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 9800	0010				port ed E		CA	NDI	DATE		COM	AITTEE	V	LOBE	1131	
Name of Filing C	ommittee, Candid	late or L	obbyist:		MET	TCAL	_FE, D	ARYL	FR]	IENDS	FOR	-					
Street Address:	P O BOX 153	6															
City:	CRANBERRY 7	ΓWΡ						State	e:	PA			Zip Co	de: 16	5066		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	≣-	5.	30 DA		F	POST-	6.		TERMINA REPORT		Yes	No	√
report type)	ANNUAL REPORT	7. X	Year 2006	i				NG MI					PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candida	te:						DAT	ΈO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	County Code
DEDDECENTATI	VE IN THE GENER	O A I A C C	EMRIV					МО		DAY	YI	EAR		STH	REP		
REPRESENTATI	VL IN THE GENER	VAL ASS	DEMIDET						11		7	2006		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FC	OR OFFI	CE USE	ONLY	
Expenditures	enditures from: 1 1 1 TO 12 31 2006																
A. Amount Bro	ught Forward Froi	m Last R	Last Report \$ 127,451.24														
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$					0.00					
C. Total Funds	Funds Available (Sum Of Lines A and B) \$ 127,451.2									451.24							
D. Total Expenditures (From Schedule III) \$ 741.6								741.64									
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			1	.26,7	709.60					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le I	I)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From	Schedule I\	V)			\$					0.00			'		
				AFF	·ID/	AVI	T SE	CTI	NC								
I swear (or affirm)	s a Committee rep that this report, inc	-	_									_		of my kno	wledge a	and belie	ef , true
correct and comple		_															
Sworn to and subs	cribed before me this day of	S	_ 20				_				5	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	ıre					_						Prin	ted Name	9		
My Commission Ex	xpires						_			Email							
	МО	D	AY	YR	_	_			_	Are	a Co	de	ne Teleph	one Nu	mber	_	
	a report of a can					•				-							
No 320) as amende	ed.	ny knowl	edge and bel	ief this	poli	itical	comm	ittee l	nas n	ot viola	ed any provisions of the act of June 3,1937 (P.L. 133						
Sworn to and subsc	ribed before me this day of		20									s	ignature	of Candid	ate		
							_						Printe	ed Name			
My Commission Exp	Signature ires						_						Ema	nil			—
	МО	D	AY	YR	<u> </u>		-			Area	Code		D	Daytime Telephone Number			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
METCALFE, DARYL FRIENDS FOR	From:	То:	12/31/2006
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	g 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)		\$	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 at 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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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 Filing Committee or Candi	date			Rep	orting P	eriod			
				Fro	m:		To):	
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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	ne of Filing Committee or Candidate			Reporting Period						
				Fror	n:		То:			
					D	ATE		AN	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zip Cod	de (Plus	s 4)						
Employer Name	•				Occupa	tion				
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P <i>i</i>	AGE TOTAL 0.00	

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	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 Period		
METCALFE, DARYL FRIENDS FOR	From:	То:	<u>12/31/2006</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 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	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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period					
					Fro	m:		То	:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
METCALFE, DARYL FRIENDS	FOR		From			То:	12/31/2006
				DATE			AMOUNT
To Whom Paid NPT CO			мо	DAY	YEAR		
Mailing Address 4008 GIB	SONIA RD		12	24	2006	\$	26.81
City GIBSONIA	State PA	Zip Code (Plus 4) 15044		otion of Exp		3	
To Whom Paid ARMSTRONG			мо	DAY	YEAR		
Mailing Address 437 NORT	TH MAIN ST		12	24	2006	\$	39.95
City BUTLER	State PA	Zip Code (Plus 4) 16001		otion of Exp			
To Whom Paid G.O.A.	·		мо	DAY	YEAR		
Mailing Address 8001 FOR	BES PL STE 102		12	24	2006	\$	20.00
City SPRINGFIELD	State VA	Zip Code (Plus 4) 22151		otion of Exp		:	
To Whom Paid BANK OF AMERICA			МО	DAY	YEAR		
Mailing Address PO BOX 1	758		12	31	2006	\$	369.44
City NEWARK	State NJ	Zip Code (Plus 4) 07101	1				IARGES TO
To Whom Paid BANK OF AMERICA			МО	DAY	YEAR		
Mailing Address PO BOX 1	758		12	31	2006	\$	285.44
City NEWARK	State NJ	Zip Code (Plus 4) 07101					ARGES TO
Enter Grand Total of Expe	nditures on Page 1. Pa	uport Cover Bago. Item 5	`				PAGE TOTAL
Enter Granu Total OF EXPE	iuituies vii raye 1, Ke	poit cover raye, Item L	, .			\$	741.64