### **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 2016	0116			Rep File			CAND	IDATE		СОМ	<b>ITTEE</b>	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	•	FRIE	ND:	S FOR	BEHRE	NS								
Street Address:	573 ORCHAR	D ST															
City:	HANOVER TW	'P						State: PA				<b>Zip Code:</b> 18706					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. 2ND FRIDAY PRE- 5. 30 DAY POST- 6. <b>X</b> ELECTION							TERMINATION Yes REPORT?					<b>/</b>			
report type)	ANNUAL REPORT	7.	<b>Year</b> 2016					IG METH CHECK O				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:			_			DATE C	)F ELE	CTIC	NC	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	Υ	EAR			-			
								11		8	2016		(SEE IN	STRUCTI	ONS FOR C	ODES)	1
	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 25	20	016	Т	0	11	L I	28	2016						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			1,	565.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			1,	695.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			3,	260.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$			2,	500.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (	C)			\$				750.00						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sc	hedu	le II)	)	\$			2,	950.89						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	)			\$				0.00			•			
				AFF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere. I	[f thi	s is	a Can	didate r	eport, (	candi	idate sig	jn here.					
I swear (or affirm) correct and complete	) that this report, inc ete.	luding the	e attached sch	edules	filed	l on	paper (	or by elect	tronic m	ediun	n, are to t	the best o	f my kno	wledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me this	5	20								Signature	of Perso	n Submit	ting Rep	oort		-
	- Cit						-					Prin	ted Name	e			-
My Commission Ex	Signatu opires	ie										Ema	il				-
	мо	D	AY	YR			-		Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and belie	ef this	politi	ical	commi	ittee has r	not viola	ted a	ny provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
·	day of 						_					Drinta	d Name				-
	Signature						-					rinte	u Hallie				
My Commission Exp	-											Ema	il				_
	МО	D.	AY	YR			•		Area	Code		Da	aytime T	elephor	e Numbe	er	-

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR BEHRENS	From:	10/25/201	<u>б</u> То:	11/28/2016
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)			\$	700.00
TOTAL for the Reporting	J Period	(2)	\$	700.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	500.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting	J Period	(3)	\$	1,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	1,700.00

#### **PART A**

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

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE 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 Filing Committee or Candidate				orting Po	eriod			
FRIENDS FOR BEHRENS			Fro	m:	10/25/2	2 <u>016</u> To	):	11/28/2016
					DATE			AMOUNT
Full Name of Contributor BRUCE SABATINI				МО	DAY	YEAR		
Mailing Address 140 ICE LAKE DRIV	E						\$	250.00
City MOUNTAINTOP	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18707		10	28	2016		
Full Name of Contributor STEGURA FUNERAL TRADE SERVICE				МО	DAY	YEAR		
Mailing Address 630 S. HANOVER S	Т						\$	20.00
City NANTICOKE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18634						
Full Name of Contributor LAWRENCE J TABOR				МО	DAY	YEAR		
Mailing Address 130 S. 18TH ST UN	NIT 703						\$	255.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103		10	31	2016		
Full Name of Contributor FERRIS P WEBBY/ELAINE S WEBBY				МО	DAY	YEAR		
Mailing Address 1714 SLOCUM RD.  City WAPWALLOPEN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18660		11	1	2016	\$	100.00
Full Name of Contributor  MARK & DIVIDION SINGER				МО	DAY	YEAR		
Mailing Address 112 MAPLE LANE							\$	75.00
City HUGHESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18640		11	3	2016		

**PAGE TOTAL** 

**\$** 700.00

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

#### **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							
FRIENDS FOR BEHRENS	From:	10/25/2016	То:	<u>11/28/2016</u>				

DATE AMOUNT

Full Name of Contributing Committee  CITIZENS FOR PROSPERITY				DAY	YEAR	
Mailing Address 228 S. WASHINGTON ST. (STE. 115)						<b>\$</b> 500.00
City ALEXANDRIA	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22314	11	4	2016	

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

**PAGE TOTAL \$**500.00

### 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	me of Filing Committee or Candidate Re						porting Period						
FRIENDS FOR BEHRENS			Fron	n:	10/25/2	<u>016</u> To	: ]	<u>11/28/2016</u>					
				D	ATE		АМ	OUNT					
Full Name of Contributor MATTHEW & DERGER				МО	DAY	YEAR							
Mailing 44 REYNOLDS ST.						2016	\$	500.00					
City KINGSTON	State	Zip Code (Plus	s 4)	11	4	2016							
	PA	18704											
Employer Name				Occupat	tion								
Employer Mailing Address/Principal Plac Business	ce of	City			State		Zip Code	(Plus 4)					
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	<b>GE TOTAL</b> 500.00					

### 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 Co	ame of Filing Committee or Candidate			ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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 Pe	riod	
FRIENDS FOR BEHRENS	From:	<u>10/25/2016</u> <b>To:</b>	11/28/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	DR .	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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)	\$	2,448.00
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,	•	\$	2,448.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Cand	Reporting Period							
	From:			То:				
				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	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	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 Period

 FRIENDS FOR BEHRENS
 From: 10/25/2016
 To: 11/28/2016

					DATE		AMOUNT
Full Name of Contributor REPUBLICAN PARTY OF F				мо	DAY	YEAR	
Mailing Address							<b>\$</b> 2,448.00
City	State		Zip Code(Plus 4)	11	4	2016	
Employer of Contributor			1	Occupa	ition		
Employer Mailing Address Business	Principal Place of	City	State	Zip 4)	Code(Plus	Descri	ption of Contribution
Enter Grand Total of P Summary Page, Section		, In-Kind	 Contributions Det	ailed			<b>PAGE TOTAL</b> 2,448.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00