Reset Form | Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	☐	Committee	☒	Lobbyist ☐
Name of Filing Committee, Candidate or Lobbyist	FRIENDS OF MARK MCANDREW						
Street Address	1115 ST. ANN ST						
City	SCRANTON	State	PA	Zip Code	18504		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
☐	☐	☐	☐	☒	☐	☐	☐	☐

Date Of Election (MM/DD/YYYY)	11/05/2019	Year	2019	Amendment Report	☐	Termination Report	☐

Summary of Receipts and Expenditures	From Date 06/11/2019	To Date 10/21/2019
A. Amount Brought Forward From Last Report	$	73.76
B. Total Monetary Contributions and Receipts (From Schedule I)	$	2,748
C. Total Funds Available (Sum of Lines A and B)	$	2,821.76
D. Total Expenditures (From Schedule III)	$	807.79
E. Ending Cash Balance (Subtract Line D from Line C)	$	2,013.97
F. Value of In-Kind Contributions Received (From Schedule II)	$	228
G. Unpaid Debts and Obligations (From Schedule IV)	$	

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RECEIVED
OCT 28 2019
OFFICE OF CITY COUNCIL/CITY CLERK

LACKAWANNA COUNTY BUREAU OF ELECTIONS 2019 OCT 24 P 4:03

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Deborah Yearing, Notary Public City of Scranton, Lackawanna County My Commission Expires Aug. 5, 2021

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 so under, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 22 day of October 20 19

Deborah Yearing
Signature

My Commission expires 8-5-21
MO. DAY YR.

Nancy Noone
Signature of Person Submitting report

NANCY NOONE
Printed Name

570 — Area Code
479-3555 — 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 22 day of October 20 19

Nancy R. Noone
Signature

My Commission expires 2-15-21
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Nancy R. Noone, Notary Public City of Scranton, Lackawanna County My commission expires February 15, 2021

X Mark McAndrew
Signature of Candidate

MARK MCANDREW
Printed Name

570 — Area Code
575-3415 — Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number:	FRIENDS OF MARK MCANDREW

1. Unitemized Contributions and Receipts-$50.00 or Less per Contributor		
Total for the reporting period (1)	$	1,548
2. Contributions of $50.01 to $250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	$	0
All Other Contributions (Part B)	$	900
Total for the reporting period (2)	$	900
3. Contributions Over $250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	$	300
All Other Contributions (Part D)	$	0
Total for the reporting period (3)	$	300
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	$	0
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 Page 1, Report Cover Page, Item B)*	$	2,748

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.

Filer Identification Number	FRIENDS OF MARK MCANDREW

									Amount
Full Name of Contributing Committee	see attached.						Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	

FRIENDS OF MARK MCANDREW
CONTRIBUTIONS $50.01 TO $250.00
6/11/19 to 10/21/19

DATE	FIRST NAME	LAST NAME	ADDRESS	CITY	STATI	ZIP	AMOUNT
9/19/19	Kyle	Donahue	621 Gibbons St	Scranton	PA	18505	$ 100.00
9/19/19	Michael	Christ	915 Lincoln Ave	Blakely	PA	18447	$ 100.00
9/19/19	Robin	Nichols	1019 Scenic Dr	Clarks Summit	PA	18411	$ 150.00
9/19/19	Daniel	Donahue	26 Nicole Drive	Dunmore	PA	18512	$ 200.00
10/9/19	Frances	McAndrew	1216 Court St	Scranton	PA	18508	$ 100.00
10/9/19	Thomas	DePietro	104 E Warren St	Dunmore	PA	18512	$ 250.00
							$ 900.00

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 over $250.00 in the reporting period.

File Identification Number	FRIENDS OF MARK MCANDREW

Full Name of Contributing Committee	FRIENDS OF MARTY FLYNN						Date [MM/DD/YYYY]	$	300
House #		Street Address	P O BOX 91				Date [MM/DD/YYYY]	$	
City	SCRANTON	State	PA	Zip Code	18504		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City		State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City		State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City		State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City		State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City		State		Zip Code			Date [MM/DD/YYYY]	$	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Filer Identification Number:	FRIENDS OF MARK MCANDREW

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF $50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	$	

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF $50.01 TO $250.00 (FROM PART E)			
TOTAL for the reporting period	(2)	$	228

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER $250.00 (FROM PART C)			
TOTAL for the reporting period	(3)	$	

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, Report Cover Page, Item F)	$	228

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number	FRIENDS OF MARK MCANDREW

