

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: 254 STATE ROUTE 168												
City: NEW GALILEE						State: PA			Zip Code: 16141			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2020	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	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	19	2020		6	22	2020				
A. Amount Brought Forward From Last Report						\$ 6,983.34						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 8,025.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 15,008.34						
D. Total Expenditures (From Schedule III)						\$ 2,418.13						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 12,590.21						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 21,071.52						

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>5/19/2020</u> To: <u>6/22/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 500.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 500.00
All Other Contributions (Part B)	\$ 1,525.00
TOTAL for the Reporting Period (2)	\$ 2,025.00

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.)	\$ 8,025.00
---	-------------

PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate FRIENDS OF AARON BERNSTINE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee THE PENNSYLVANIA INSURANCE PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1600 MARKET ST STE 1720			6	9	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee CERTIFIED PUBLIC ACCOUNTANTS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 500 N 3RD ST STE 600A			6	9	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 500.00

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>5/19/2020</u> To: <u>6/22/2020</u>
--	--

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

Full Name of Contributor			MO	DAY	YEAR	\$ 25.00
KEVIN AUCHTER						
Mailing Address			5	31	2020	
2201 2ND AVE						
City	KOPPEL	State				
		PA				
		Zip Code (Plus 4)				
		16136				

Full Name of Contributor KEVIN AUCHTER				MO	DAY	YEAR	\$ 50.00
Mailing Address 2201 2ND AVE				6	5	2020	
City KOPPEL	State PA	Zip Code (Plus 4) 16136					

Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
VINCENT MENICHINO						
Mailing Address 1147 BROOKSHIRE DR			6	8	2020	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
KIM PITZER						
Mailing Address 212 HICKERNELL RD			6	8	2020	
City FOMBELL	State PA	Zip Code (Plus 4) 16123				

Full Name of Contributor KATE MULHOLLEN					MO	DAY	YEAR	\$ 100.00
Mailing Address 501 WOOD ST					6	8	2020	
City ELLWOOD CITY	State PA		Zip Code (Plus 4) 16117					

Full Name of Contributor LORY HILER			MO	DAY	YEAR	\$ 100.00
Mailing Address 94 SAVANNAH GARDNER RD			6	8	2020	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101				

Full Name of Contributor LUIS VARGAS			MO	DAY	YEAR	\$ 100.00
Mailing Address 726 EAST END AVE			6	8	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15221				

Full Name of Contributor RON SPIKER			MO	DAY	YEAR	\$ 100.00
Mailing Address 410 N TOWER RD			6	8	2020	
City FOMBELL	State PA	Zip Code (Plus 4) 16123				

Full Name of Contributor JIM COATES			MO	DAY	YEAR	\$ 100.00
Mailing Address 2079 ISABELLE CT			6	16	2020	
City GIRARD	State OH	Zip Code (Plus 4) 44420				

Full Name of Contributor WILLIAM ADAMS			MO	DAY	YEAR	\$ 150.00
Mailing Address 109 WEST PARK RD			6	9	2020	
City PORTERSVILLE	State PA	Zip Code (Plus 4) 16051				

Full Name of Contributor MATTHEW J. BROUILLETTE			MO	DAY	YEAR	\$ 250.00
Mailing Address 5 PLUM ST			6	9	2020	
City ANNVILLE	State PA	Zip Code (Plus 4) 17003				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
MICHAEL GENAREO						
Mailing Address			6	9	2020	
1928 MCCracken DR						
City	State	Zip Code (Plus 4)				
NEW CASTLE	PA	16101				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ROCHELLE PINKLE						
Mailing Address			6	9	2020	
942 MOUNT HOPE RD						
City	NEW CASTLE	State				
		PA				
		Zip Code (Plus 4)				
		16101				

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

PAGE TOTAL
\$ 1,525.00

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 OF AARON BERNSTINE	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
Full Name of Contributing Committee				
PSCOA PAC				
Mailing Address				
2421 NORTH FRONT ST				
City	State	Zip Code (Plus 4)		
HARRISBURG	PA	17110		
		6	9	2020
				\$ 1,000.00

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 OF AARON BERNSTINE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
PATRICK GALLAGHER							
Mailing Address 19 OAK KNOLL				6	6	2020	\$ 1,500.00
City SEWICKLY HEIGHTS	State PA	Zip Code (Plus 4) 15143					
Employer Name PGT TRUCKING				Occupation CEO			
Employer Mailing Address/Principal Place of Business 4200 INDUSTRIAL BLVD			City ALIQUIPPA		State PA	Zip Code (Plus 4) 15001	
Full Name of Contributor BURT FAZI							
Mailing Address 301 5TH AVE				6	9	2020	\$ 1,000.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222					
Employer Name SEWICKLEY HOSPITAL				Occupation PHYSICIAN			
Employer Mailing Address/Principal Place of Business 701 BROAD ST.			City SEWICKLEY		State PA	Zip Code (Plus 4) 15143	
Full Name of Contributor JOHN STILLEY							
Mailing Address 131 BLACKTHORN DR				6	9	2020	\$ 2,000.00
City BUTLER	State PA	Zip Code (Plus 4) 16002					
Employer Name AMERIKOHL				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 202 SUNSET DR.			City BUTLER		State PA	Zip Code (Plus 4) 16001	

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				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>5/19/2020</u> To: <u>6/22/2020</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:
---------------------------------------	--

			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 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 OF AARON BERNSTINE	From <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
To Whom Paid MAILCHIMP	MO	DAY	YEAR	
Mailing Address 675 PONCE DE LEON AVE NE	6	3	2020	\$ 200.34
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	6	18	2020	\$ 122.10
City LITTLE ROCK	State AR	Zip Code (Plus 4) 72221	Description of Expenditure PROCESSING FEES	
To Whom Paid GOOGLE	MO	DAY	YEAR	
Mailing Address 10 10TH ST NE #600	6	2	2020	\$ 51.70
City ATLANTA	State GA	Zip Code (Plus 4) 30309	Description of Expenditure COMMUNICATION	
To Whom Paid FACEBOOK	MO	DAY	YEAR	
Mailing Address 1 HACKER WAY	6	1	2020	\$ 375.07
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure ADVERTISING	
To Whom Paid THE COLOR CENTER	MO	DAY	YEAR	
Mailing Address 632 LAWRENCE AVE	5	21	2020	\$ 1,668.92
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Description of Expenditure MAILING	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 2,418.13

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>5/19/2020</u> To: <u>6/22/2020</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor AARON BERNSTINE				MO	DAY	YEAR	
Mailing Address 254 STATE ROUTE 168				12	31	2019	\$ 21,071.52
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 \$ 21,071.52