

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 : 9800010		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS FOR DARYL METCALFE											
Street Address: P.O. BOX 1536											
City: CRANBERRY TWP					State: PA		Zip Code: 16066				
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
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			12	STH	REP	10
					11 3 2020			(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		5	19	2020			6	22	2020		
A. Amount Brought Forward From Last Report					\$ 78,594.13						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,250.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 79,844.13						
D. Total Expenditures (From Schedule III)					\$ 11,701.91						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 68,142.22						
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
FRIENDS FOR DARYL METCALFE	From: <u>5/19/2020</u> To: <u>6/22/2020</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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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.)	\$ 1,250.00
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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 FRIENDS FOR DARYL METCALFE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee PA COMMITTEE FOR AFFORDABLE HOUSING			MO	DAY	YEAR	\$ 250.00
Mailing Address 2509 N FRONT ST			6	10	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				

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

PAGE TOTAL
\$ 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)						

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 Candidate	Reporting Period
FRIENDS FOR DARYL METCALFE	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,000.00
EQT CORPORATION-STATE PAC									
Mailing Address									
625 LIBERTY AVENUE SUITE 1700					6	1	2020		
City	PITTSBURGH		State	Zip Code (Plus 4)					
			PA	15222					

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

PAGE TOTAL
\$ 1,000.00

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:

DATE				AMOUNT
Full Name				
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 FOR DARYL METCALFE		From: <u>5/19/2020</u> To: <u>6/22/2020</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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS FOR DARYL METCALFE	From <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT		
To Whom Paid COMMUNICATION CONCEPTS			MO	DAY	YEAR	\$ 5,110.48
Mailing Address 2906 WILLIAM PENN HWY SUITE 401			5	20	2020	
City EASTON	State PA	Zip Code (Plus 4) 18045	Description of Expenditure PRINTING & MAILING SERVICES			
To Whom Paid COMMUNICATION CONCEPTS			MO	DAY	YEAR	\$ 5,110.48
Mailing Address 2906 WILLIAM PENN HWY SUITE 401			5	21	2020	
City EASTON	State PA	Zip Code (Plus 4) 18045	Description of Expenditure PRINTING & MAILING SERVICES			
To Whom Paid VERIZON			MO	DAY	YEAR	\$ 56.95
Mailing Address P.O. BOX 25505			5	27	2020	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Description of Expenditure SMART PHONE SERVICE			
To Whom Paid COMMUNICATION CONCEPTS			MO	DAY	YEAR	\$ 589.90
Mailing Address 2906 WILLIAM PENN HWY SUITE 401			6	1	2020	
City EASTON	State PA	Zip Code (Plus 4) 18045	Description of Expenditure VOTER CONTACT SERVICES			
To Whom Paid ARMSTRONG			MO	DAY	YEAR	\$ 75.24
Mailing Address P.O. BOX 37749			6	3	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101	Description of Expenditure INTERNET & PHONE SERVICE			

To Whom Paid BANK OF AMERICA			MO	DAY	YEAR	
Mailing Address P.O. BOX 15019			6	15	2020	
City WILMINGTON	State DE	Zip Code (Plus 4) 19886	Description of Expenditure VISA PAYMENT FOR INS.			

To Whom Paid PHOENIX FUNDRAISING PARTNERS, LLC			MO	DAY	YEAR	
Mailing Address 2601 N. FRONT STREET SUITE 101			6	21	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure FUNDRAISING INVITATIONS			

To Whom Paid BANK OF AMERICA			MO	DAY	YEAR	
Mailing Address P.O. BOX 15019			6	22	2020	
City WILMINGTON	State DE	Zip Code (Plus 4) 19886	Description of Expenditure VISA PAYMENT FOR COPIES, POSTAGE, GAS & MEETING MEALS			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 11,701.91

