

# 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 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 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		
		10	20	2020		11	23	2020			
A. Amount Brought Forward From Last Report					\$ 35,280.96						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 7,874.08						
C. Total Funds Available (Sum Of Lines A and B)					\$ 43,155.04						
D. Total Expenditures (From Schedule III)					\$ 39,089.75						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 4,065.29						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 55.80						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 32,128.44						

## 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF AARON BERNSTINE	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 250.00
<b>All Other Contributions (Part B)</b>	\$ 600.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 850.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 6,974.08
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 6,974.08

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 7,874.08
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**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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF AARON BERNSTINE	<b>Reporting Period</b>  <b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> TRIAD STRATEGIES PA PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 300 N 2ND ST STE 1200			10	22	2020	
<b>City</b> HARRISBURG	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  17101				

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

<b>PAGE TOTAL</b>
\$ 250.00

**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)**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF AARON BERNSTINE	<b>Reporting Period</b> From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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<b>DATE</b>	<b>AMOUNT</b>
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<b>Full Name of Contributor</b> MATTHEW KISHMAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 202 EAST HIGH ST				10	20	2020	
<b>City</b> MINERVA	<b>State</b> OH	<b>Zip Code (Plus 4)</b> 44658					

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
GREG MEASEL							
Mailing Address 580 CLUB DR.				10	20	2020	
City	NEW CASTLE	State	Zip Code (Plus 4)				
		PA	16105				

Full Name of Contributor				MO	DAY	YEAR	\$	100.00
JIM FERRANTE								
Mailing Address				10	21	2020		
1044 MAIN ST		State	Zip Code (Plus 4)					
City		WAMPUM	PA	16157				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
BRYAN PERDUE							
Mailing Address 1431 PATTERSON RD				10	23	2020	
City	NEW CASTLE	State	Zip Code (Plus 4)				
		PA	16101				

Full Name of Contributor FREDERICK GILBERT				MO	DAY	YEAR	\$ 200.00
Mailing Address PO BOX 7805				10	22	2020	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16107					

**PAGE TOTAL**

\$ 600.00

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

## 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF AARON BERNSTINE	<b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>

DATE				AMOUNT
Full Name of Contributing Committee				
ACCOUNTABLE LEADERSHIP PAC				
Mailing Address				
8038 MAUREEN DR				
City	State	Zip Code (Plus 4)		
CRANBERRY TWP	PA	160662862		
		10	21	2020
				\$ 6,974.08

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

<b>PAGE TOTAL</b>
\$ 6,974.08

**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	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
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.

<b>PAGE TOTAL</b>
\$ 0.00

## 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> _____ <b>To:</b> _____
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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.**

<b>PAGE TOTAL</b>	
\$	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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF AARON BERNSTINE		From: <u>10/20/2020</u> To: <u>11/23/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	55.80
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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.)		\$	55.80

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

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF AARON BERNSTINE	<b>Reporting Period</b>  <b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
PENNSYLVANIA PRO-LIFE FEDERATION							
<b>Mailing Address</b> 4800 JONESTOWN RD STE 102				10	30	2020	\$ 55.80
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17109					
<b>Description of Contribution:</b> CONTACT LIST							
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>							<b>PAGE TOTAL</b>  \$ 55.80



# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF AARON BERNSTINE	From <u>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT		
To Whom Paid SMNOKIN DAVES			MO	DAY	YEAR	\$ 2,346.87
Mailing Address 324 WAMPUM AVE			10	26	2020	
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117	Description of Expenditure FUNDRAISING EXPENSE			
To Whom Paid OPTIMO ROUTE			MO	DAY	YEAR	\$ 41.34
Mailing Address 228 HAMILTON AVE			10	27	2020	
City PALO ALTO	State CA	Zip Code (Plus 4) 94301	Description of Expenditure CAMPAIGN MATERIALS			
To Whom Paid REAM PRINTING CO			MO	DAY	YEAR	\$ 35,727.43
Mailing Address 515 FARMBROOK LN			10	30	2020	
City YORK	State PA	Zip Code (Plus 4) 17406	Description of Expenditure CAMPAIGN MATERIALS			
To Whom Paid FACEBOOK			MO	DAY	YEAR	\$ 696.70
Mailing Address 1 HACKER WAY			11	2	2020	
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure ADVERTISING			
To Whom Paid GOOGLE			MO	DAY	YEAR	\$ 12.72
Mailing Address 10 10TH ST NE #600			11	3	2020	
City ATLANTA	State GA	Zip Code (Plus 4) 30309	Description of Expenditure COMMUNICATION			

<b>To Whom Paid</b> WAL-MART			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 19.61
<b>Mailing Address</b> 100 CHIPPEWA TOWN CENTER			11	2	2020	
<b>City</b> BEAVER FALLS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15010	<b>Description of Expenditure</b> VOLUNTEER SUPPLIES			

  

<b>To Whom Paid</b> MAILCHIMP			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 221.54
<b>Mailing Address</b> 675 PONCE DE LEON AVE NE			11	3	2020	
<b>City</b> ATLANTA	<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30308	<b>Description of Expenditure</b> COMMUNICATIONS			

  

<b>To Whom Paid</b> RAISE THE MONEY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 23.54
<b>Mailing Address</b> PO BOX 26466			10	28	2020	
<b>City</b> LITTLE ROCK	<b>State</b> AR	<b>Zip Code (Plus 4)</b> 72221	<b>Description of Expenditure</b> PROCESSING FEES			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 39,089.75

**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**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF AARON BERNSTINE				<b>Reporting Period</b>  From: <u>10/20/2020</u> To: <u>11/23/2020</u>			
							<b>Outstanding Balance of Debt</b>
				<b>DATE</b>			
<b>Name of Creditor</b> AARON BERNSTINE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 254 STATE ROUTE 168				11	22	2020	\$      32,128.44
<b>City</b> NEW GALILEE	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16141		<b>Description of Debt</b> UNREIMBURSED EXPENSES AND MILEAGE		
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>							<b>PAGE TOTAL</b>  \$      32,128.44