Commonwealth of Pennsylvania

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 :	2008133	**Report Filed By :**	**CANDIDATE**		**COMMITTEE**	✓	**LOBBYIST**				
Name of Filing Committee, Candidate or Lobbyist:	FRIENDS OF CARL WALKER METZGAR										
Street Address:											
City:	BERLIN	**State:**	PA	**Zip Code:**	15530						

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** 2024		**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	5	2024		**(SEE INSTRUCTIONS FOR CODES)**		

Summary of Receipts and Expenditures from:	**MO**	**DAY**	**YEAR**	**TO**	**MO**	**DAY**	**YEAR**	**FOR OFFICE USE ONLY**
	9	17	2024		10	21	2024	

A. Amount Brought Forward From Last Report	$	88,101.09
B. Total Monetary Contributions And Receipts (From Schedule I)	$	17,050.00
C. Total Funds Available (Sum Of Lines A and B)	$	105,151.09
D. Total Expenditures (From Schedule III)	$	3,165.25
E. Ending Cash Balance (Subtract Line D From Line C)	$	101,985.84
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**

My Commission Expires _____ **MO** **DAY** **YR**

_____ **Signature of Person Submitting Report**

_____ **Printed Name**

_____ **Email**

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**

My Commission Expires _____ **MO** **DAY** **YR**

_____ **Signature of Candidate**

_____ **Printed Name**

_____ **Email**

Area Code **Daytime Telephone Number**

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CARL WALKER METZGAR	From: 9/17/2024 To: 10/21/2024

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)	$	250.00
All Other Contributions (Part B)	$	100.00
TOTAL for the Reporting Period (2)	$	350.00

3. Contributions Received Over $250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	$	10,000.00
All Other Contributions (Part D)	$	6,700.00
TOTAL for the Reporting Period (3)	$	16,700.00

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.)	$	17,050.00

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
FRIENDS OF CARL WALKER METZGAR	From: 9/17/2024 To: 10/21/2024

Full Name of Contributing Committee			DATE MO	DAY	YEAR	AMOUNT
PA ASSN BUILDERS & CONTRACTOR PAC			10	7	2024	$ 250.00
Mailing Address						
City MANHEIM	**State** PA	**Zip Code (Plus 4)** 17545				

PAGE TOTAL
$ 250.00

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)

Name of Filing Committee or Candidate	**Reporting Period**
FRIENDS OF CARL WALKER METZGAR	**From:** 9/17/2024 **To:** 10/21/2024

Full Name of Contributor			**DATE**			**AMOUNT**
MOSHOLDER INSURANCE			**MO**	**DAY**	**YEAR**	
Mailing Address						**$** 100.00
City CONFLUENCE	**State** PA	**Zip Code (Plus 4)** 15424	10	18	2024	

PAGE TOTAL

$ 100.00

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

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 CARL WALKER METZGAR	From: 9/17/2024 To: 10/21/2024

Full Name of Contributing Committee	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
PENN OSTEOPATHIC MED PAC Mailing Address	HARRISBURG	PA	17111	7	2	2024	$ 1,000.00
EQUITRANS MIDSTREAM PAC Mailing Address	CANONSBURG	PA	15317	8	3	2024	$ 2,500.00
LAWPAC Mailing Address	HARRISBURG	PA	17101	8	21	2024	$ 5,000.00
CUS HEALTH PAC Mailing Address	WASHINGTON	DC	20004	7	20	2024	$ 500.00
WINDSTREAM HOLDINGS II PAC Mailing Address	LITTLE ROCK	AR	72212	9	17	2024	$ 1,000.00

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

PAGE TOTAL
$ 10,000.00

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
FRIENDS OF CARL WALKER METZGAR	From: 9/17/2024 To: 10/21/2024

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
VINCENT BARBERA		SOMERSET	PA	15501	10	18	2024	$ 1,000.00

Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)
BARBERA LAW	ATTORNEY		SOMERSET	PA	15501

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
J. ROSS STEWART		CENTRAL CITY	PA	15926	10	18	2024	$ 1,200.00

Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)
PAVCON LLC	CORPORATE ADVISOR		LATROBE	PA	15650

