

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 : 20160116		Report Filed By :		CANDIDATE		COMMITTEE	✓	LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS FOR BEHRENS										
Street Address: 573 ORCHARD ST										
City: HANOVER TWP				State: PA		Zip Code: 18706				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓
	ANNUAL REPORT	7.	Year 2016	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	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	8	2016		4	11	2016		
A. Amount Brought Forward From Last Report				\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 185.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 185.00						
D. Total Expenditures (From Schedule III)				\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 185.00						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 700.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 2,015.35						

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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

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

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)	\$ 285.00
TOTAL for the Reporting Period (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 Period (3)	\$ 0.00

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.)	\$ 285.00
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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 FRIENDS FOR BEHRENS	Reporting Period From: <u>3/8/2016</u> To: <u>4/11/2016</u>
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DATE	AMOUNT
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Full Name of Contributor EDWARD F. BEHRENS			MO	DAY	YEAR	\$ 100.00
Mailing Address 1844 CARYN DRIVE			3	20	2016	
City HELLERTOWN	State PA	Zip Code (Plus 4) 18055				

Full Name of Contributor MATTHEW & LORI DIETZ			MO	DAY	YEAR	\$ 150.00
Mailing Address 206 E. SECOND ST			3	16	2016	
City WIND GAP	State PA	Zip Code (Plus 4) 18091				

Full Name of Contributor				MO	DAY	YEAR	\$ 10.00
PATRICK UMBRO							
Mailing Address 163 S. WASHINGTON ST.				3	27	2016	
City	WILKES-BARRE	State	Zip Code (Plus 4)				
		PA	18701				

Full Name of Contributor				MO	DAY	YEAR	\$ 25.00
WILLIAM & CHRISTINE LICANDRI							
Mailing Address				3	17	2016	
239 HAYFIELD ROAD							
City	SHAVERTOWN	State	PA	Zip Code (Plus 4)	18708		

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	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 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: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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 FOR BEHRENS		From: <u>3/8/2016</u> To: <u>4/11/2016</u>	
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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 700.00
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.)			\$ 700.00

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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 FRIENDS FOR BEHRENS				Reporting Period From: <u>3/8/2016</u> To: <u>4/11/2016</u>			
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				DATE	AMOUNT		
Full Name of Contributor HRCC				MO	DAY	YEAR	\$ 700.00
Mailing Address PO BOX 11787				3	14	2016	
City HARRISBURG	State PA	Zip Code(Plus 4) 17108					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution DATA & LISTS			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 700.00	

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period	
	From	To:

DATE				AMOUNT
To Whom Paid				
Mailing Address				
City	State	Zip Code (Plus 4)	Description of Expenditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 0.00

SCHEDULE IV
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 FRIENDS FOR BEHRENS				Reporting Period From: <u>3/8/2016</u> To: <u>4/11/2016</u>			
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DATE							Outstanding Balance of Debt
Name of Creditor RED MAVERICK				MO	DAY	YEAR	\$ 1,221.70
Mailing Address 403 N. SECOND ST.				4	17	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 18707		Description of Debt HANDOUTS			

DATE							Outstanding Balance of Debt
Name of Creditor JUSTIN BEHRENS				MO	DAY	YEAR	\$ 693.65
Mailing Address 2 OAK DRIVE				3	31	2016	
City MOUNTAINTOP	State PA	Zip Code (Plus 4) 18707		Description of Debt MAILINGS, PHOTOGRAPHY, TABLET, PHONE - LOAN FROM CANDIDATE			

DATE							Outstanding Balance of Debt
Name of Creditor COMMONWEALTH OF PA				MO	DAY	YEAR	\$ 100.00
Mailing Address NORTH OFFICE BUILDING ROOM 210				2	16	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17120		Description of Debt FILING FEE			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 2,015.35
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