

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 <input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS FOR JUSTIN BEHRENS								
Street Address: PO BOX 354								
City: MOUNTAIN TOP				State: PA		Zip Code: 18707		
TYPE OF REPORT (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 type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2018	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
				MO DAY YEAR			REP	
				11 6 2018			(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		10	23	2018	11 26 2018			
A. Amount Brought Forward From Last Report				\$ 12,828.17				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 5,500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$ 18,328.17				
D. Total Expenditures (From Schedule III)				\$ 16,256.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 2,072.17				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 154.80				
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00				

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 JUSTIN BEHRENS	From: <u>10/23/2018</u> To: <u>11/26/2018</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)	\$ 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)	\$ 1,000.00
All Other Contributions (Part D)	\$ 4,500.00
TOTAL for the Reporting Period (3)	\$ 5,500.00

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.)	\$ 5,500.00
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Name of Filing Committee or Candidate	Reporting Period From: To:
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	DATE	AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				\$ 0.00
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
FRIENDS FOR JUSTIN BEHRENS	From: <u>10/23/2018</u> To: <u>11/26/2018</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,000.00
PENNSYLVANIA GREET FRONTIER PAC									
Mailing Address					10	26	2018		
PO BOX 60721									
City			State	Zip Code (Plus 4)					
HARRISBURG			PA	17106					

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

PAGE TOTAL
\$ 1,000.00

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 FOR JUSTIN BEHRENS	Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u>
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				DATE	AMOUNT		
Full Name of Contributor RAKEH PATEL				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 321 GLEN MAURA				10	24	2018	
City MOOSIC	State PA	Zip Code (Plus 4) 18507					
Employer Name SELF				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor CHRISTOPHER HACKETT				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 120 MOORGAN RIDGE CR.				10	26	2018	
City SHAVERTOWN	State PA	Zip Code (Plus 4) 18708					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor KOOK JIN MOON				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 131 CALICO POINT DR.				11	5	2018	
City PAUPACK	State PA	Zip Code (Plus 4) 18451					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor BRUCE SABATINI				MO	DAY	YEAR	\$ 500.00
Mailing Address 140 ICE LAKE DR.							
City MOUNTAIN TOP	State PA	Zip Code (Plus 4) 18707					
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
\$ 4,500.00

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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				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 JUSTIN BEHRENS		From: <u>10/23/2018</u> To: <u>11/26/2018</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)		\$	154.80
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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.)		\$	154.80

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

Name of Filing Committee or Candidate FRIENDS FOR JUSTIN BEHRENS	Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
HRCC							\$ 154.80
Mailing Address PO BOX 11787				11	10	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108					
Description of Contribution: DATA LISTS & POSTCARDS							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 154.80

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS FOR JUSTIN BEHRENS	From <u>10/23/2018</u> To: <u>11/26/2018</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
HRCC HOUSE REPUBLICAN CAMPAIGN COM				
Mailing Address 500 N. 3RD ST FL 4	10	24	2018	\$ 15,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
R BAR				
Mailing Address 119 E KIRMAR AVE	11	6	2018	\$ 1,000.00
City NANTICOLE	State PA	Zip Code (Plus 4) 18634	Description of Expenditure PARTY	
To Whom Paid	MO	DAY	YEAR	
MOUNTAIN TOP PERKS				
Mailing Address PO BOX 218	11	1	2018	\$ 256.00
City MOUNTAIN TOP	State PA	Zip Code (Plus 4) 18707	Description of Expenditure ADVERTISING	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 16,256.00

