

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 :		2018C1070		Report Filed By :	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: DOYLE, MICHAEL FRANCIS JR											
Street Address:											
City:					State:		Zip Code: 19154				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	Year 2018		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	170	STH	DEM	51
					11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2019			12	31	2019		
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		736.90				
C. Total Funds Available (Sum Of Lines A and B)					\$		736.90				
D. Total Expenditures (From Schedule III)					\$		37.85				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		699.05				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		0.00				

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
DOYLE, MICHAEL FRANCIS JR	From: <u>1/1/2019</u> To: <u>12/31/2019</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)	\$ 736.90
TOTAL for the Reporting Period (2)	\$ 736.90

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.)	\$ 736.90
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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 Candidate	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 B
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 Committee or Candidate DOYLE, MICHAEL FRANCIS JR	Reporting Period From: <u>1/1/2019</u> To: <u>12/31/2019</u>
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DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$ 60.00
Thomas CARTWRIGHT						
Mailing Address			5	1	2019	
1016 ridge crest dr						
City	Gahanna	State				
		OH				
		Zip Code (Plus 4)				
		43230				

Full Name of Contributor				MO	DAY	YEAR	\$ 10.00
Tara Johansen							
Mailing Address				1	4	2019	
252 Andover Rd		City	State				Zip Code (Plus 4)
Fairless Hills		PA	19030				

Full Name of Contributor				MO	DAY	YEAR	\$51.90
Sue Ferrara							
Mailing Address				1	24	2019	
8 Tulip Tree Road		City	State				Zip Code (Plus 4)
Levittown		PA	19056				

Full Name of Contributor				MO	DAY	YEAR	\$	40.00
Rebecca Sammon								
Mailing Address				2	11	2019		
213 Twins Lane								
City		State	Zip Code (Plus 4)					
Mountain Top		PA	18707					

Full Name of Contributor				MO	DAY	YEAR	\$ 20.00
Michael Salsburg							
Mailing Address 133 Magnolia Dr.				1	4	2019	
City	Phoenixville	State	Zip Code (Plus 4)				
		PA	19460				

Full Name of Contributor Mark Schultz				MO	DAY	YEAR	\$ 40.00
Mailing Address 161 Washington Street, Suite 400				2	13	2019	
City Conshohocken	State PA	Zip Code (Plus 4) 19428					
Full Name of Contributor Kate Bayachek				MO	DAY	YEAR	\$ 10.00
Mailing Address 17 Polo Rd				1	25	2019	
City Langhorne	State PA	Zip Code (Plus 4) 19047					
Full Name of Contributor Dave Rosenbaum				MO	DAY	YEAR	\$ 15.00
Mailing Address 101 Pheasant Hill Drive				1	4	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19115					
Full Name of Contributor Cathy Leary				MO	DAY	YEAR	\$ 10.00
Mailing Address 51 TRELIS RD				1	9	2019	
City levittown	State PA	Zip Code (Plus 4) 19056					
Full Name of Contributor Karen Michelfelder				MO	DAY	YEAR	\$ 240.00
Mailing Address 1651 Old Gradyville Road				12	31	2019	
City 1651 Old Gradyville Road	State PA	Zip Code (Plus 4) 19342					
Full Name of Contributor Andrea Horner				MO	DAY	YEAR	\$ 240.00
Mailing Address 2110 s Eagle rd				6	29	2019	
City Newtown	State PA	Zip Code (Plus 4) 18940					

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

PAGE TOTAL

\$ 736.90

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 D
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 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 Name			Occupation			
Employer Mailing Address/Principal Place of Business		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	
DOYLE, MICHAEL FRANCIS JR		From: <u>1/1/2019</u> To: <u>12/31/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
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 RECIEVED - 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.)			\$ 0.00

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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
DOYLE, MICHAEL FRANCIS JR	From <u>1/1/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT		
To Whom Paid Stripe			MO	DAY	YEAR	\$ 37.85
Mailing Address 510 Townsend Street			12	31	2019	
City San Francisco	State CA	Zip Code (Plus 4) 94103	Description of Expenditure Processing Fees			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 37.85

