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 201	60116				port ed B		CANDI	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist:		FRII	END	S FOR	BEHRE	NS	-							
Street Address:	573 ORCHAI	RD ST															
City:	HANOVER T	VP						State:	PA			Zip Cod	ie: 18	3706			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	Y PRE	-	5.	30 DA ELECT							Yes	No	•	/
report type)	ANNUAL REPOR	7.	Year 2016					IG METHO				PAPER			DISKE	TTE	
Name of Office S	- Sought by Candid	ate:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR			REP			
								11		8	2016		(SEE IN	STRUCTIO	ONS FOR C	ODES))
	Receipts and	МО	DAY	YEAR	ł .			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		3 8	2	016	T	0	4		11	2016						
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	.85.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 185.00																	
D. Total Expend	ditures (From Sc	hedule II	I)				\$				0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			1	85.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedu	le II	I)	\$			7	00.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$			2,0	15.35						
				AFF	IDA	AVI	T SE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign l	here. I	If th	nis is	a Can	ididate re	eport, o	andio	late sig	ın here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	attached sch	nedules	s file	d on	paper (or by elect	ronic m	edium,	, are to t	he best o	f my knov	wledge a	and belie	ef , tru	ue.
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signat	ure					-					Prin	ted Name	.			
My Commission Ex	rpires						_					Ema	il				
<u> </u>	МО	D.	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		╝
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me thi day of	5	20								S	ignature o	of Candida	ate			_
							-					Printe	d Name				-
My Commission Exp	Signature ires	ı					-					Ema	il				-
			A.V.	VP	,		-			Code		D-	aytime T	elenhon	e Numbe	er .	-
	HO	D	AY	YR					AIEd	Code		Di	ayume I	ciebiion	C HUIIID	- 1	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -						
Name of Filing Committee or Candidate	Reporting Period					
FRIENDS FOR BEHRENS	From:	3/8/201	<u>б</u> То:	4/11/2016		
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)	\$	285.00				
TOTAL for the Reporting	(2)	\$	285.00			
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	J 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		
				1		
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			\$	285.00		

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						
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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 Candid	lame of Filing Committee or Candidate			orting Po	eriod			
FRIENDS FOR BEHRENS			Fro	m:	3/8/2	2 <u>016</u> To):	4/11/2016
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
WILLIAM & amp; CHRISTINE LICANDE	I							
Mailing Address 239 HAYFIELD RO	AD						\$	25.00
City SHAVERTOWN	State	Zip Code (Plus 4)	3	17	2016		
	PA	18708						
Full Name of Contributor PATRICK UMBRO					DAY	YEAR		
Mailing Address 163 S. WASHINGTON ST.							\$	10.00
City WILKES-BARRE	State	Zip Code (Plus 4)	3	27	2016		
	PA	18701						
Full Name of Contributor				мо	DAY	YEAR		
MATTHEW & amp; LORI DIETZ				110		ILAK		
Mailing Address 206 E. SECOND S	Т						\$	150.00
City WIND GAP	State	Zip Code (Plus 4)	3	16	2016		
	PA	18091						
Full Name of Contributor				МО	DAY	YEAR		
EDWARD F. BEHRENS				1-10	DAI	ILAK		
Mailing Address 1844 CARYN DRI	/E						\$	100.00
City HELLERTOWN	State	Zip Code (Plus 4)	3	20	2016		
	PA	18055						
								PAGE TOTAL

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

PAGE TOTAL \$ 285.00

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	nme of Filing Committee or Candidate		Reporting	Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
1	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary 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	ame of Filing Committee or Candidate			orting Pe	riod					
			Fron	From:				То:		
				DATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address							7			
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE 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 Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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 FOR BEHRENS	From:	3/8/2016 To:	<u>4/11/2016</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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)	\$	700.00					
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,	•	\$	700.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ame of Filing Committee or Candidate			Reporting Period				
			From:			To		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			led Sun	ımary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

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

Name of Filing Committee or Candidate	Reporting Per	iod		
FRIENDS FOR BEHRENS	From:	3/8/2016	То:	<u>4/11/2016</u>

						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
HRCC								_	700.00	
ailing Address PO BOX 11787				3	14	2016	\$	700.00		
City HARRISBURG	State		Code(Plus 4)							
	PA		108							
Employer of Contributor	<u> </u>				Occupation					
Employer Mailing Address/Princ	cipal Place of Business	City		State	te Zip Code(Plus 4) Desc			Description of Contribution		
							DATA	&	LISTS	
Enter Grand Total of Part G	on Schedule II. In-Ki	ind C	tributions De	tailed					PAGE TOTAL	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.				canea	•				700.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period				
			From			То:		
		DATE			AMOUNT			
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Evpanditures on Dago 1 Depart Cover Dago Item I							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I			, .			\$	0.00	

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 FOR BEHRENS			From:		<u>3/8/2016</u>	To:	<u>-</u>	4/11/2016	
				DATE				Outstanding Balance of Debt	
Name of Creditor RED MAVERICK				мо	DAY	YEAR			
Mailing Address 403 N. SECOND ST.				4	17	2016	\$	1,221.70	
City HARRISBURG	State PA	Zip Code (F 18707	Plus 4)	Description of Debt HANDOUTS					
Name of Creditor JUSTIN BEHRENS				мо	DAY	YEAR			
Mailing Address 2 OAK DRIVE				3	31	2016	\$	693.65	
City MOUNTAINTOP	State PA	Zip Code (F 18707	Plus 4)	Description of Debt MAILINGS, PHOTOGRAPHY, TABLET, PHONE - LOAN FROM CANDIDATE					
Name of Creditor COMMONWEALTH OF PA				МО	DAY	YEAR			
Mailing Address NORTH OFFICE BUILDING ROOM 210				2	16	2016	\$	100.00	
City HARRISBURG	State PA	Zip Code (F 17120	Plus 4)	Description of Debt FILING FEE					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL		
							\$	2,015.35	