

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 20150221		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>			
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF AARON BERNSTINE											
<b>Street Address:</b> C/O THOMAS R. HILEMAN, SR., 1910 COCHRAN RD., STE 990											
<b>City:</b> PITTSBURGH				<b>State:</b> PA		<b>Zip Code:</b> 15220-1222					
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/> No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2015	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>					<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	REP			
					11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>		
		11	24	2015		12	31	2015			
<b>A. Amount Brought Forward From Last Report</b>					\$ 0.00						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$ 31,156.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$ 31,156.00						
<b>D. Total Expenditures (From Schedule III)</b>					\$ 6,395.71						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$ 24,760.29						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$ 6,158.51						

## 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF AARON BERNSTINE	From: <u>11/24/2015</u> To: <u>12/31/2015</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 3,891.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 7,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 7,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 10,891.00
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>	
Name of Filing Committee or Candidate	Reporting Period
	From: To:
DATEAMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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:	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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF AARON BERNSTINE	<b>Reporting Period</b>  <b>From:</b> <u>11/24/2015</u> <b>To:</b> <u>12/31/2015</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
WILLIAM C. RUDOLPH							
Mailing Address 310 GRANT ST. SUITE 2500							\$ 500.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219		12	14	2015	
Employer Name MCKNIGHT REALTY PARTNERS				Occupation PRINCIPAL			
Employer Mailing Address/Principal Place of Business 310 GRANT ST. STE 2500			City PITTSBURGH		State PA	Zip Code (Plus 4) 15219	
Full Name of Contributor				MO	DAY	YEAR	
JOHN J. VERBANAC							
Mailing Address 124 CRYSTAL SPRINGS DR.							\$ 1,000.00
City CRANBERRY TWP.	State PA	Zip Code (Plus 4) 16066		12	15	2015	
Employer Name SUMMA DEVELOPMENT				Occupation CEO			
Employer Mailing Address/Principal Place of Business 603 STANWIX ST. #2075			City PITTSBURGH		State PA	Zip Code (Plus 4) 15222	
Full Name of Contributor				MO	DAY	YEAR	
AARON J. BERNSTINE							
Mailing Address 254 STATE ROUTE 168							\$ 250.00
City NEW GALILEE	State PA	Zip Code (Plus 4) 16141		8	11	2015	
Employer Name AUTOMATIC DATA PROCESSING				Occupation SALES			
Employer Mailing Address/Principal Place of Business 100 COMMERCE DR.			City PITTSBURGH		State PA	Zip Code (Plus 4) 15275	

<b>Full Name of Contributor</b> AARON J. BERNSTINE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,250.00
<b>Mailing Address</b> 254 STATE ROUTE 168				8	11	2015	
<b>City</b> NEW GALILEE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16141					
<b>Employer Name</b> AUTOMATIC DATA PROCESSING				<b>Occupation</b> SALES			
<b>Employer Mailing Address/Principal Place of Business</b> 100 COMMERCE DR.			<b>City</b> PITTSBURGH		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15275	

<b>Full Name of Contributor</b> AARON J. BERNSTINE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,500.00
<b>Mailing Address</b> 254 STATE ROUTE 168				12	7	2015	
<b>City</b> NEW GALILEE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16141					
<b>Employer Name</b> AUTOMATIC DATA PROCESSING				<b>Occupation</b> SALES			
<b>Employer Mailing Address/Principal Place of Business</b> 100 COMMERCE DR.			<b>City</b> PITTSBURGH		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15275	

<b>Full Name of Contributor</b> DAVID SNIEZEK				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 908 NEW HAMPSHIRE AVE NW #500				10	19	2015	
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20037					
<b>Employer Name</b> DAVID P. SNIEZEK, MD				<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 908 NEW HAMPSHIRE AVE NW #500			<b>City</b> WASHINGTON		<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20037	

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

<b>PAGE TOTAL</b>
\$ 7,000.00

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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF AARON BERNSTINE		From: <u>11/24/2015</u> To: <u>12/31/2015</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
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.)		\$	0.00

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

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From <span style="float: right;">To:</span>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 0.00
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

