNSHIP	State PA	Zip Code (Plus 4) 184112270	Description of Expenditure ACCOUNTING FEES			
To Whom Paid NGP			MO	DAY	YEAR	\$ 27.73
Mailing Address 1447 NEW YORK AVE NW # 200			12	4	2023	
City WASHINGTON	State DC	Zip Code (Plus 4) 200052134	Description of Expenditure ONLINE MERCHANT FEES			
To Whom Paid GOOGLE, LLC			MO	DAY	YEAR	\$ 6.36
Mailing Address 1600 AMPHITHEATRE PKWY			12	14	2023	
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure DOMAIN SERVICES			
To Whom Paid VERIZON			MO	DAY	YEAR	\$ 95.24
Mailing Address 300 LACKAWANNA AVE # 224			12	18	2023	
City SCRANTON	State PA	Zip Code (Plus 4) 185032001	Description of Expenditure CAMPAIGN PHONE			

To Whom Paid KALAHARIA RESORTS & CONVENTION CENTER			MO	DAY	YEAR	\$ 155.68
Mailing Address 250 KALAHARI BLVD			12	20	2023	
City POCONO MANOR	State PA	Zip Code (Plus 4) 18349	Description of Expenditure EVENT EXPENSE			

To Whom Paid NORTH VALLEY STORAGE			MO	DAY	YEAR	\$ 826.80
Mailing Address 808 N VALLEY AVE			12	20	2023	
City OLYPHANT	State PA	Zip Code (Plus 4) 184471718	Description of Expenditure CAMPAIGN STORAGE UNIT			

To Whom Paid UNION NEWS			MO	DAY	YEAR	\$ 210.00
Mailing Address 1264 ONEILL HWY			12	20	2023	
City DUNMORE	State PA	Zip Code (Plus 4) 185121708	Description of Expenditure ADVERTISEMENT			

To Whom Paid US POSTAL SERVICE			MO	DAY	YEAR	\$ 100.00
Mailing Address 517 BURKE BYP			12	20	2023	
City OLYPHANT	State PA	Zip Code (Plus 4) 184479998	Description of Expenditure PO BOX RENTAL			

To Whom Paid EASTERN MANAGED PRINT NETWORK			MO	DAY	YEAR	\$ 28.15
Mailing Address 111 GRANT AVE STE 102			12	27	2023	
City ENDICOTT	State NY	Zip Code (Plus 4) 137605444	Description of Expenditure OFFICE EQUIPMENT			

To Whom Paid OPPOSE PA WATER HIKE LLC			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 341 N WASHINGTON AVE			12	28	2023	
City SCRANTON	State PA	Zip Code (Plus 4) 185031501	Description of Expenditure CONTRIBUTION			

To Whom Paid NGP			MO	DAY	YEAR	
Mailing Address 1447 NEW YORK AVE NW #200			12	29	2023	
City WASHINGTON	State DC	Zip Code (Plus 4) 200052134	Description of Expenditure ONLINE MERCHANT FEES			
To Whom Paid FRIENDS OF NATE DAVIDSON			MO	DAY	YEAR	
Mailing Address PO BOX 5447			12	31	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 171100447	Description of Expenditure CONTRIBUTION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 5,296.00

