

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	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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		
		11	27	2018		12	31	2018			
A. Amount Brought Forward From Last Report					\$ 17,594.20						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,090.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 18,684.20						
D. Total Expenditures (From Schedule III)					\$ 10,610.85						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 8,073.35						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 16,858.81						

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 OF AARON BERNSTINE	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 70.00

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)	\$ 270.00
TOTAL for the Reporting Period (2)	\$ 270.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 750.00
TOTAL for the Reporting Period (3)	\$ 750.00

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.)	\$ 1,090.00
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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>11/27/2018</u> To: <u>12/31/2018</u>
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DATE	AMOUNT
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Full Name of Contributor GEORGE LISKOOKA			MO	DAY	YEAR	\$ 100.00
Mailing Address 1408 SUNNY AVE.			12	27	2018	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101				

Full Name of Contributor			MO	DAY	YEAR	\$ 70.00
JAMES SULLIVAN						
Mailing Address 3012 OLD ENON UNITY RD.			12	19	2018	
City ENON VALLEY	State PA	Zip Code (Plus 4) 16120				

Full Name of Contributor			MO	DAY	YEAR	\$	100.00
GREG MEASEL							
Mailing Address			12	6	2018		
2601 WILMINGTON RD.							
City	NEW CASTLE	State	Zip Code (Plus 4)				
		PA	16105				

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

PAGE TOTAL
\$ 270.00

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.

PAGE TOTAL
\$ 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.)**

Name of Filing Committee or Candidate FRIENDS OF AARON BERNSTINE	Reporting Period From: <u>11/27/2018</u> To: <u>12/31/2018</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
BEVERLY A. ANNARUMO							
Mailing Address 111 HEMLOCK WAY				12	14	2018	\$ 750.00
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117					
Employer Name ELLWOOD CITY HOSPITAL				Occupation CEO			
Employer Mailing Address/Principal Place of Business 724 PERSHING ST.			City ELLWOOD CITY		State PA	Zip Code (Plus 4) 16127	

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

PAGE TOTAL
\$ 750.00

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:
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			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>11/27/2018</u> To: <u>12/31/2018</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 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.)		\$	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:
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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.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF AARON BERNSTINE	From <u>11/27/2018</u> To: <u>12/31/2018</u>

DATE				AMOUNT
To Whom Paid RAFF PRINTING	MO	DAY	YEAR	
Mailing Address 2201 MARY ST.	12	28	2018	\$ 1,799.18
City PITTSBURGH	State PA	Zip Code (Plus 4) 15203	Description of Expenditure MAIL	
To Whom Paid STEPHENSONS FLOWERS	MO	DAY	YEAR	
Mailing Address 4621 JONESTOWN RD.	12	18	2018	\$ 38.15
City HARRISBURG	State PA	Zip Code (Plus 4) 17109	Description of Expenditure VOLUNTEER EXPENSE	
To Whom Paid STEPHANIE THARPE	MO	DAY	YEAR	
Mailing Address 10 COCHRAN DR.	12	18	2018	\$ 100.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105	Description of Expenditure PHOTOGRAPHY	
To Whom Paid AARON BERNSTINE	MO	DAY	YEAR	
Mailing Address 254 STATE ROUTE 168	12	4	2018	\$ 8,000.00
City NEW GALILEE	State PA	Zip Code (Plus 4) 16141	Description of Expenditure REIMBURSEMENT	
To Whom Paid SMOKIN DAVE'S BBQ	MO	DAY	YEAR	
Mailing Address 324 WAMPUM AVE.	12	4	2018	\$ 363.79
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Description of Expenditure VOLUNTEER EXPENSE	

To Whom Paid FACEBOOK			MO	DAY	YEAR	
Mailing Address 1 HACKER WAY			11	30	2018	
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure ADVERTISING			

To Whom Paid MAILCHIMP			MO	DAY	YEAR	
Mailing Address 675 PONCE DE LEON AVE NE			12	24	2018	
City ATLANTA	State GA	Zip Code (Plus 4) 30308	Description of Expenditure COMMUNICATIONS			

To Whom Paid RAISE THE MONEY			MO	DAY	YEAR	
Mailing Address PO BOX 26466			12	19	2018	
City LITTLE ROCK	State AR	Zip Code (Plus 4) 72221	Description of Expenditure FEES			

To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address 249 FIFTH AVE.			12	3	2018	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure BANK FEE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 10,610.85

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>11/27/2018</u> To: <u>12/31/2018</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor AARON BERNSTINE				MO	DAY	YEAR	
Mailing Address 254 STATE ROUTE 168				9	30	2018	\$ 16,858.81
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 \$ 16,858.81