Full Name of Contributor	JACK MUNLEY					Date (MM/DD/YYYY)	$
						09/15/2019	228
House #	832	Street Address	N REBECCA AVE			Date (MM/DD/YYYY)	$
City	SCRANTON	State	PA	Zip Code	18504	Date (MM/DD/YYYY)	$
Description of Contribution	RENTAL AND BEVERAGES FOR RALLY						

Full Name of Contributor						Date (MM/DD/YYYY)	$
House #		Street Address				Date (MM/DD/YYYY)	$
City		State		Zip Code		Date (MM/DD/YYYY)	$
Description of Contribution							

Full Name of Contributor						Date (MM/DD/YYYY)	$
House #		Street Address				Date (MM/DD/YYYY)	$
City		State		Zip Code		Date (MM/DD/YYYY)	$
Description of Contribution							

Full Name of Contributor						Date (MM/DD/YYYY)	$
House #		Street Address				Date (MM/DD/YYYY)	$
City		State		Zip Code		Date (MM/DD/YYYY)	$
Description of Contribution							

Full Name of Contributor						Date (MM/DD/YYYY)	$
House #		Street Address				Date (MM/DD/YYYY)	$
City		State		Zip Code		Date (MM/DD/YYYY)	$
Description of Contribution							

SCHEDULE III

Statement of Expenditures

Filer Identification Number	FRIENDS OF MARK MCANDREW

To Whom Paid						Date (MM/DD/YYYY)	$
House #		Street Address				Description of Expenditure	
City		State		Zip Code		See attached	
To Whom Paid						Date (MM/DD/YYYY)	$
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date (MM/DD/YYYY)	$
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date (MM/DD/YYYY)	$
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date (MM/DD/YYYY)	$
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date (MM/DD/YYYY)	$
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date (MM/DD/YYYY)	$
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date (MM/DD/YYYY)	$
House #		Street Address				Description of Expenditure	
City		State		Zip Code			

FRIENDS OF MARK MCANDREW
EXPENDITURES
06/11/2019 to 10/21/2019

8/20/2019	St. Stephens Booster Club	1739 Bundy St	Scranton	PA	18508	Marketing	$ 100.00
8/26/2019	West Scranton Black Sheep	323 Green St	Scranton	PA	18508	Marketing	$ 50.00
9/23/2019	West Scranton Golf	1100 Luzerne St	Scranton	PA	18504	Marketing	$ 50.00
9/24/2019	Anne Marie McAndrew	1115 St. Ann St	Scranton	PA	18504	Marketing	$ 47.04
9/26/2019	Jaworski Sign Co	913 S Main Ave	Scranton	PA	18504	Marketing	$ 410.75
10/1/2019	Friends of Domenick/Notarianni	P O Box 20148	Scranton	PA	18502	Contribution	$ 50.00
10/8/2019	Friends of Kyle Donahue	P O Box 4074	Scranton	PA	18505	Contribution	$ 100.00
						TOTAL	$ 807.79

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 ▶ | REPORT FILED ON BEHALF OF ▶ CANDIDATE 1. X | COMMITTEE 2. | LOBBYIST 3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: Mark McAndrew

STREET ADDRESS: 1115 St. Ann St

CITY: Scranton | STATE: PA | ZIP CODE: 18504

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
		Scranton City Council		DEM	11	5	19

TYPE OF REPORT (CHECK ONE)		
8TH TUESDAY PRE-PRIMARY	1.	
2ND FRIDAY PRE-PRIMARY	2.	X
30 DAY POST-PRIMARY	3.	
8TH TUESDAY PRE-ELECTION	4.	
2ND FRIDAY PRE-ELECTION	5.	
30 DAY POST-ELECTION	6.	
ANNUAL REPORT	7.	

DATES OF REPORTING PERIOD: MO. 6 DAY 11 YEAR 19 TO MO. 10 DAY 21 YEAR 19

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

	YES		NO	
AMENDMENT REPORT?	YES		NO	X
TERMINATION REPORT?	YES		NO	X

FOR OFFICE USE ONLY

LACKAWANNA COUNTY BUREAU OF ELECTIONS 2019 OCT 24 P 4:03

AFFIDAVIT SECTION

PART I -
If statement is filed on behalf of a Political Committee *or* Candidates'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 22 DAY OF October 20 19

Nancy R. Noone
SIGNATURE

MY COMMISSION EXPIRES 2 - 15 - 21
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Nancy R. Noone, Notary Public City of Scranton, Lackawanna County My commission expires February 15, 2021

X Mark McAndrew
SIGNATURE OF PERSON SUBMITTING REPORT

Mark McAndrew
PRINTED NAME

570 575-3415
AREA CODE DAYTIME TELEPHONE NUMBER

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 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

MY COMMISSION EXPIRES _____
MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER