

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 :		20200258		Report Filed By :		CANDIDATE		COMMITTEE ☒		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BRYAN WALTERS												
Street Address:												
City: MALVERN						State: PA		Zip Code: 19355				
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	☒		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	☒		
	ANNUAL REPORT	7.	Year 2020		FILING METHOD () CHECK ONE		PAPER ☒	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		9	15	2020		10	19	2020				
A. Amount Brought Forward From Last Report						\$ 1,527.75						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,296.50						
C. Total Funds Available (Sum Of Lines A and B)						\$ 4,824.25						
D. Total Expenditures (From Schedule III)						\$ 2,208.50						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 2,615.75						
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 OF BRYAN WALTERS	From: <u>9/15/2020</u> To: <u>10/19/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 221.50

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)	\$ 1,075.00
TOTAL for the Reporting Period (2)	\$ 1,075.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,500.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 2,000.00

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.)	\$ 3,296.50
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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 FRIENDS OF BRYAN WALTERS				Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</u>			
				DATE		AMOUNT	

Full Name of Contributor MEGAN K. KAMPF			MO	DAY	YEAR	\$ 75.00
Mailing Address			10	15	2020	
City PAOLI	State PA	Zip Code (Plus 4) 19301				

Full Name of Contributor ROBERT F. MCRAE			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	15	2020	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380				

Full Name of Contributor ANDRIOLE			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	16	2020	
City OXFORD	State PA	Zip Code (Plus 4) 19363				

Full Name of Contributor STEPHEN SADLER AICHELE			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	6	2020	
City MALVERN	State PA	Zip Code (Plus 4) 19355				

Full Name of Contributor ROSANNE F. TERZIAN			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	6	2020	
City WAYNE	State PA	Zip Code (Plus 4) 19087				

Full Name of Contributor PAULA GOWEN			MO	DAY	YEAR	\$ 100.00
Mailing Address			9	17	2020	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380				

Full Name of Contributor MICHAEL B. LOECALZO			MO	DAY	YEAR	\$ 100.00
Mailing Address			9	17	2020	
City BERWYN	State PA	Zip Code (Plus 4) 19312				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
J. STEPHEN WOODSIDE				9	17	2020	
Mailing Address							
City	KING OF PRUSSIA	State	Zip Code (Plus 4)				
		PA	19406				

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

PAGE TOTAL
\$ 1,075.00

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 OF BRYAN WALTERS	From: <u>9/15/2020</u> To: <u>10/19/2020</u>

DATE				AMOUNT
Full Name of Contributing Committee				
TREDYFFERIN TOWNSHIP REPUBLICAN COMMITTEE				\$ 1,500.00
Mailing Address				
City	State	Zip Code (Plus 4)		
WAYNE	PA	19087	9 17 2020	

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

PAGE TOTAL
\$ 1,500.00

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 FRIENDS OF BRYAN WALTERS	Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</u>
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			DATE	AMOUNT	
Full Name of Contributor	MO	DAY	YEAR		
JOHN L. CLEAVER				\$	500.00
Mailing Address			10	15	2020
City MALVERN	State PA	Zip Code (Plus 4) 19355			
Employer Name RETIRED			Occupation RETIRED		
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
\$ 500.00

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			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	
FRIENDS OF BRYAN WALTERS		From: <u>9/15/2020</u> To: <u>10/19/2020</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 RECEIVED - 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 II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$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)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF BRYAN WALTERS	From <u>9/15/2020</u> To: <u>10/19/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
RGB POLITICS				
Mailing Address	9	17	2020	\$ 159.00
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure CAR DOOR SIGNS	
To Whom Paid	MO	DAY	YEAR	
THE PARTNERS GROUP LTD.				
Mailing Address	9	21	2020	\$ 1,350.00
City PAOLI	State PA	Zip Code (Plus 4) 19301	Description of Expenditure PALM CARDS	
To Whom Paid	MO	DAY	YEAR	
ROBERT JONES				
Mailing Address	9	23	2020	\$ 199.50
City MALVERN	State PA	Zip Code (Plus 4) 19355	Description of Expenditure REIMBURSEMENT FACEBOOK ADS AND STAPLES SUPPLIES	
To Whom Paid	MO	DAY	YEAR	
THE PARTNERS GROUP LTD.				
Mailing Address	10	9	2020	\$ 500.00
City PAOLI	State PA	Zip Code (Plus 4) 19301	Description of Expenditure PALM CARDS	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 2,208.50

