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 :	Filer Identification 2008133 Report Filed By : CANDIDATE COMMITTEE LOBBYIST																
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRI	END:	S OF	CARL W	ALKER	ME	TZGAR						
Street Address:																	
City:	BERLIN							State:	PA			Zip Cod	le: 15	5530			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	ST- 3. X		AMENDM REPORT		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION						30 DA		POST-	POST- 6.			ATION	Yes	N	0	/
report type)	ANNUAL REPORT	7.	Year 2018					NG METH CHECK C				PAPER		\	DISK	ETTE	
Name of Office S	Sought by Candida	te:	-					DATE (OF EL	ECT	ON	District Number	Office Code	Pai	rty Cod	Cou	
	,							МО	DAY		YEAR	rtumber	10000	REI)	1000.	
11 6 201										2018	 	(SEE IN	STRUCTI	ONS FOR	CODES	5)	
•	Receipts and	МО	DAY	YEAR	ł			мо	DAY		YEAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		5 1	2	018	Т	0	(5	4	2018						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			18	3,775.12						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule	e I)	\$			6	5,550.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			25	5,325.12						
D. Total Expend	ditures (From Sch	edule II	I)				\$			2	,669.70						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			22	,655.42						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	I)	\$				440.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)			\$			10	,290.61			•			
				AFF	IDA	AVI	ΓSE	CTION									
	s a Committee rep	-	_														
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	hedule	s file	d on	paper (or by elec	tronic ı	nediu	ım, are to	the best o	f my kno	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me this day of	i	20								Signatur	e of Perso	n Submit	ting Re	port		
	Signatu	re					-					Prin	ted Name	9			
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Α	rea C	ode	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign l	here.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ief this	poli	itical	commi	ittee has	not viol	ated	any provis	ions of th	e act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate			-
	day of —— ————						-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				- $ $
, ссолоп Ехр																	_
	МО	D	AY	YR	ł				Are	a Cod	e	Da	aytime T	elephoi	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	_			
Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF CARL WALKER METZGAR	From:	<u>5/1/201</u>	<u>8</u> To:	6/4/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	50.00
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)			\$	500.00
All Other Contributions (Part D)			\$	6,000.00
TOTAL for the Reporting	Period	(3)	\$	6,500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	6,550.00

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.

Name of Filing Committee or Candida	te	1	Reporting	Period			
		- 1	From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 F	Period			
			From:		To) :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						\$	0.00
Mailing Address							
Mailing Address City	State	Zip Code (Plus 4)					

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

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	Reporting Per	iod		
FRIENDS OF CARL WALKER METZGAR	From:	5/1/2018	То:	6/4/2018

AMOUNT DATE **Full Name of Contributing Committee** DAY мо YEAR AT&T PAC PENNSYLVANIA 500.00 **Mailing Address** 5 29 2018 City TRENTON State Zip Code (Plus 4) NJ 08608

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

PAGE TOTAL \$ 500.00

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.)

