#### **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 2020	00384				eport led B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	date or L	obbyist:		FRI	IEND	S OF I	MICHAEL	C LAN	1BER	Γ						
Street Address:	5724 RISING	SUN AV	/E														
City:	PHILADELPH	IΑ						State:	PA			Zip Coo	le: 19	9111			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2020					IG METHO				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	Sought by Candida	nte:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	ty
								МО	DAY	YE	AR	Number	10000	DEN	1	51	
								11		3	2020		(SEE IN	STRUCTI	ONS FOR (	CODES)	
•	Receipts and	МО	DAY	YEAR	ł		'	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 24	2	020	<b>T</b>	0	12	:	31	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			1,5	00.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			1,5	500.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,0	17.07						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	<b>:</b> )			\$			4	82.93						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	Ί)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	)			\$			1,5	00.00						
				AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere.	If th	his is	a Can	didate re	eport, o	andio	late sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	e attached sch	edules	s file	ed on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and beli	ef , tru	ie,
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	oort		-
	Signate	ıre					-					Prin	ted Name	<b>.</b>			-
My Commission Ex	cpires						_					Ema	il				_
	мо	D	AY	YR					Arc	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (	Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	,
Sworn to and subsc	ribed before me this	•									s	ignature o	of Candid	ate			-
	day of		_ 20				-					Printe	d Name				-
	Signature						-					F	il				_
My Commission Exp	oires											Ema					
	МО	D	AY	YR	1		•		Area	Code		Da	ytime T	elephon	ne Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MICHAEL C LAMBERT	From:	11/24/202	<u>:0</u> To:	12/31/2020
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	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,500.00

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

**PAGE TOTAL \$**0.00

## 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 Filling Committee of Candidate			Reporting Period  From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

**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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

## 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			Rep	orting Pe	riod			
FRIENDS OF MICHAEL C LAMBERT			Fror	n:	11/24/2	<u>020</u> To	): <u>1</u>	<u>12/31/2020</u>
				D/	ATE		АМО	DUNT
Full Name of Contributor Michael C Lambert				мо	DAY	YEAR		
Mailing 5724 Rising Sun Ave							\$	1,500.00
<b>City</b> Philadelphia	State PA	Zip Code (Plus 19120	5 4)	12	11	2020		
Employer Name Michael Lambert Law	Office			Occupat	tion	ttorney		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code	(Plus 4)
5724 Rising Sun Ave		Philadelp	hia		PA		19120	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(	<b>SE TOTAL</b> 1,500.00

# 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 C	andidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМ	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL
	Juliania I Detaile	a cannual y 1 age,	2001011	••			\$	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 Per	iod	
FRIENDS OF MICHAEL C LAMBERT	From:	<u>11/24/2020</u> <b>To:</b>	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		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:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

### STATEMENT OF EXPENDITURES

	g Period		
FRIENDS OF MICHAEL C LAMBERT From	11/24/2020	То:	12/31/2020

				DATE		AMOUNT
<b>To Whom Paid</b> 7 ELEVEN			мо	DAY	YEAR	
Mailing Address 1003 E WILLO	W GROVE AVE		12	23	2020	\$ 106.00
City GLENSIDE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190387937	1	ition of Exp IGN EVEN		
<b>To Whom Paid</b> 7 ELEVEN			МО	DAY	YEAR	
Mailing Address 1003 E WILLC	W GROVE AVE		12	28	2020	\$ 71.00
City GLENSIDE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190387937		otion of Exp		
To Whom Paid BOOST MOBILE			МО	DAY	YEAR	
Mailing Address 5694 RISING	SUN AVE STE 8		12	28	2020	\$ 60.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191201645	<b>Descrip</b> PHONE	tion of Exp	penditure	
To Whom Paid FINISH LINE	·		МО	DAY	YEAR	
Mailing Address 160 N GULPH	RD		12	24	2020	\$ 150.00
City KING OF PRUSSIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194062941		otion of Exp IGN EVEN		
<b>To Whom Paid</b> LUKOIL			МО	DAY	YEAR	
Mailing Address 800 E WASHII	NGTON LN		12	21	2020	\$ 12.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191381024	1	otion of Exp IGN OFFIC		
		I				

