### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2015	0221			Repo Filed			CANDI	DATE		СОМ	1ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIEN	NDS	S OF	AARON E	BERNS	ΓINE							
Street Address:	254 STATE RO	OUTE 16	58														
City:	NEW GALILEE				State: PA					<b>Zip Code:</b> 16141							
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	`	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	<b>-</b> 5.		30 DA		POST-	6.		TERMINA REPORT?		Yes	No	`	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					NG METH				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	у
								МО	DAY	YE	AR		1	REP			
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR (	ODES)	
	Receipts and	МО	DAY	YEAR	2			мо	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		9 20	2	022	T	0	10	24	2022							
A. Amount Bro	ught Forward Fror	n Last R	eport				\$	\$ 20,306.60									
B. Total Moneta	ary Contributions	And Rec	eipts (From	om Schedule I) \$ 3,575.00													
C. Total Funds Available (Sum Of Lines A and B) \$ 2						23,8	381.60										
D. Total Expenditures (From Schedule III)							\$			13,8	367.76						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	<b>E)</b>			\$		10,013.84								
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)		\$		0.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$			13,7	727.95	╡ .					
				AFF	IDA\	VΙΤ	ΓSE	CTION									
	s a Committee rep	•															Ц
I swear (or affirm)	) that this report, incl ete.	uding the	attached sch	edules	s filed (	on p	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	e,
Sworn to and subs	cribed before me this day of	<b>3</b>	20							S	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ra					-					Prin	ted Name	<b></b>			-
My Commission Ex	-								Email								-
	мо	D	AY	YR			-		Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee,	, Ca	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ny knowle	edge and belie	ef this	politic	al (	comm	ittee has r	ot viola	ted an	y provisi	sions of the act of June 3,1937 (P.L. 1333,					
Sworn to and subsc	ribed before me this										Si	Signature of Candidate					
	day of —											Printe	d Name				-
	Signature						-										.
My Commission Exp	ires											Ema	il				
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF AARON BERNSTINE	From:	9/20/202	<u>2</u> To:	10/24/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	25.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	350.00
All Other Contributions (Part B)			\$	200.00
TOTAL for the Reporting	) Period	(2)	\$	550.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	3,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	3,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,575.00

#### **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	Reporting	Period		
FRIENDS OF AARON BERNSTINE	From:	9/20/2022	То:	10/24/2022
		DATE		AMOUNT

Full Name of Contributing Committee GCAP	GCAP				YEAR	
Mailing Address 20 ERFORD RD STE 310						<b>\$</b> 100.00
City LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17043	9	23	2022	
Full Name of Contributing Committee ASSOCIATED BUILDERS & DONTR	ACTORS		МО	DAY	YEAR	
Mailing Address 2360 VENTURE D	R					\$ 250.00
City GIBSONIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15044	10	12	2022	

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

**PAGE TOTAL \$** 350.00

### 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 Candidat	:e		Reporting	Period		
FRIENDS OF AARON BERNSTINE			From:	9/20/	2022 <b>T</b> o	<u>10/24/2022</u>
				DATE		AMOUNT
Full Name of Contributor JOHN FRUEHSTORFER			МО	DAY	YEAR	
Mailing Address 510 KNOX AVE				25	2022	<b>\$</b> 100.00
City NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16101		25	2022	
Full Name of Contributor ROBERT OLES			МО	DAY	YEAR	
Mailing Address 120 ELLIE DR.					2000	\$ 100.00
City BEAVER	State	Zip Code (Plus 4)		28	2022	
	PA	15009				

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

**PAGE TOTAL \$** 200.00

#### **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:	9/2	0/2022	То:	10/24/2022
				DA	TE		AMOUNT
Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHOICE	FUND			МО	DAY	YEAR	
Mailing Address 420 N 3RD ST							\$ 2,500.00
City HARRISBURG	<b>State</b> PA	<b>Zip Cod</b> 17101	e (Plus 4)	9	23	2022	
Full Name of Contributing Committee FRIENDS OF GEORGE DUNBAR				МО	DAY	YEAR	
Mailing Address 114 ADELLA CT					22	2022	\$ 500.00
City JEANNETTE	State PA	<b>Zip Cod</b> 15644	e (Plus 4)	9	23	2022	

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

**PAGE TOTAL \$** 3,000.00

### 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			Rep	orting Pe	riod			
			Fror	n:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00

## 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		22300				\$	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 Perio	d	
FRIENDS OF AARON BERNSTINE	From:	<u>9/20/2022</u> <b>To:</b>	10/24/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
FRIENDS OF AARON BERNSTII	NE		From	9/20	0/2022	То:	10/24/2022
				DATE			AMOUNT
To Whom Paid SMOKIN' STEER BBQ			МО	DAY	YEAR		
Mailing Address 324 WAMPL	IM AVE		10	3,009.37			
City ELLWOOD CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16117	<b>Descrip</b> EVENT	otion of Exp	penditure		
To Whom Paid ELLWOOD CITY CHAMBER			МО	DAY	YEAR		
Mailing Address 806 LAWRE	NCE AVE #1966		10	10	2022	\$	100.00
ity ELLWOOD CITY  State  PA  Zip Code (Plus 4)  16117				otion of Exp	penditure		
To Whom Paid  AARON BERNSTINE			МО	DAY	YEAR		
Mailing Address 254 STATE	ROUTE 168		9	21	2022	<b>\$</b>	10,000.00
City NEW GALILEE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16141		otion of Exp			
To Whom Paid MAILCHIMP	·	·	мо	DAY	YEAR		
Mailing Address 675 PONCE	DE LEON AVE NE		10	3	2022	\$	333.90
City ATLANTA	<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30308	1	otion of Exp			
To Whom Paid GOOGLE	,		МО	DAY	YEAR		
				1		1	
Mailing Address 10 10TH ST	NE #600		10	3	2022	\$	12.72

30309

COMMUNICATIONS

GΑ

To Whom Paid I360			МО	DAY	YEAR		
Mailing Address PO BOX 662				21	2022	\$	400.00
City ARLINGTON	State VA	<b>Zip Code (Plus 4)</b> 22216	Description of Expenditure DATA MANAGEMENT				
To Whom Paid RAISE THE MONEY			МО	DAY	YEAR		
Mailing Address PO BOX 26466			9	30	2022	\$	11.77
City LITTLE ROCK	<b>State</b> AR	<b>Zip Code (Plus 4)</b> 72221	Description of Expenditure PROCESSING FEES				
Enter Grand Total of Expenditu	res on Page 1 Pe	enort Cover Page Item D					PAGE TOTAL
Lines Grand Total of Expenditu	ii ca oii rage 1, Re	port cover rage, Item D	•			\$	13,867.76

## 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			Reporting Period						
FRIENDS OF AARON BERNSTINE			From:	<u>9/20/2022</u> <b>To</b> :			10/24/2022		
					DATE			Outstanding Balance of Debt	
Name of Creditor AARON J. BERNSTINE				МО	DAY	YEAR			
Mailing Address 254 STATE ROUTE 168					24	2022	\$	13,727.95	
City NEW GALILEE	<b>State</b> PA	<b>Zip Code (Pl</b> 16141	us 4)	Description of Debt UNREIMBURSED EXPENSES AND MILEAGE					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								<b>PAGE TOTAL</b> 13,727.95	