Campaign Finance Report

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

Filer Identificat	ion of	300010		-	Repor	t	CANDI	DATE		сомм	IITTEE	✓	LOB	BYIST	
Number :					Filed I	By:									
Name of Filing (Committee, Can	didate or L	obbyist:		FRIEND	DS FOR	R DARYL	METCAI	LFE						
Street Address:	P.O. BOX 1	1536					_								
City:	CRANBERR	RY TWP					State:	PA			Zip Co	de: 16	066		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3.		AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 ELE				AY I TION	POST-	6. X		TERMINATION REPORT?		Yes	✓ No	
report type)	ANNUAL REPO	RT 7.	Year 2022				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Cand	idate:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEA	R	12	STH	REF)	10
REPRESENTATIVE IN THE GENERAL ASSEMBLY							11		8 2	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		10 25	5 2	022 1	0	11	2	.8	2022					
A. Amount Bro	ught Forward F	rom Last R	eport			\$			20,47	4.21					
B. Total Monet	ary Contributio	ns And Rec	eipts (Fron	n Sche	dule I)	\$	\$ 0.00								
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			20,47	4.21					
D. Total Expen	ditures (From S	Schedule II	I)			\$			20,47	4.21					
E. Ending Cash	Balance (Subt	ract Line D	From Line	C)		\$	•		(0.00					
F. Value Of In-	Kind Contributi	ons Receiv	ed (From S	chedu	le II)	\$			(0.00					
G. Unpaid Deb	ts And Obligatio	ons (From S	Schedule I\	/)		\$				0.00					
				AFF	IDAVI	IT SE	CTION								
PART I - If this i															
I swear (or affirm correct and compl		including the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	dium, a	ire to t	he best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me day of	this	20						Sig	nature	of Perso	on Submitt	ing Rej	port	
	Sign	ature				_					Prin	ited Name			
My Commission E	xpires										Ema	nil			
	мо	D	AY	YR				Are	a Code		Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authorized	Comn	nittee, O	Candid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amend		of my knowl	edge and bel	ief this	political	comm	iittee has n	ot violat	ed any j	provisi	ons of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	cribed before me t day of	his	20							Si	gnature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signatu	ire				_					Ema	nil			
						_									
	мо	D	AY	YR				Area C	Code		D	aytime Te	elephor	ne Numb	er

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR DARYL METCALFE	From:	<u>10/25/202</u>	<u>2</u> To:	<u>11/28/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			-	
TOTAL for the Reporting	g 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	(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)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g 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			\$	0.00

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				Reporting Period						
			Fre	om:		То	•			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

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 Candidat	e			orting P	eriod	_			
			Fro	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

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						
	om: To:								
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1				
Enter Grand Total of Part E on Sc	hadula I. Datailar	l Summary Page	Section	4				PAGE TO	TAL
		summaly Page,	Section				\$		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 Perio	d	
FRIENDS FOR DARYL METCALFE	From:	<u>10/25/2022</u> то:	<u>11/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				Reporting Period					
	From:			То:					
				DATE		AMOU	INT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	,						
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE 1	TOTAL		
					4	i	0.00		

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

Name of Filing Committee or Candidate					Reporting Period						
						rom: To:					
							DATE			AMOUNT]
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.	.00
City	State		Zip Code(P	Plus 4)							
Employer of Contributor						Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	otion of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS FOR DARYL METCALFE			From	From <u>10/25/2022</u> To:			<u>11/28/2022</u>	
				DATE		AMOUNT		
To Whom Paid ARMSTRONG			мо	DAY	YEAR			
Mailing Address P.O. BOX 37749			11	1	2022	\$	75.24	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101		Description of Expenditure INTERNET & amp; PHONE SERVICE				
To Whom Paid PA FAMILY PAC			мо	DAY	YEAR			
Mailing Address 23 N. FRONT STREET			11	6	2022	\$	19,803.05	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION					
To Whom Paid BANK OF AMERICA			мо	DAY	YEAR			
Mailing Address P.O. BOX 15019			11	9	2022	\$	595.92	
City WILMINGTON	State DE	Zip Code (Plus 4) 19886	Description of Expenditure VISA PAYMENT FOR POSTAGE, GIFT CARDS, BREAKFAST & amp; LUNCH MEETING					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 20,474.21	