me of Filing Committee or Candidate				Reporting Period						
FRIENDS OF CARL WALKER METZGAR			From	n:	5/1/2	<u>018</u> To	:	6/4/2018		
			_	DA	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
RANDY MAXWELL				MO	DAT	ILAK	\$	500.00		
Mailing Address				- 5	18	2018				
City IMLER	State	Zip Co	de (Plus 4)		10	2010				
	PA	16655	,							
Employer Name MAXWELL TRANSPORT	TATION			Occupat	tion	CEO				
Employer Mailing Address/Principal Plac	e of Business	Ci	ty		State		Zip Cod	le (Plus 4)		
		IN	1LER		PA		16655			
Full Name of Contributor		•			,					
RANDY MAXWELL				МО	DAY	YEAR	\$	1,000.00		
Mailing Address				_	4.0	2010	1			
City IMLER	State	Zip Co	de (Plus 4)	5	18	2018				
	l _{PA}	16655	-)							
Employer Name MAXWELL TRANSPORT	TATION			Occupat	tion	CEO				
	(D !	T	•	•	Τ		7: C	le (Plus 4)		
Employer Mailing Address/Principal Place	e of Business	Ci	ty		State		ZIP COC	ie (Pius 4)		
Employer Mailing Address/Principal Plac	e of Business		t y 1LER		PA		16655	ie (Plus 4)		
Employer Mailing Address/Principal Plac	e of Business						-	le (Flus 4)		
Full Name of Contributor	e or Business			МО		YEAR	-	500.00		
	e or Business				PA DAY		16655			
Full Name of Contributor DENNY M. PENNABAKER	e or Business State	IM		мо - 5	PA	YEAR 2018	16655			
Full Name of Contributor DENNY M. PENNABAKER Mailing Address		IM	de (Plus 4)		PA DAY		16655			
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS	State	Zip Co	de (Plus 4)		DAY 18	2018	\$	500.00		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address	State PA	Zip Co	de (Plus 4)	- 5	DAY 18		\$ \$ COPRIET	500.00		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA	State PA	Zip Cd 15554	de (Plus 4)	- 5	DAY 18 cion State	2018	\$ COPRIET	500.00		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA Employer Mailing Address/Principal Place	State PA	Zip Cd 15554	de (Plus 4)	- 5	DAY 18	2018	\$ \$ COPRIET	500.00		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA Employer Mailing Address/Principal Place Full Name of Contributor	State PA	Zip Cd 15554	de (Plus 4)	- 5	DAY 18 cion State	2018	\$ COPRIET	500.00		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA Employer Mailing Address/Principal Place Full Name of Contributor JOHN J. CORLE	State PA	Zip Cd 15554	de (Plus 4)	Occupat	DAY 18 tion State PA	2018 SOLE PR	\$ COPRIET Zip Coc 15521	500.00 FOR de (Plus 4)		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA Employer Mailing Address/Principal Place Full Name of Contributor JOHN J. CORLE Mailing Address	State PA e of Business	Zip Co 15554	de (Plus 4) ty LEASANTVILLE	Occupat	DAY 18 tion State PA	2018 SOLE PF	\$ COPRIET Zip Coc 15521	500.00 FOR de (Plus 4)		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA Employer Mailing Address/Principal Place Full Name of Contributor JOHN J. CORLE	State PA e of Business State	Zip Co	ty EASANTVILLE	Occupat	DAY 18 cion State PA DAY	2018 SOLE PR	\$ COPRIET Zip Coc 15521	500.00 FOR de (Plus 4)		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA Employer Mailing Address/Principal Place Full Name of Contributor JOHN J. CORLE Mailing Address City IMLER	State PA e of Business State PA	Zip Co 15554	ty EASANTVILLE	Occupat	DAY 18 State PA DAY 18	2018 SOLE PP YEAR 2018	\$ COPRIET Zip Coc 15521	500.00 FOR de (Plus 4)		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA Employer Mailing Address/Principal Place Full Name of Contributor JOHN J. CORLE Mailing Address City IMLER Employer Name CORLE BUILDING SYS	State PA e of Business State PA TEMS	Zip Co 15554 Ci Pl Zip Co 16655	ty LEASANTVILLE	Occupat	DAY 18 cion State PA DAY 18	2018 SOLE PR	\$ COPRIET Zip Coc 15521 \$	500.00 FOR te (Plus 4) 500.00		
Full Name of Contributor DENNY M. PENNABAKER Mailing Address City NEW PARIS Employer Name BEST WAY PIZZA Employer Mailing Address/Principal Place Full Name of Contributor JOHN J. CORLE Mailing Address City IMLER	State PA e of Business State PA TEMS	Zip Co 15554 Ci Pl Zip Co 16655	ty LEASANTVILLE	Occupat	DAY 18 State PA DAY 18	2018 SOLE PP YEAR 2018	\$ COPRIET Zip Coc 15521 \$	500.00 FOR de (Plus 4)		

