

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 9800010		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>			
<b>Name of Filing Committee, Candidate or Lobbyist:</b> METCALFE, DARYL FRIENDS FOR											
<b>Street Address:</b> P O BOX 1536											
<b>City:</b> CRANBERRY TWP					<b>State:</b> PA		<b>Zip Code:</b> 16066				
<b>TYPE OF REPORT</b>  (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 2004	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>					<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	STH	REP	10	
					11	2	2004	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>		
		1	1	1		12	31	2004			
<b>A. Amount Brought Forward From Last Report</b>					\$		66,586.35				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$		1,900.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$		68,486.35				
<b>D. Total Expenditures (From Schedule III)</b>					\$		1,021.15				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$		67,465.20				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$		124.02				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$		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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
METCALFE, DARYL FRIENDS FOR	<b>From:</b> <b>To:</b> <u>12/31/2004</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 900.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 900.00

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

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 1,900.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	0.00

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

**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)**

<b>Name of Filing Committee or Candidate</b> METCALFE, DARYL FRIENDS FOR	<b>Reporting Period</b> <b>From:</b> <b>To:</b> <u>12/31/2004</u>
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<b>DATE</b>	<b>AMOUNT</b>
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Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
RAM PARIUM						
Mailing Address 118 TRANQUIL AVENUE			12	11	2004	
City BUTLER	State PA	Zip Code (Plus 4) 16002				

Full Name of Contributor VINCENT J. & MARY E. MORREALE			MO	DAY	YEAR	\$ 100.00
Mailing Address 706 PLACID COURT			12	7	2004	
City GIBSONIA	State PA	Zip Code (Plus 4) 150448016				

Full Name of Contributor JOHN & MARILYN J. GUMP				MO	DAY	YEAR	\$ 100.00
Mailing Address 249 BROOKS DRIVE				11	4	2004	
City	BEAVER FALLS	State	Zip Code (Plus 4)				
		PA	15010				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
LARRY E. WILKINS							
Mailing Address R.R. 5 BOX 454				11	4	2004	
City	MOUNT PLEASANT	State	Zip Code (Plus 4)				
		PA	15666				

Full Name of Contributor ROGER COLDREW			MO	DAY	YEAR	\$ 100.00
Mailing Address 5885 WASHINGTON AVENUE			11	4	2004	
City EXPORT	State PA	Zip Code (Plus 4)				

Full Name of Contributor GRIEB CHIROPRACTIC CLINIC			MO	DAY	YEAR	\$ 100.00
Mailing Address 11885 PERRY HIGHWAY			11	3	2004	
City WEXFORD	State PA	Zip Code (Plus 4) 15090				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JAMES D. STRONG							
Mailing Address				11	18	2004	
120 TIMBERSPRINGS ESTATES, BOX 6							
City	INDIANA	State	Zip Code (Plus 4)				
		PA	15701				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JOHN J. TALARICO							
Mailing Address				11	4	2004	
1201 EAST CARSON STREET							
City	PITTSBURGH	State	PA	Zip Code (Plus 4)	15203		

Full Name of Contributor GARY J. WEINSTEIN				MO	DAY	YEAR	\$ 100.00
Mailing Address 989 BEAVER GRADE ROAD				11	3	2004	
City MOON TOWNSHIP	State PA	Zip Code (Plus 4) 15108					

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

**PAGE TOTAL**

\$ 900.00

## 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	
	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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  METCALFE, DARYL FRIENDS FOR	<b>Reporting Period</b>  <b>From:</b> <b>To:</b> <u>12/31/2004</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
VIRGIL L. & MARY A. KNOX							
<b>Mailing Address</b> 138 BUCKINGHAM DRIVE				12	20	2004	\$ 1,000.00
City VALENCIA	State PA	Zip Code (Plus 4) 16059					
<b>Employer Name</b> SELF-EMPLOYED				<b>Occupation</b> SELF-EMPLOYED			
<b>Employer Mailing Address/Principal Place of Business</b> SAME AS ABOVE			City		State	Zip Code (Plus 4)	

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

<b>PAGE TOTAL</b>
\$ 1,000.00

## 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: <span style="float: right;">To:</span>
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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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
METCALFE, DARYL FRIENDS FOR		<b>From:</b>	<b>To:</b> <u>12/31/2004</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
<b>TOTAL for the Reporting Period</b>		<b>(1)</b>	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
<b>TOTAL for the Reporting Period</b>		<b>(2)</b>	\$ 124.02
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
<b>TOTAL for the Reporting Period</b>		<b>(3)</b>	\$ 0.00
<b>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.)</b>			\$ 124.02

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>  METCALFE, DARYL FRIENDS FOR	<b>Reporting Period</b>  <b>From:</b> <b>To:</b> <u>12/31/2004</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
CHAMBER PAC							
Mailing Address 417 WALNUT STREET				12	3	2004	\$ 124.02
City HARRISBURG	State PA	Zip Code (Plus 4) 171011902					
Description of Contribution: COMMUNICATION EXPENSES							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							<b>PAGE TOTAL</b>  \$ 124.02

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
METCALFE, DARYL FRIENDS FOR	From To: <u>12/31/2004</u>

DATE				AMOUNT		
To Whom Paid NPTCO			MO	DAY	YEAR	\$ 27.00
Mailing Address P.O. BOX 747057			11	26	2004	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15274	Description of Expenditure TELEPHONE SERVICES			
To Whom Paid ARMSTRONG			MO	DAY	YEAR	\$ 39.95
Mailing Address 660 S. BENBROOK ROAD			11	26	2004	
City BUTLER	State PA	Zip Code (Plus 4) 16001	Description of Expenditure INTERNET SERVICE			
To Whom Paid NPTCO			MO	DAY	YEAR	\$ 27.69
Mailing Address P.O. BOX 747057			12	14	2004	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15274	Description of Expenditure TELEPHONE SERVICE			
To Whom Paid ARMSTRONG			MO	DAY	YEAR	\$ 39.95
Mailing Address 660 S. BENBROOK ROAD			12	31	2004	
City BUTLER	State PA	Zip Code (Plus 4) 16001	Description of Expenditure INTERNET SERVICE			
To Whom Paid CREDIT CARD SERVICES			MO	DAY	YEAR	\$ 774.25
Mailing Address P.O. BOX 15480			12	31	2004	
City WILMINGTON	State DE	Zip Code (Plus 4) 19850	Description of Expenditure PAYMENT TO CREDIT CARD COMPANY FOR CAMPAIGN EXPENSES CHARGED TO CARD.			

<b>To Whom Paid</b> DARYL METCALFE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 133 PARKWOOD DRIVE			12	31	2004	
<b>City</b> CRANBERRY TWP	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16066	<b>Description of Expenditure</b> REIMBURSEMENT FOR MISC. CAMPAIGN EXPENSES			

  

<b>To Whom Paid</b> CITIZENS BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1 CITIZENS DRIVE			12	22	2004	
<b>City</b> RIVERSIDE	<b>State</b> RI	<b>Zip Code (Plus 4)</b> 029153000	<b>Description of Expenditure</b> ORDER OF CAMPAIGN ACCOUNT CHECKS			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 1,021.15

