

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 : | | 20150221 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF AARON BERNSTINE | | | | | | | | | | | | |
| Street Address: C/O THOMAS R. HILEMAN, SR., 1910 COCHRAN RD., STE 990 | | | | | | | | | | | | |
| City: PITTSBURGH | | | | | | State: PA | | | Zip Code: 15220-1222 | | | |
| 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 checked="" type="checkbox"/> | No | | |
| | 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 | | | | | | \$ 18,265.24 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 2,800.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 21,065.24 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 3,471.04 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 17,594.20 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 0.00 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 20,895.54 | | | | | | |

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

Signature

Printed Name

My Commission Expires

Email

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 OF AARON BERNSTINE | 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) | \$ 300.00 |
| TOTAL for the Reporting Period (2) | \$ 300.00 |

| | |
|-------------------------------------------------------------------------|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 2,000.00 |
| All Other Contributions (Part D) | \$ 500.00 |
| TOTAL for the Reporting Period (3) | \$ 2,500.00 |

| | |
|------------------------------------------------------------------------------------------|---------|
| 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.) | \$ 2,800.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|

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 FRIENDS OF AARON BERNSTINE | Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u> |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | | | | |
|--------------------------|-------------|-------|-------------------|-----|------|----|--------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ | 100.00 |
| TOBIAS BOWSER | | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | | |
| 1423 BUTLER RD. | | | | | | | |
| City | WORTHINGTON | State | Zip Code (Plus 4) | | | | |
| | | PA | 16262 | | | | |

| | | | | | | |
|---------------------------------------------------|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor RICHARD M. RIBAREVSKI | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 16 TALL TREES CT. | | | 11 | 7 | 2018 | |
| City NEW CASTLE | State PA | Zip Code (Plus 4) 16105 | | | | |

| | | | | | | | |
|-----------------------------------------------|----------|-------------------------|--|----|-----|------|-----------|
| Full Name of Contributor ROCHELLE SPAGNOLO | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 223 HAZEN AVE. N | | | | 11 | 7 | 2018 | |
| City ELLWOOD CITY | State PA | Zip Code (Plus 4) 16117 | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 300.00 |

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 FRIENDS OF AARON BERNSTINE | Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

| | | | | DATE | | AMOUNT | |
|------------------------------------------------------------------|----------|-------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee PHA HOME PAC | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 600 N 12TH ST. STE 200 | | | | 11 | 1 | 2018 | |
| City LEMOYNE | State PA | Zip Code (Plus 4) 17043 | | | | | |
| Full Name of Contributing Committee TOBASH FOR A BETTER 125TH | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address PO BOX 52 | | | | 10 | 25 | 2018 | |
| City CRESSONA | State PA | Zip Code (Plus 4) 17929 | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 2,000.00 |

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 OF AARON BERNSTINE | Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

| | | | | DATE | AMOUNT | | |
|-------------------------------------------------------------|-----------------|--------------------------------|-------------|---------------------------|--------------------------|------|-----------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| WILLIAM E. ADAMS | | | | | | | |
| Mailing Address PO BOX 1 | | | | 10 | 25 | 2018 | \$ 500.00 |
| City PORTERSVILLE | State PA | Zip Code (Plus 4) 16051 | | | | | |
| Employer Name | | | | Occupation RETIRED | | | |
| 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 |
| \$ 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 OF AARON BERNSTINE | | 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) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - 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.) | | | \$ 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: To: |
|---------------------------------------|----------------------------------------------------------------------|

| | | | 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. | | | | | | PAGE TOTAL \$ 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|----------------------------------------------|----------------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF AARON BERNSTINE | From <u>10/23/2018</u> To: <u>11/26/2018</u> |

