# **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 20	)180082			Report Filed B		CANDI	DATE		СОММ	<b>AITTEE</b>	✓	LOB	BYIST	
Name of Filing C	Committee, Can	didate or L	obbyist:		DOYLE,	MIKE	FRIEND	S TO EL	ECT						
Street Address:	12619 DUI	NKS FERRY	′ RD												
City:	PHILADELF	PHIA					State: PA Zip Code: 19					<b>de:</b> 19	154		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	- 2.	30 DA PRIM					AMENDN REPORT		Yes	<b>√</b> Nc	)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID		- 5.	30 DA		POST-	6.		TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPO	<b>RT</b> 7. <b>X</b>	<b>Year</b> 2018	3			NG METHO				PAPER		$\checkmark$	DISKE	TTE
Name of Office S			DATE O	F ELEC	CTION		District Number	Office Code	Par	ty Code	County Code				
REPRESENTATIVE IN THE GENERAL ASSEMBLY															
REFRESENTATI	VE IN THE GET	NERAL ASS					11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1	1 20	019 <b>T</b>	0	12	3	81	2019					
A. Amount Bro	ught Forward F	rom Last R	leport			\$				0.00					
B. Total Monet	ary Contributio	ns And Rec	eipts (Fro	m Schee	dule I)	\$	\$ 736.90								
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			73	86.90					
D. Total Expen	ditures (From S	Schedule II	I)			\$			3	7.85					
E. Ending Cash	Balance (Subt	ract Line D	From Line	C)		\$			69	9.05					
F. Value Of In-	Kind Contributi	ons Receiv	ed (From S	Schedul	le II)	\$				0.00					
G. Unpaid Debt	ts And Obligation	ons (From	Schedule I	V)		\$				0.00					
				AFF	IDAVI	Γ SE	CTION								
PART I - If this is		• •	-					• •		_					
I swear (or affirm) correct and comple		including the	e attached s	chedules	filed on	paper	or by elect	ronic me	edium, a	are to t	he best c:	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me day of	this	20						Sig	Inature	e of Perso	n Submitt	ing Rej	port	
	Sign	ature				-					Prin	ted Name			
My Commission Ex	cpires					_					Ema	il			
	мо	D	AY	YR				Are	a Code		Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authorize	d Comm	nittee, Ca	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and be	lief this	political	comm	ittee has n	ot violat	ed any	provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me t day of	his								S	ignature	of Candida	ite		
day of 20 Printed Name															
	. Signatu	ire				-					Ema				
My Commission Exp	oires										cma				
	мо	D	AY	YR				Area (	Code		D	aytime Te	elephor	ne Numb	er

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DOYLE, MIKE FRIENDS TO ELECT From: <u>1/1/2019</u> **To:** 12/31/2019 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 736.90 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 736.90 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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			Re	porting l	Period			
Fro			om:					
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

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 Candidat	e			orting P	eriod			
From: To:								
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
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	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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 Cand	Name of Filing Committee or Candidate			ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	-
Full Name				мо	DAY	YEAR		
Mailing Address	Mailing Address						\$ 5	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	<b>I</b>					1		
Enter Grand Total of Part E on S	chedule I. Detailer	i Summary Page	Section	4			PAGE TO	TAL
	energie if perunet		2221011				\$	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, MIKE FRIENDS TO ELECT	From:	<u>1/1/2019</u> <b>то:</b>	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Reporting Period					
	From:			То:					
				DATE		АМО	UNT		
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 F on Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting P	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion			
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period							
DOYLE, MIKE FRIENDS TO ELECT	From	<u>1/</u>	То:	<u>12/31/2019</u>				
	DATE AMO							
<b>To Whom Paid</b> Stripe	мо	DAY	YEAR					
Mailing Address 510 Townsend Stree	et		12	31	2019	\$	37.85	
CitySan FranciscoStateZip Code (Plus 4)CA94103				Description of Expenditure Processing Fees				
Enter Crend Tatal of Ermanditures					PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	37.85	