

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 2022	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	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	25	2022		11	28	2022		
A. Amount Brought Forward From Last Report					\$ 10,013.84					
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,675.00					
C. Total Funds Available (Sum Of Lines A and B)					\$ 11,688.84					
D. Total Expenditures (From Schedule III)					\$ 688.09					
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 11,000.75					
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00					
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 14,293.87					

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>10/25/2022</u> To: <u>11/28/2022</u>

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)	\$ 0.00
All Other Contributions (Part B)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 150.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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.)	\$ 1,675.00
---	-------------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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	Reporting Period
FRIENDS OF AARON BERNSTINE	From: <u>10/25/2022</u> To: <u>11/28/2022</u>

				DATE			AMOUNT	
Full Name of Contributor AUDRIANA BLY					MO	DAY	YEAR	\$ 150.00
Mailing Address H23 FOREST HEIGHTS					11	10	2022	
City BUTLER		State PA	Zip Code (Plus 4) 16001					

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

PAGE TOTAL
\$ 150.00

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>10/25/2022</u> To: <u>11/28/2022</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
ACCOUNTABLE LEADERSHIP PAC								
Mailing Address								
8-38 MAUREEN DR				11	10	2022		
City	CRANBERRY TWP	State	Zip Code (Plus 4)					
		PA	16066					

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

PAGE TOTAL
\$ 500.00

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>10/25/2022</u> To: <u>11/28/2022</u>
--	--

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
DAVID BARENSFELD							
Mailing Address 257 PETRIE AVE.				10	31	2022	\$ 1,000.00
City NEW BRIGHTON	State PA	Zip Code (Plus 4) 15066					
Employer Name ELLWOOD GROUP				Occupation CHAIRMAN			
Employer Mailing Address/Principal Place of Business 600 COMMERCIAL AVE.			City ELLWOOD CITY	State PA	Zip Code (Plus 4) 16116		

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

PAGE TOTAL
\$ 1,000.00

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>10/25/2022</u> To: <u>11/28/2022</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	
Mailing Address						\$ 0.00
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:

				DATE		AMOUNT	
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>10/25/2022</u> To: <u>11/28/2022</u>

DATE				AMOUNT		
To Whom Paid LAWRENCE COUNTY REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	28	2022	
City	NEW CASTLE	State	PA	Zip Code (Plus 4)	16101	Description of Expenditure EVENT TICKET
To Whom Paid FACEBOOK			MO	DAY	YEAR	\$ 40.00
Mailing Address			11	1	2022	
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			11	2	2022	
City	ATLANTA	State	GA	Zip Code (Plus 4)	30309	Description of Expenditure COMMUNICATIONS
To Whom Paid MAILCHIMP			MO	DAY	YEAR	\$ 333.90
Mailing Address			11	3	2022	
City	ATLANTA	State	GA	Zip Code (Plus 4)	30308	Description of Expenditure COMMUNICATIONS
To Whom Paid DAVID GABRIEL FOUNDATION			MO	DAY	YEAR	\$ 200.00
Mailing Address			11	10	2022	
City	NEW CASTLE	State	PA	Zip Code (Plus 4)	16101	Description of Expenditure CONTRIBUTION

To Whom Paid RAISE THE MONEY			MO	DAY	YEAR	
Mailing Address PO BOX 26466			10	28	2022	
City LITTLE ROCK	State AR	Zip Code (Plus 4) 72221	Description of Expenditure PROCESSING FEES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 688.09

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				Reporting Period			
FRIENDS OF AARON BERNSTINE				From: <u>10/25/2022</u> To: <u>11/28/2022</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor AARON J. BERNSTINE				MO	DAY	YEAR	\$ 14,293.87
Mailing Address 254 STATE ROUTE 168				11	28	2022	
City NEW GALILEE	State PA	Zip Code (Plus 4) 16141		Description of Debt UNREIMBURSED EXPENSES AND MILEAGE			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 14,293.87