Full Name of Contributor				мо	DAY	YEAR	\$	500.00
ROBERT C. ANDERSON							↓	300.00
Mailing Address				5	18	2018		
City PORTAGE	State	Zi	p Code (Plus 4)					
	I PA	l 15	5946					
Employer Name AAI INSURANCE			,	Occupat	ion	INSURA	NCE	
Employer Mailing Address/Principal	Place of Business		City		State		Zip Code	(Plus 4)
			BEDFORD		PA		15522	
Full Name of Contributor				MO	DAY	VEAD		
RICHARD J. EMERICK				МО	DAY	YEAR	\$	500.00
Mailing Address				- 5	18	2018	1	
City SCHELLSBURG	State	Zi	p Code (Plus 4)		10	2010		
	l _{PA}	15	5559					
Employer Name RETIRED				Occupat	ion	RETIRE)	
Employer Mailing Address/Principal	Place of Business		City		State		Zip Code	(Plus 4)
Full Name of Contributor					•			
RICHARD J. EMERICK II				МО	DAY	YEAR	\$	500.00
Mailing Address				_			1	
City SCHELLSBURG	State	Zi	p Code (Plus 4)	5	18	2018		
. 55223255	l _{PA}		5559					
Employer Name CHESTNUT RIDGE		. 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Occupat	ion	TEACHE	D	
Employer Mailing Address/Principal			City	Тоссири	State	TLACITL	Zip Code	(Plus 4)
Limployer Maining Address/Frincipal	Flace of Busiliess		FISHERTOWN		PA		15539	(Flus 4)
			FISHERIOWN		PA		15539	
Full Name of Contributor				МО	DAY	YEAR	 	500.00
RYAN M. EMERICK								
Mailing Address		T		5	18	2018		
City SCHELLSBURG	State		p Code (Plus 4)					
	I PA		5559				I	
Employer Name NEW ENTERPRISE	STONE & amp; LIME	СО	Т	Occupat	tion	MANAGE		
Employer Mailing Address/Principal	Place of Business		City		State		Zip Code	(Plus 4)
			NEW ENTERPRIS	SE	PA		16664	
Full Name of Contributor				МО	DAY	YEAR		500.00
CHARLES MAXWELL JR				МО	DAT	ILAK	\$	500.00
Mailing Address				5	18	2018		
City HOLLIDAYSBURG	State	Zi	p Code (Plus 4)		10	2010		
	l _{PA}	1 16	5648					
Employer Name MAXWELL TRANSI	īT			Occupat	tion	CEO		
Employer Mailing Address/Principal	Place of Business		City		State		Zip Code	(Plus 4)
			HOLLIDAYSBURG	G	PA		16648	
Full Name of Contributor								
RANDY A. DAVIES				МО	DAY	YEAR	\$	1,000.00
Mailing Address				_			1	
City SOMERSET	State	Zi	p Code (Plus 4)	5	21	2018		
	PA		5501					
Fmnlover Name DETIDED	117	. 1.	,,,,,,	Occupat	ion	Ν/Δ	-	
				· · · · · · · · · · · · · · · · · · ·			(Plue 4)	
Limployer mailing Address/Principal	riace of busifless		City		State		Zih Code	(rius 4)
Employer Name RETIRED Employer Mailing Address/Principal	Place of Business		City	Occupat	State	N/A	Zip Code	(Plu

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

PAGE TOTAL

\$ 6,000.00

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 o	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•			•		
Enter Grand Total of Part E	on Schodulo I. Dotailed	Summary Dage	Section	4			PAGE TOTAL
cinter Granu Total Of Part E	on Schedule 1, Detalled	Summary Page,	Section	4.			\$ 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>5/1/2018</u> To:	6/4/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	90.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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)	\$	350.00
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,		\$	440.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ro			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Perio	od		
FRIENDS OF CARL WALKER METZGAR	From:	5/1/2018	То:	6/4/2018

