Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER: 2000	REPOR	17 REPORT FILED ON BEHALF OF:					
NAME OF FILING COMMITTEE, CANDIDATE OR LOB	BYIST CONKLIN	CONKLIN, SCOTT FRIENDS OF					
STREET ADDRESS 339 KEPP RD							
CITY PHILIPSBURG	STATE PA	ZIP CODE 1686	5-0000				
TYPE OF REPORT Annual							
NAME OF OFFICE SOUGHT BY CANDIDATE REPRESENTATIVE IN THE GENERAL ASSEMBLY							
DISTRICT CODE 77th Legislative District		PARTY CODE DEM					
DATE OF ELECTION 11/5/2024							
DATES OF REPORTING PERIOD	1/26/2024 TO	12/31/2024	For Office Use Only				
AMENDMENT REPORT? NO	TERMINATION	REPORT? NO					
CASH BALANCE AT THE END OF REPORTING PERIOD:	36,790.98						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	0.00						
AFFIDAVIT SECTION							
PART I -							

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here. If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, 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
SIGNATURE		PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER
i						

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AME		OWLEDGE A	ND BELIEF THIS	POLITICAL COMM	MITTEE HAS NOT VIOLA	ATED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED BEFORE ME THIS						
day of			20			
					SIGNATURE	OF PERSON SUBMITTING REPORT
SIGNATURE		PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.	_	AREA CODE	DAYTIME TELEPHONE NUMBER