

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 : 20150221 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF AARON BERNSTINE | | | | | | | | | | | |
| Street Address: C/O THOMAS R. HILEMAN, SR., 1910 COCHRAN RD., STE 990 | | | | | | | | | | | |
| City: PITTSBURGH | | | | State: PA | | Zip Code: 15220-1222 | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY | POST-PRIMARY | 3. X | AMENDMENT REPORT? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST-ELECTION | 6. | TERMINATION REPORT? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. | Year 2016 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE <input type="checkbox"/> | | | |
| Name of Office Sought by Candidate: | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | MO | DAY | YEAR | | | | |
| | | | | | 11 | 8 | 2016 | | | | |
| Summary of Receipts and Expenditures from: | | | | | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | | | | 4 | 12 | 2016 | | | | TO |
| | | | | | 5 | 16 | 2016 | | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ | | 3,380.97 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ | | 3,675.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ | | 7,055.97 | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ | | 6,948.58 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ | | 107.39 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ | | 770.83 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | \$ | | 14,383.32 | | | | |

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 OF AARON BERNSTINE | From: <u>4/12/2016</u> To: <u>5/16/2016</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 175.00 |

| | |
|--|-------------|
| 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) | \$ 1,000.00 |
| TOTAL for the Reporting Period (2) | \$ 1,000.00 |

| | |
|---|-------------|
| 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) | \$ 2,500.00 |
| TOTAL for the Reporting Period (3) | \$ 2,500.00 |

| | |
|--|---------|
| 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.) | \$ 3,675.00 |
|---|-------------|

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 Candidate FRIENDS OF AARON BERNSTINE | Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u> |
|--|--|

| | | | | DATE | | AMOUNT | |
|---|----------|-------------------------|--|------|-----|--------|-----------|
| Full Name of Contributor OTTO VOIT | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 525 ELNORE AVE. | | | | 4 | 18 | 2016 | |
| City TEMPLE | State PA | Zip Code (Plus 4) 19560 | | | | | |
| Full Name of Contributor KATHY LOCHMANN | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 8944 WHITTLESEY LAKE DR. | | | | 4 | 25 | 2016 | |
| City PLYMOUTH | State MI | Zip Code (Plus 4) 48170 | | | | | |
| Full Name of Contributor DONALD DICKINSON | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 4213 PERRY HWY | | | | 5 | 6 | 2016 | |
| City SLIPPERY ROCK | State PA | Zip Code (Plus 4) 16057 | | | | | |
| Full Name of Contributor LISA LESINSKI-GABAUER | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 112 WATSON TRL | | | | 5 | 6 | 2016 | |
| City BEAVER FALLS | State PA | Zip Code (Plus 4) 15010 | | | | | |
| Full Name of Contributor GERALD BENYO | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 300 DRAVO AVE. | | | | 5 | 6 | 2016 | |
| City BEAVER | State PA | Zip Code (Plus 4) 15009 | | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$ 100.00 |
|------------------------------|----------|-------------------------|----|-----|------|-----------|
| NICHOLAS ARNATO | | | | | | |
| Mailing Address 991 MAIN ST. | | | 5 | 6 | 2016 | |
| City WELLSVILLE | State OH | Zip Code (Plus 4) 43968 | | | | |

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

| |
|-------------|
| PAGE TOTAL |
| \$ 1,000.00 |

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 FRIENDS OF AARON BERNSTINE | Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|--|-----------------|--------------------------------|--------------------------|-----------------------------|--------------------------------|------|-------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| DAVID BARENSFELD | | | | | | | |
| Mailing Address PO BOX 889 | | | | 5 | 6 | 2016 | \$ 2,500.00 |
| City ELLWOOD CITY | State PA | Zip Code (Plus 4) 16117 | | | | | |
| Employer Name ELLWOOD GROUP | | | | Occupation PRESIDENT | | | |
| Employer Mailing Address/Principal Place of Business 600 COMMERCIAL AVE. | | | City ELLWOOD CITY | State PA | Zip Code (Plus 4) 16117 | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 2,500.00 |

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 AARON BERNSTINE | | From: <u>4/12/2016</u> To: <u>5/16/2016</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) | | \$ | 70.83 |
| 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.) | | \$ | 770.83 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|--|--|
| Name of Filing Committee or Candidate FRIENDS OF AARON BERNSTINE | Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u> |
|--|--|

| | | | | DATE | | | AMOUNT |
|---|----------|-------------------------|--|------|-----|------|-----------------------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| RALPH FLARA | | | | | | | |
| Mailing Address 4513 ROCHESTER RD. | | | | 5 | 6 | 2016 | \$ 70.83 |
| City NEW BRIGHTON | State PA | Zip Code (Plus 4) 15066 | | | | | |
| Description of Contribution: PRINTING FLYERS | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | | PAGE TOTAL \$ 70.83 |