						DATE			AMOUNT
Full Name of Contributor RANDY MAXWELL					мо	DAY	YEAR		
Mailing Address					5	18	2018	\$	350.00
City IMLER	State	- [Zip Code(Plus 4)						
	PA		16655						
Employer of Contributor MAXWE	ELL TRANSPORTATION	ON .			Occupa	tion C	EO		
Employer Mailing Address/Principal	Place of Business	City	/	State	Zip	Code(Plus 4)	Descri	ption c	of Contribution
		IML	.ER	PA	166	55	VENUE	AND	REFRESHMENTS
Enter Grand Total of Part G on	Schedule II. In-Ki	ind C	ontributions De	etaile	d				PAGE TOTAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.									350.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
FRIENDS OF CARL WALKER METZGAR	From	5/1/2018	То:	6/4/2018

					DATE			AMOUNT	
To Wh	om Paid			МО	DAY	YEAR			
CHILD	REN'S AID AUXILIARY								
Mailin	g Address			5	4	2018	\$	100.00	
City	SOMERSET	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15501	SPONS	OR				
To Wh	om Paid			МО	DAY	YEAR			
CAMP	CADET OF SOMERSET COUNTY			MO	DAI	ILAK			
Mailin	g Address			5	4	2018	\$	100.00	
City SOMERSET State Zip Code (Plus 4)				Description of Expenditure					
		PA	15501	SPONS	OR				
To Wh	om Paid			МО	DAY	YEAR			
RED N	NAVERICK MEDIA			MO	DAT	TEAR			
Mailin	g Address			5	4	2018	\$	1,840.70	
City HARRISBURG State Zip Code (Plus 4)			Description of Expenditure						
PA 17101				CAMPAIGN ITEMS					
To Wh	om Paid			МО	DAY	YEAR			
LAURE	EL HILL LIONS CLUB			МО	DAY	TEAK			
Mailin	g Address			5	18	2018	\$	50.00	
City	ROCKWOOD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>		
		PA	15557	SPONS	OR				
To Wh	om Paid				DAY	VEAD			
ADLIV	COLLECTIONS			МО	DAY	YEAR			
Mailin	g Address			5	26	2018	\$	265.00	
City	JOHNSTOWN	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure			
		PA	15909	CAMPA	IGN PHOTO	GRAPHE	R		
To Wh	om Paid			Ma	DAY	VEAD			
BCRE	=			МО	DAY	YEAR			
Mailin	g Address			5	26	2018	\$	12.00	
City	EVERETT	State	Zip Code (Plus 4)	Description of Expenditure					
-		PA	15537		ET TICKET				

To Wh	om Paid			МО	DAY	YEAR		
HHCS				110		12/11		
Mailing	g Address			5	26	2018	\$	100.00
City	HYDMAN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	15545	SCHOLA	ARSHIP			
To Wh	om Paid			мо	DAY	YEAR		
PNC B	ANK			1.10		12/11		
Mailing	g Address			5	31	2018	\$	15.00
City SOMERSET State Zip Code (Plus 4) De				Description of Expenditure				
		PA	15501	CHECK	FEE			
To Wh	om Paid			МО	DAY	YEAR		
APEX				MO		ILAK		
Mailing	g Address			6	4	2018	\$	187.00
City	MEYERSDALE	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	15552	CAMPAI	GN ITEMS			
								PAGE TOTAL
Enter	Grand Total of Expenditures	on Page 1, Report C	Cover Page, Item D	•			\$	2,669.70

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		Reporti	ng Period				
FRIENDS OF CARL WALKE	ER METZGAR		From:		<u>5/1/2018</u>	То:	<u>6</u> ,	<u>/4/2018</u>
					DATE			anding ce of Debt
Name of Creditor				мо	DAY	YEAR		
NANCY METZGAR				МО		ILAK		
Mailing Address				4	18	2018	\$	396.00
City BERLIN	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t		
	PA	15530		LOAN T	о сомміт	TEE		
Name of Creditor NANCY METZGAR				мо	DAY	YEAR		
Mailing Address				4	30	2008	\$	1,135.40
City BERLIN	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t		
	PA	15530		LOAN T	о сомміт	TEE		
Name of Creditor DEETER GAP PUBLISHING	3			мо	DAY	YEAR		
Mailing Address				4	9	2008	\$	2,195.43
City SOMERSET	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t		
	PA	15501		MAILIN	G SERVICE	:S		
Name of Creditor DEETER GAP PUBLISHING	3			МО	DAY	YEAR		
Mailing Address				4	18	2008	\$	1,481.48
City SOMERSET	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t		

