

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 :		2008133		Report Filed By :		CANDIDATE		COMMITTEE ☒		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CARL WALKER METZGAR												
Street Address:												
City: BERLIN						State: PA			Zip Code: 15530			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	☒	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	☒	
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE			PAPER ☒	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	5	2015		6	8	2015				
A. Amount Brought Forward From Last Report						\$ 10,920.90						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 10,920.90						
D. Total Expenditures (From Schedule III)						\$ 1,991.41						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 8,929.49						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 45.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 9,690.61						

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 CARL WALKER METZGAR	From: <u>5/5/2015</u> To: <u>6/8/2015</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)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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.)	\$ 0.00
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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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
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	\$ 0.00
Mailing Address							
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 CARL WALKER METZGAR		From: <u>5/5/2015</u> To: <u>6/8/2015</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 45.00
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 RECEIVED - 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.)			\$ 45.00

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 CARL WALKER METZGAR	From <u>5/5/2015</u> To: <u>6/8/2015</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO ELECT DAN COLFLESH SHERIFF				
Mailing Address	5	6	2015	\$ 250.00
City FRIEDENS	State PA	Zip Code (Plus 4) 15541	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO ELECT GERALD WALKER COMMISSIONER				
Mailing Address	5	6	2015	\$ 250.00
City BERLIN	State PA	Zip Code (Plus 4) 15530	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
SOM CO REPUBLICAN COMM				
Mailing Address	5	9	2015	\$ 250.00
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure BANQUET & AD	
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO ELECT PATRICIA PEIFER				
Mailing Address	5	9	2015	\$ 250.00
City STOYSTOWN	State PA	Zip Code (Plus 4) 15563	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
POSTMASTER				
Mailing Address	5	7	2015	\$ 7.40
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure POSTAGE	
To Whom Paid	MO	DAY	YEAR	
PNC BANK				
Mailing Address	5	7	2015	\$ 3.00
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure CHECKS FEE	

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 18.45
Mailing Address			5	14	2015	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure CHECKS PRINTED			

To Whom Paid BERLIN AIRLIFT HISTORICAL FOUND			MO	DAY	YEAR	\$ 50.00
Mailing Address			5	27	2015	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure DONATION			

To Whom Paid CAMP CADET OF SOMERSET			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	27	2015	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure GOLF HOLE SPONSOR			

To Whom Paid DEETER GAP PUBLISHING			MO	DAY	YEAR	\$ 612.56
Mailing Address			6	4	2015	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure MAILING SERVICES			

To Whom Paid WQZS RADIO			MO	DAY	YEAR	\$ 200.00
Mailing Address			6	4	2015	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure NAPLE FESTIVAL SPONSOR			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,991.41

SCHEDULE IV STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CARL WALKER METZGAR	From: <u>5/5/2015</u> To: <u>6/8/2015</u>

			DATE	Outstanding Balance of Debt
Name of Creditor	MO	DAY	YEAR	
NANCY METZGAR				
Mailing Address	4	18	2008	\$ 396.00
City BERLIN	State PA	Zip Code (Plus 4) 15530	Description of Debt LOAN TO COMMITTEE	
Name of Creditor	MO	DAY	YEAR	
NANCY METZGAR				
Mailing Address	4	30	2008	\$ 1,135.40
City BERLIN	State PA	Zip Code (Plus 4) 15530	Description of Debt LOAN TO COMMITTEE	
Name of Creditor	MO	DAY	YEAR	
DEETER GAP PUBLISHING				
Mailing Address	4	9	2008	\$ 2,195.43
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Debt MAILING SERVICES	
Name of Creditor	MO	DAY	YEAR	
DEETER GAP PUBLISHING				
Mailing Address	4	18	2008	\$ 1,481.48
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Debt MAILING SERVICES	
Name of Creditor	MO	DAY	YEAR	
NANCY METZGAR				
Mailing Address	3	26	2008	\$ 99.00
City BERLIN	State PA	Zip Code (Plus 4) 15530	Description of Debt LOAN TO COMMITTEE	
Name of Creditor	MO	DAY	YEAR	
NANCY METZGAR				
Mailing Address	4	4	2008	\$ 1,011.50
City BERLIN	State PA	Zip Code (Plus 4) 15530	Description of Debt LOAN TO COMMITTEE	

Name of Creditor NANCY METZGAR			MO	DAY	YEAR	\$ 151.04
Mailing Address			4	15	2008	
City BERLIN	State PA	Zip Code (Plus 4) 15530	Description of Debt LOAN TO COMMITTEE			

Name of Creditor DEETER GAP PUBLISHING			MO	DAY	YEAR	\$ 770.00
Mailing Address			10	27	2008	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Debt MAILING SERVICES			

Name of Creditor DEETER GAP PUBLISHING			MO	DAY	YEAR	\$ 150.00
Mailing Address			9	2	2011	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Debt MAILING SERVICES			

Name of Creditor DEETER GAP PUBLISHING			MO	DAY	YEAR	\$ 500.00
Mailing Address			12	15	2012	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Debt MAILING SERVICES			

Name of Creditor DEETER GAP PUBLISHING			MO	DAY	YEAR	\$ 600.00
Mailing Address			12	13	2013	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Debt MAILING SERVICES			

Name of Creditor DEETER GAP PUBLISHING			MO	DAY	YEAR	\$ 1,000.76
Mailing Address			5	16	2014	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Debt MAILING SERVICES			

Name of Creditor DEETER GAP PUBLISHING			MO	DAY	YEAR	\$ 200.00
Mailing Address			11	15	2014	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Debt MAILING SERVICES			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 9,690.61
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