

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	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	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	Party Code	County Code
					MO	DAY	YEAR	REP			
					11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	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
---	-------------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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	Reporting Period
	From: To:

DATE			AMOUNT
------	--	--	--------

Full Name of Contributor			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
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								
PO BOX 60721				10	26	2018		
City	HARRISBURG	State	PA				Zip Code (Plus 4)	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>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
RAKEH PATEL							
Mailing Address 321 GLEN MAURA				10	24	2018	\$ 1,000.00
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				MO	DAY	YEAR	
CHRISTOPHER HACKETT							
Mailing Address 120 MOORGAN RIDGE CR.				10	26	2018	\$ 2,000.00
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				MO	DAY	YEAR	
KOOK JIN MOON							
Mailing Address 131 CALICO POINT DR.				11	5	2018	\$ 1,000.00
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
	From: To:

DATE				AMOUNT
Full Name				
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>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
HRCC							
Mailing Address PO BOX 11787				11	10	2018	\$ 154.80
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

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
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	State	Zip Code (Plus 4)	Description of Expenditure	
HARRISBURG	PA	17101	DONATION	
To Whom Paid	MO	DAY	YEAR	
R BAR				
Mailing Address				
119 E KIRMAR AVE	11	6	2018	\$ 1,000.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
NANTICOLE	PA	18634	PARTY	
To Whom Paid	MO	DAY	YEAR	
MOUNTAIN TOP PERKS				
Mailing Address				
PO BOX 218	11	1	2018	\$ 256.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
MOUNTAIN TOP	PA	18707	ADVERTISING	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 16,256.00