15501

15530

15530

Zip Code (Plus 4)

Zip Code (Plus 4)

State

State

PA

PΑ

Name of Creditor

NANCY METZGAR

BERLIN

Mailing Address

Name of Creditor

NANCY METZGAR

Mailing Address

BERLIN

City

City

MAILING SERVICES

DAY

Description of Debt

LOAN TO COMMITTEE

26

МО

МО

3

YEAR

2008

99.00

								TAGE 10	
Name	of Creditor			мо	DAY	YEAR			
NANC	Y METZGAR			М		ILAK			
Mailir	ng Address			4	15	2008	\$	151.04	
City	BERLIN	State	Zip Code (Plus 4)	Description of Debt					
		PA	15530	LOAN TO COMMITTEE					
Name	of Creditor								
DEET	ER GAP PUBLISHING			МО	DAY	YEAR			
Mailir	ng Address			10	27	2008	\$	770.00	
City	SOMERSET	State	Zip Code (Plus 4)	Descrip	tion of Deb	t			
		PA	15501	MAILING	G SERVICE	S			
Name	of Creditor			мо	DAY	YEAR			
DEET	ER GAP PUBLISHING								
Mailir	ng Address			9	2	2011	\$	150.00	
City	SOMERSET	State	Zip Code (Plus 4)	Descrip	tion of Deb	t			
		PA	15501	MAILING	G SERVICE	S			
	of Creditor ER GAP PUBLISHING			мо	DAY	YEAR			
	ng Address			12	13	2013	\$	600.00	
		T	T				Т.		
City	SOMERSET	State	Zip Code (Plus 4)	Description of Debt MAILING SERVICES					
		PA	15501	MAILING	SERVICE	:5			
	e of Creditor ER GAP PUBLISHING			мо	DAY	YEAR			
	ng Address			5	6	2014	\$	1,000.76	
City	SOMERSET	State	Zip Code (Plus 4)		tion of Deb				
City	SUMERSET	PA	15501	1	G SERVICE				
	- Constitution	117	13301	T I/ (IEII)	JERVICE				
	e of Creditor ER GAP PUBLISHING			мо	DAY	YEAR			
	ng Address			11	15	2014	\$	200.00	
		T ₌ .	T						
City	SOMERSET	State	Zip Code (Plus 4)		tion of Deb				
		PA	15501	MAILING	G SERVICE	:5 			
	of Creditor			мо	DAY	YEAR			
	ER GAP PUBLISHING							300.00	
Mailir	ng Address		1	12	31	2015	\$	300.00	
City	SOMERSET	State	Zip Code (Plus 4)		tion of Deb				
		PA	15501	MAILING	G SERVICE	S			
	of Creditor			мо	DAY	YEAR			
	ER GAP PUBLISHING						١,		
Mailir	ng Address			12	31	2016	\$	400.00	
City	SOMERSET	State	Zip Code (Plus 4)	Description of Debt					
1		PA	15501	I MATI TNO	G SERVICE	S			

Name of Creditor			МО	DAY	YEAR		
DEETER GAP PUBLISHING			MO	DAI	ILAK		
Mailing Address			12	31	2017	\$	400.00
City SOMERSET	State	Zip Code (Plus 4)	Descrip	tion of Deb	t		
	PA	15501	MAILIN	G SERVICE	S		
							PAGE TOTAL
Enter Grand Total of Un	paid Debts on Page 1,	Report Cover Page, Iter	n G.			\$	10,290.61
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