

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 :		20200384		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF MICHAEL C LAMBERT												
Street Address: 5724 RISING SUN AVE												
City: PHILADELPHIA						State: PA			Zip Code: 19111			
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	<input checked="" type="checkbox"/>	No		
	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 2020		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
						MO	DAY	YEAR	DEM 51			
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	24	2020		12	31	2020				
A. Amount Brought Forward From Last Report						\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 1,500.00						
D. Total Expenditures (From Schedule III)						\$ 1,017.07						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 482.93						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 1,500.00						

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 MICHAEL C LAMBERT	From: <u>11/24/2020</u> To: <u>12/31/2020</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)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
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
All Other Contributions (Part D)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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.)	\$ 1,500.00
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Full Name of Contributing Committee			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	
	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 FRIENDS OF MICHAEL C LAMBERT	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Michael C Lambert							
Mailing Address 5724 Rising Sun Ave				12	11	2020	\$ 1,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19120					
Employer Name Michael Lambert Law Office				Occupation Attorney			
Employer Mailing Address/Principal Place of Business 5724 Rising Sun Ave			City Philadelphia	State PA	Zip Code (Plus 4) 19120		

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

PAGE TOTAL
\$ 1,500.00

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:
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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	
FRIENDS OF MICHAEL C LAMBERT		From: <u>11/24/2020</u> To: <u>12/31/2020</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:

			DATE			AMOUNT
Full Name of Contributor			MO	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 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 MICHAEL C LAMBERT	From <u>11/24/2020</u> To: <u>12/31/2020</u>

DATE				AMOUNT		
To Whom Paid 7 ELEVEN			MO	DAY	YEAR	\$ 106.00
Mailing Address 1003 E WILLOW GROVE AVE			12	23	2020	
City GLENSIDE	State PA	Zip Code (Plus 4) 190387937	Description of Expenditure CAMPAIGN EVENT EXPENSE			
To Whom Paid 7 ELEVEN			MO	DAY	YEAR	\$ 71.00
Mailing Address 1003 E WILLOW GROVE AVE			12	28	2020	
City GLENSIDE	State PA	Zip Code (Plus 4) 190387937	Description of Expenditure CAMPAIGN OFFICE SUPPLIES			
To Whom Paid BOOST MOBILE			MO	DAY	YEAR	\$ 60.00
Mailing Address 5694 RISING SUN AVE STE 8			12	28	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191201645	Description of Expenditure PHONE BILL			
To Whom Paid FINISH LINE			MO	DAY	YEAR	\$ 150.00
Mailing Address 160 N GULPH RD			12	24	2020	
City KING OF PRUSSIA	State PA	Zip Code (Plus 4) 194062941	Description of Expenditure CAMPAIGN EVENT EXPENSE			
To Whom Paid LUKOIL			MO	DAY	YEAR	\$ 12.00
Mailing Address 800 E WASHINGTON LN			12	21	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191381024	Description of Expenditure CAMPAIGN OFFICE SUPPLIES			

To Whom Paid LUKOIL			MO	DAY	YEAR	\$ 28.63
Mailing Address 800 E WASHINGTON LN			12	24	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191381024	Description of Expenditure TRAVEL EXPENSE			

To Whom Paid LUKOIL			MO	DAY	YEAR	\$ 20.54
Mailing Address 800 E WASHINGTON LN			12	29	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191381024	Description of Expenditure TRAVEL EXPENSE			

To Whom Paid PRIMARK			MO	DAY	YEAR	\$ 260.00
Mailing Address 160 N GULPH RD			12	21	2020	
City KING OF PRUSSIA	State PA	Zip Code (Plus 4) 194062941	Description of Expenditure CAMPAIGN EVENT SUPPLIES WINTER COATS			

To Whom Paid STAPLES			MO	DAY	YEAR	\$ 114.46
Mailing Address 4640 E ROOSEVELT BLVD			12	30	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191242300	Description of Expenditure CAMPAIGN OFFICE SUPPLIES			

To Whom Paid STARBUCKS			MO	DAY	YEAR	\$ 17.66
Mailing Address 4600 CITY AVE			12	24	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191311501	Description of Expenditure CAMPAIGN MEETING EXPENSE			

To Whom Paid STARBUCKS			MO	DAY	YEAR	\$ 50.49
Mailing Address 4600 CITY AVE			12	28	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191311501	Description of Expenditure CAMPAIGN MEETING EXPENSE			

To Whom Paid STARBUCKS			MO	DAY	YEAR	
Mailing Address 4600 CITY AVE			12	29	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191311501	Description of Expenditure CAMPAIGN MEETING EXPENSE			

To Whom Paid STARBUCKS			MO	DAY	YEAR	
Mailing Address 4600 CITY AVE			12	31	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191311501	Description of Expenditure CAMPAIGN MEETING EXPENSE			

To Whom Paid SUNOCO			MO	DAY	YEAR	
Mailing Address 899 DEKALB PIKE			12	20	2020	
City BLUE BELL	State PA	Zip Code (Plus 4) 194221215	Description of Expenditure CAMPAIGN EVENT EXPENSE			

To Whom Paid SUNOCO			MO	DAY	YEAR	
Mailing Address 899 DEKALB PIKE			12	31	2020	
City BLUE BELL	State PA	Zip Code (Plus 4) 194221215	Description of Expenditure TRAVEL EXPENSE			

To Whom Paid STARBUCKS			MO	DAY	YEAR	
Mailing Address 4600 CITY AVE			12	30	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191311501	Description of Expenditure Campaign Meeting Expense			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,017.07

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate FRIENDS OF MICHAEL C LAMBERT				Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor Michael C Lambert				MO	DAY	YEAR	
Mailing Address 5724 Rising Sun Ave				12	11	2020	\$ 1,500.00
City Philadelphia		State PA		Zip Code (Plus 4) 19120		Description of Debt Loan	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 1,500.00