To Whom Paid LUKOIL				DAY	YEAR					
Mailing Address 800 E WASHINGTON LN			12	24	2020	\$	28.63			
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip							
PA 191381024				TRAVEL EXPENSE						
To Whom Paid LUKOIL			МО	DAY	YEAR					
Mailing Address 800 E WASHINGTON LN			12	29	2020	\$	20.54			
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip							
	PA	191381024		_ EXPENSE						
To Whom Paid PRIMARK			МО	DAY	YEAR					
Mailing Address 160 N GULPH RD			12	21	2020	\$	260.00			
City KING OF PRUSSIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194062941	Description of Expenditure  CAMPAIGN EVENT SUPPLIES WINTER COATS							
	<b>I</b>									
To Whom Paid STAPLES	<u> </u>		МО	DAY	YEAR					
STAPLES	OSEVELT BLVD		<b>MO</b>	<b>DAY</b> 30	<b>YEAR</b> 2020	\$	114.46			
STAPLES  Mailing Address 4640 E ROO	OSEVELT BLVD	Zip Code (Plus 4)	12	30	2020		114.46			
STAPLES  Mailing Address 4640 E ROO		<b>Zip Code (Plus 4)</b> 191242300	12  Descrip		2020 penditure		114.46			
STAPLES  Mailing Address 4640 E ROO	State		12  Descrip	30 otion of Exp	2020 penditure		114.46			
Mailing Address 4640 E ROO City PHILADELPHIA To Whom Paid	State PA		12  Descrip	30 otion of Exp IGN OFFIC	2020 penditure E SUPPLI		17.66			
Mailing Address 4640 E ROO  City PHILADELPHIA  To Whom Paid STARBUCKS  Mailing Address 4600 CITY	State PA		Descrip CAMPA MO	30  otion of Exp IGN OFFIC  DAY  24	2020 Denditure E SUPPLI YEAR 2020	ES \$				
Mailing Address 4640 E ROO City PHILADELPHIA  To Whom Paid STARBUCKS Mailing Address 4600 CITY	State PA AVE	191242300	Description 12  Description 12  Description 12	30 Dition of Exp IGN OFFIC	2020 penditure E SUPPLI YEAR 2020 penditure	\$				
Mailing Address 4640 E ROO  City PHILADELPHIA  To Whom Paid STARBUCKS  Mailing Address 4600 CITY	State PA  AVE  State	191242300  Zip Code (Plus 4)	Description 12  Description 12  Description 12	JAY  DAY  24  Otion of Exp	2020 penditure E SUPPLI YEAR 2020 penditure	\$				
Mailing Address 4640 E ROO City PHILADELPHIA  To Whom Paid STARBUCKS  Mailing Address 4600 CITY  City PHILADELPHIA  To Whom Paid	State PA  AVE  State PA	191242300  Zip Code (Plus 4)	Descrip CAMPA  MO  12  Descrip CAMPA	DAY  24  Ption of Exp IGN MEETI	2020  penditure E SUPPLI  YEAR  2020  penditure NG EXPE	\$				
Mailing Address 4640 E ROO  City PHILADELPHIA  To Whom Paid STARBUCKS  Mailing Address 4600 CITY  City PHILADELPHIA  To Whom Paid STARBUCKS	State PA  AVE  State PA	191242300  Zip Code (Plus 4)	Descript CAMPA  MO  12  Descript CAMPA  MO  12	DAY  24  Otion of Exp IGN OFFIC	2020 Penditure E SUPPLI  YEAR  2020 Penditure NG EXPE  YEAR  2020	\$ NSE	17.66			

							PAGE 13	
To Whom Paid STARBUCKS			мо	DAY	YEAR			
Mailing Address 4600 CITY AVE				29	2020	\$	11.02	
City PHILADELPHIA	<b>State</b> PA	Description of Expenditure  CAMPAIGN MEETING EXPENSE						
To Whom Paid STARBUCKS			МО	DAY	YEAR			
Mailing Address 4600 CITY AVE			12	31	2020	\$	23.65	
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191311501	Description of Expenditure  CAMPAIGN MEETING EXPENSE					
To Whom Paid SUNOCO			МО	DAY	YEAR			
Mailing Address 899 DEKALB PIKE			12	20	2020	\$	25.19	
City BLUE BELL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194221215	Description of Expenditure  CAMPAIGN EVENT EXPENSE					
To Whom Paid SUNOCO	·		МО	DAY	YEAR			
Mailing Address 899 DEKALB PIKE			12	31	2020	\$	49.53	
City BLUE BELL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194221215	Description of Expenditure TRAVEL EXPENSE					
To Whom Paid STARBUCKS				DAY	YEAR			
Mailing Address 4600 CITY AVE			12	30	2020	\$	16.90	
City PHILADELPHIA	State Zip Code (Plus 4) Description of Expenditure PA 191311501 Campaign Meeting Expens							
Enter Grand Total of Expendi	itures on Page 1 Re	eport Cover Page Item D					PAGE TOTAL	
Lines Grand Fotal of Expendi	itales on rage 1, Ne	port cover rage, item b	•			\$	1,017.07	

# 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			Reporting Period					
FRIENDS OF MICHAEL C LAMBERT			From:	<u>11/24/2020</u> <b>To:</b>			12/31/2020	
					DATE			Outstanding Balance of Debt
Name of Creditor Michael C Lambert				МО	DAY	YEAR		
Mailing Address 5724 Rising Sun Ave				12	11	2020	\$	1,500.00
<b>City</b> Philadelphia	State	Zip Code (Plu	ıs 4)	Description of Debt				
	PA	19120		Loan				
				_				PAGE TOTAL
Enter Grand Total of Unpaid Debi	s on Page 1,	Report Cover Pa	ge, Item	G.			\$	1,500.00