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
RANDY MAXWELL		IMLER	PA	16655	10	21	2024	$ 2,000.00

Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)
MAXWELL TRANSPORTATION	CEO		IMLER	PA	16655

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
EDDIE AUSTIN		INDIANA	PA	15701	10	21	2024	$ 2,500.00

Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)
RFI RESOURCES LLC	MANAGING MEMBER		INDIANA	PA	15701

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

PAGE TOTAL
$ 6,700.00

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 CARL WALKER METZGAR	From: 9/17/2024 To: 10/21/2024

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	
Mailing Address						$ 0.00
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 CARL WALKER METZGAR	From 9/17/2024 To: 10/21/2024

To Whom Paid	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT	Description of Expenditure
SOMERSET CO ASSOCIATION TOWNSHIP OFFICIALS Mailing Address	SOMERSET	PA	15501	5	30	2024	$ 50.00	ADVERTISEMENT
TRIBUNE DEMOCRAT Mailing Address	JOHNSTOWN	PA	15907	6	11	2024	$ 80.00	ADVERTISEMENT
GOLDEN EAGLE FOOTBALL BOOSTERS Mailing Address	SOMERSET	PA	15501	7	1	2024	$ 100.00	SPONSOR
KEYSTONE RAMBLERS SPORTING CLAY ASSN Mailing Address	ROCKWOOD	PA	15557	7	8	2024	$ 600.00	SPONSOR
TRIBUNE DEMOCRAT Mailing Address	JOHNSTOWN	PA	15907	7	29	2024	$ 55.00	ADVERTISEMENT
SCI SOMERSET Mailing Address	SOMERSET	PA	15501	8	7	2024	$ 100.00	SPONSOR

To Whom Paid			MO	DAY	YEAR	
TRIBUNE DEMOCRAT						
Mailing Address			8	27	2024	$ 55.83
City JOHNSTOWN	**State** PA	**Zip Code (Plus 4)** 15907	**Description of Expenditure** ADVERTISEMENT			

To Whom Paid			MO	DAY	YEAR	
NEW CENTERVILLE VOL FIRE DEPT						
Mailing Address			8	29	2024	$ 250.00
City ROCKWOOD	**State** PA	**Zip Code (Plus 4)** 15557	**Description of Expenditure** SPONSOR			

To Whom Paid			MO	DAY	YEAR	
SOMERSET CO REPUBLICAN COMM						
Mailing Address			9	12	2024	$ 350.00
City SOMERSET	**State** PA	**Zip Code (Plus 4)** 15501	**Description of Expenditure** BANQUET			

To Whom Paid			MO	DAY	YEAR	
HEROS NEVER ALONE						
Mailing Address			9	18	2024	$ 400.00
City LIGONIER	**State** PA	**Zip Code (Plus 4)** 15658	**Description of Expenditure** SPONSOR			

To Whom Paid			MO	DAY	YEAR	
TRIBUNE DEMOCRAT						
Mailing Address			9	16	2024	$ 56.67
City JOHNSTOWN	**State** PA	**Zip Code (Plus 4)** 15907	**Description of Expenditure** ADVERTISEMENT			

To Whom Paid			MO	DAY	YEAR	
CHARITY FOR PA REP						
Mailing Address			10	10	2024	$ 500.00
City SMITHTON	**State** PA	**Zip Code (Plus 4)** 15478	**Description of Expenditure** CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	
CAMBRIA FUTURE PROSPERITY PAC						
Mailing Address			10	15	2024	$ 250.00
City JOHNSTOWN	**State** PA	**Zip Code (Plus 4)** 15902	**Description of Expenditure** CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	
BEDFORD CO REPUBLICAN COMM						
Mailing Address			10	17	2024	$ 100.00
City EVERETT	**State** PA	**Zip Code (Plus 4)** 15537	**Description of Expenditure** BANQUET			

To Whom Paid			MO	DAY	YEAR	
CARL METZGAR						
Mailing Address			10	17	2024	$ 217.75
City SOMERSET	**State** PA	**Zip Code (Plus 4)** 15501	**Description of Expenditure** REIMBURSE FOR PARADE ITEMS			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

$ 3,165.25