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Name of Filing Committee or Candidate FRIENDS OF AARON BERNSTINE | | | | Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u> | | | |
|--|--|--|--|--|--|--|--|

| | | | | DATE | AMOUNT |
|--|--------------------|----------------------------------|-------------------------|--|-----------------------------|
| Full Name of Contributor PENNSYLVANIA HOUSE REPUBLICAN CAMPAIGN COMMITTEE | | | | MO | DAY |
| Mailing Address PO BOX 11787 | | | | 5 | 5 |
| City HARRISBURG | State PA | Zip Code(Plus 4) 17108 | YEAR 2016 | | |
| Employer of Contributor N/A | | | | Occupation PAC | |
| Employer Mailing Address/Principal Place of Business N/A | City | State | Zip Code(Plus 4) | Description of Contribution DATA AND 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 |
| FRIENDS OF AARON BERNSTINE | From <u>4/12/2016</u> To: <u>5/16/2016</u> |

| DATE | | | | AMOUNT |
|--|-----------------|--------------------------------|--|-------------|
| To Whom Paid RAISE THE MONEY | MO | DAY | YEAR | |
| Mailing Address PO BOX 26466 | 4 | 18 | 2016 | \$ 12.50 |
| City LITTLE ROCK | State AR | Zip Code (Plus 4) 72221 | Description of Expenditure FEE | |
| To Whom Paid RAISE THE MONEY | MO | DAY | YEAR | |
| Mailing Address PO BOX 26466 | 4 | 19 | 2016 | \$ 2.70 |
| City LITTLE ROCK | State AR | Zip Code (Plus 4) 72221 | Description of Expenditure FEE | |
| To Whom Paid RAISE THE MONEY | MO | DAY | YEAR | |
| Mailing Address PO BOX 26466 | 4 | 25 | 2016 | \$ 5.40 |
| City LITTLE ROCK | State AR | Zip Code (Plus 4) 72221 | Description of Expenditure FEE | |
| To Whom Paid RAISE THE MONEY | MO | DAY | YEAR | |
| Mailing Address PO BOX 26466 | 4 | 28 | 2016 | \$ 1.47 |
| City LITTLE ROCK | State AR | Zip Code (Plus 4) 72221 | Description of Expenditure FEE | |
| To Whom Paid COLDSPARK MEDIA | MO | DAY | YEAR | |
| Mailing Address 307 FOURTH AVE. STE 920 | 4 | 27 | 2016 | \$ 1,081.75 |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15222 | Description of Expenditure PRIMARY CALLS | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|--|
| To Whom Paid COLDSPARK MEDIA | | | MO | DAY | YEAR | |
| Mailing Address 307 FOURTH AVE. STE 920 | | | 4 | 18 | 2016 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15222 | Description of Expenditure CAMPAIGN MATERIALS AND ADVERTISING | | | |

| | | | | | | |
|---------------------------------------|--------------------|-----------------------------------|--|------------|-------------|--|
| To Whom Paid FELICIA MULROY | | | MO | DAY | YEAR | |
| Mailing Address 201 POPLAR ST | | | 5 | 5 | 2016 | |
| City NEW GALILEE | State PA | Zip Code (Plus 4) 16141 | Description of Expenditure MILEAGE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|--|
| To Whom Paid GERALD V. BENYO, JR. | | | MO | DAY | YEAR | |
| Mailing Address 300 DRAVO AVE. | | | 5 | 5 | 2016 | |
| City BEAVER | State PA | Zip Code (Plus 4) 15009 | Description of Expenditure POSTAGE | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 6,948.58 |

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 OF AARON BERNSTINE | | | | Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u> | | | |
|--|--|--|--|--|--|--|--|

| DATE | | | | Outstanding Balance of Debt | | |
|---|--------------------|-----------------------------------|---|--------------------------------|-------------|-------------|
| Name of Creditor AARON J. BERNSTINE | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 254 STATE ROUTE 168 | | | 8 | 11 | 2015 | |
| City NEW GALILEE | State PA | Zip Code (Plus 4) 16141 | Description of Debt CANDIDATE LOAN | | | |
| DATE | | | | Outstanding Balance of Debt | | |
| Name of Creditor AARON J. BERNSTINE | | | MO | DAY | YEAR | \$ 2,250.00 |
| Mailing Address 254 STATE ROUTE 168 | | | 9 | 11 | 2015 | |
| City NEW GALILEE | State PA | Zip Code (Plus 4) 16141 | Description of Debt CANDIDATE LOAN | | | |
| DATE | | | | Outstanding Balance of Debt | | |
| Name of Creditor AARON J. BERNSTINE | | | MO | DAY | YEAR | \$ 2,500.00 |
| Mailing Address 254 STATE ROUTE 168 | | | 12 | 31 | 2015 | |
| City NEW GALILEE | State PA | Zip Code (Plus 4) 16141 | Description of Debt CANDIDATE LOAN | | | |
| DATE | | | | Outstanding Balance of Debt | | |
| Name of Creditor AARON J. BERNSTINE | | | MO | DAY | YEAR | \$ 4,612.76 |
| Mailing Address 254 STATE ROUTE 168 | | | 4 | 11 | 2016 | |
| City NEW GALILEE | State PA | Zip Code (Plus 4) 16141 | Description of Debt UNPAID EXPENSES | | | |

| | | | | DATE | | | Outstanding Balance of Debt | |
|---|--|-------------|----------------------------|------|--|------|--------------------------------|--|
| Name of Creditor AARON J. BERNSTINE | | | | MO | DAY | YEAR | \$ 4,770.56 | |
| Mailing Address 254 STATE ROUTE 168 | | | | 4 | 30 | 2016 | | |
| City NEW GALILEE | | State PA | Zip Code (Plus 4) 16141 | | Description of Debt UNPAID EXPENSES | | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | PAGE TOTAL \$ 14,383.32 | |