| DATE | | | | AMOUNT | | |
|--------------------------------------------------|----------|-------------------------|--------------------------------------------------|--------|------|-------------|
| To Whom Paid HILEMAN AND ASSOCIATES, PC | | | MO | DAY | YEAR | \$ 37.28 |
| Mailing Address 1910 COCHRAN RD. | | | 11 | 19 | 2018 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15220 | Description of Expenditure POSTAGE | | | |
| To Whom Paid JAMES KERIN | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 829 CANAL ST. | | | 11 | 7 | 2018 | |
| City BEAVER | State PA | Zip Code (Plus 4) 15009 | Description of Expenditure VOLUNTEER EXPENSE | | | |
| To Whom Paid MAILCHIMP | | | MO | DAY | YEAR | \$ 135.80 |
| Mailing Address 675 PONCE DE LEON AVE NE | | | 11 | 26 | 2018 | |
| City ATLANTA | State GA | Zip Code (Plus 4) 30308 | Description of Expenditure COMMUNICATIONS | | | |
| To Whom Paid TOOKAN GRAPHICS & SCREENPRINTING | | | MO | DAY | YEAR | \$ 503.80 |
| Mailing Address 2305 6TH AVE | | | 11 | 3 | 2018 | |
| City BEAVER FALLS | State PA | Zip Code (Plus 4) 15010 | Description of Expenditure CAMPAIGN MATERIALS | | | |
| To Whom Paid WILLIAM BUBB | | | MO | DAY | YEAR | \$ 1,282.00 |
| Mailing Address 2707 BARKLEY RD. | | | 11 | 10 | 2018 | |
| City HARMONY | State PA | Zip Code (Plus 4) 16037 | Description of Expenditure CAMPAIGN MATERIALS | | | |

| | | | | | | |
|----------------------------------------|--------------------|-----------------------------------|-------------------------------------------|------------|-------------|--|
| To Whom Paid RAISE THE MONEY | | | MO | DAY | YEAR | |
| Mailing Address PO BOX 26466 | | | 11 | 7 | 2018 | |
| City LITTLE ROCK | State AR | Zip Code (Plus 4) 72221 | Description of Expenditure FEES | | | |

| | | | | | | |
|-------------------------------------|--------------------|-----------------------------------|--------------------------------------------------|------------|-------------|--|
| To Whom Paid FACEBOOK | | | MO | DAY | YEAR | |
| Mailing Address 1 HACKER WAY | | | 10 | 31 | 2018 | |
| City MENLO PARK | State CA | Zip Code (Plus 4) 94025 | Description of Expenditure ADVERTISING | | | |

| | | | | | | |
|-----------------------------------------------------|--------------------|-----------------------------------|---------------------------------------------------|------------|-------------|--|
| To Whom Paid FIREARM OWNERS AGAINST CRIME | | | MO | DAY | YEAR | |
| Mailing Address PO BOX 1111 | | | 11 | 26 | 2018 | |
| City MCMURRAY | State PA | Zip Code (Plus 4) 15317 | Description of Expenditure EVENT TICKET | | | |

| | | | | | | |
|------------------------------------------------------------|--------------------|-----------------------------------|---------------------------------------------------|------------|-------------|--|
| To Whom Paid FRATERNAL ORDER OF POLICE LODGE #54 | | | MO | DAY | YEAR | |
| Mailing Address BRADY PAUL LN. | | | 10 | 23 | 2018 | |
| City BUTLER | State PA | Zip Code (Plus 4) 16001 | Description of Expenditure EVENT TICKET | | | |

| | | | | | | |
|--------------------------------------------------------------------------------|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 3,471.04 |

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

| | | | | | | | |
|--------------------------------------------------------------------------------|--------------------|--|-----------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|-------------|----------------------------------------|
| Name of Filing Committee or Candidate FRIENDS OF AARON BERNSTINE | | | | Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u> | | | |
| | | | | | | | Outstanding Balance of Debt |
| | | | | DATE | | | |
| Name of Creditor AARON BERNSTINE | | | | MO | DAY | YEAR | |
| Mailing Address 254 STATE ROUTE 168 | | | | 9 | 30 | 2018 | \$ 20,895.54 |
| City NEW GALILEE | State PA | | Zip Code (Plus 4) 16141 | | Description of Debt UNREIMBURSED EXPENSES | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | PAGE TOTAL \$ 20,895.54 |