Campaign Finance Report

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

Filer Identificati Number :	on	20180	0436			Re _l File	oorted B		CAN	DII	DATE	\	C	OMMITTE		LOB	BYIST		
Name of Filing C	ommittee, Ca	andida	te or Lo	bbyist:		MET	CAL	.FE, D	OUGL	AS	В							•	
Street Address:																			
City:	_								State	ŀ				Zip Code: 19508					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRID PRIMARY	AY PRE	:-	2. X	30 DA PRIMA		P	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRID. ELECTION	AY PRI	E-	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	O	\
report type)	ANNUAL REF	PORT	7.	Year 2018	3				NG MET			PAPER					DISK	ETTE	
Name of Office S	ought by Car	ndidate	e:			-			DATE	01	F ELE	СТІ	ON	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VE IN THE G	:FNFR/	اککم الا	=MRI Y					МО		DAY	,	YEAR	128	STH	DEI	1	06	
KEI KESENI/(II	VE IIV IIIE O	LIVEIO	(27,00)							11		6	2018		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		nd	МО	DAY	YEAF	₹			МО		DAY		YEAR	FO	R OFFIC	E USE	ONLY		
Expenditures	irom:			1	1 2	018	Т	<u> </u>		4	:	30	2018						
A. Amount Bro	ught Forward	l From	Last Re	eport				\$					0.00						
B. Total Moneta	ary Contribut	ions A	nd Rece	eipts (Fro	m Sche	dule	1)	\$					0.00						
C. Total Funds	Available (Su	ım Of I	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From	1 Sched	dule III	:)				\$					360.73						
E. Ending Cash	Balance (Sul	btract	Line D	From Line	C)			\$				(360.73)	_					
F. Value Of In-	Kind Contribu	utions	Receive	ed (From	Schedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obliga	tions (From S	chedule I	V)			\$					0.00			'			
					AFF	·ID/	١٧٧	T SE	CTIO	N									
PART I - If this is		-	-	_															
I swear (or affirm) correct and comple		rt, inclu	ding the	attached s	chedule	s file	d on	paper	or by el	ectr	onic m	ediu	ım, are to	the best of	my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before n day of	ne this		20						•			Signatur	e of Persor	Submitt	ing Re	oort		_
	- <u>-</u>	ignature	•	·				- -		-				Print	ed Name	1			_
My Commission Ex		•								-				Emai	l				-
	МО		DA	·Υ	YR						Arc	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's a	authorize	Comr	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	dge and be	lief this	polit	ical	comm	ittee ha	s no	ot viola	ted	any provis	sions of the	act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		e this											5	ignature o	f Candida	ite			-
	day of — —							-						Printe	d Name				-
	Signa	ature						-		_									_
My Commission Exp	ires													Emai	I				
	M	10	DA	Υ	YF	ł		•			Area	Cod	e	Da	ytime To	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
METCALFE, DOUGLAS B	From:	1/1/201	<u>8</u> To:	4/30/2018
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 an 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

	this Part to itemize onl with an aggregate value		\$2) in the				
						То	То:		
					DATE			AMOUNT	
Full Name of Contribut	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State Zip Code (Pl)						
	!	I	!		<u> </u>			DAGE TOTAL	

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

PAGE TOTAL
\$ 0.00

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 Commi	ttee or Candidate		Reporting Period						
					From: To:				
					DATE			AMOUNT	
Full Name of Contributor	r			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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 Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	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 Period		
METCALFE, DOUGLAS B	From:	<u>1/1/2018</u> To:	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
ailing Address ty State Zip Code (Plus 4)						То:	
				DATE			AMOUNT
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 E on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	date				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion		1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	ndidate		Reporti	ng Period			
METCALFE, DOUGLAS B			From	1/	1/2018	То:	4/30/2018
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Facebook							
Mailing Address 1 Hacker Way	у		1	31	2018	\$	75.00
City Menlo Park	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	CA 94025			ok Adverti	sement		
To Whom Paid Staples	•		МО	DAY	YEAR		
Mailing Address 4711 Perkion	nen Ave		1	28	2018	\$	170.58
City Reading	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19606	Office S	Supplies			
To Whom Paid VistaPrint	•		мо	DAY	YEAR		
Mailing Address 275 Wyman 9	St		4	7	2018	\$	59.26
City Waltham	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	MA	02451	Campa	ign Banneı	-		
To Whom Paid Facebook		·	МО	DAY	YEAR		
Mailing Address 1 Hacker Way	ress 1 Hacker Way				2018	\$	55.89

ı		1		<u> </u>	PAGE TOTAL
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			\$	360.73

94025

Zip Code (Plus 4)

Description of Expenditure

Facebook Advertisement

State

CA

City

Menlo Park