#### **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 :				ported E		CAND	IDATE	<b>✓</b>	cc	MMITTEE		LOBI	BYIST				
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		JUS	STIN	BEHR	ENS								
Street Address:																	
City:									State:				Zip Code	e: 18	707		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. <b>X</b>		AMENDME REPORT?	No	~		
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	≣-	5.	30 DA		POST-	6.		TERMINAT REPORT?	TION	Yes	No	~
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2016					IG METH CHECK (				PAPER		<b>/</b>	DISKE	TTE
Name of Office S	ought by	/ Candidat	te:						DATE (	OF ELE	CTIC	ON .	District Number	Office Code	Par	ty Code	County
	,		MO DAY YEAR							Number	code			code			
									1	1	8	2016		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	•	s and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FOR	OFFIC	E USE	ONLY	
Expenditures	rom:			4 12	2	016	T	0		5	16	2016					
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport				\$			(7	93.65)					
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			(7	93.65)					
D. Total Expend	ditures (I	From Sche	edule II	I)				\$			ļ	508.80					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(1,3	02.45)					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$				0.00		,			
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate i	report,	candi	idate sig	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by elec	ctronic m	ediun	ı, are to t	the best of	my knov	vledge	and beli	ef , true
Sworn to and subs	cribed befo	ore me this		20							:	Signature	e of Person	Submitt	ing Rep	ort	
	_	Signatu	re					_					Printe	d Name			
My Commission Ex	cpires							_					Email				
		МО	D	AY	YR					Ar	ea Co	de	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ited a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc		re me this								Signature of Candidate							
	day of —							_					Printed	Name			
		Signature						-									
My Commission Exp	ires												Email				
	_	мо	D	AY	YR	ł		-		Area	Code		Day	rtime Te	elephor	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
JUSTIN BEHRENS	From:	4/12/201	<u>6</u> То:	<u>5/16/2016</u>
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	) 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	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
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			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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 Filling Committee of Candidate				Reporting Period From: To:				
F						):		
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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				riod	Reporting Period					
			Fron	n:		То	То:				
				D	ATE		АМО	DUNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plu	s 4)								
Employer Name				Occupat	tion						
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	<b>GE TOTAL</b> 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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	riod	
JUSTIN BEHRENS	From:	<u>4/12/2016</u> <b>To:</b>	<u>5/16/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (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	eriod (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,	•	\$	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						<b>\$</b>	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	je,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	me of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate						
JUSTIN BEHRENS			From	4/12	2/2016	То:	<u>5/16/2016</u>
				DATE			AMOUNT
To Whom Paid MOZIP			мо	DAY	YEAR		
Mailing Address 43 N. GATES AVE			4	21	2016	\$	508.80
City KINGSTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18704	1 -	otion of Exp SIGNS, BAI			
Enter Crand Total of Evnenditure	on Dage 1 D	enert Cover Base Item D					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Re	eport Cover Page, Item D	<b>'•</b>			\$	508.80