

# 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.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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		
		11	29	2022		12	31	2022			
A. Amount Brought Forward From Last Report					\$ 11,000.75						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 9,300.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 20,300.75						
D. Total Expenditures (From Schedule III)					\$ 1,127.56						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 19,173.19						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 29,893.65						

## 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>11/29/2022</u> To: <u>12/31/2022</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>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 250.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 9,000.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 9,000.00

<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>	\$ 9,300.00
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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>11/29/2022</u> <b>To:</b> <u>12/31/2022</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> FRIENDS OF BARRY JOZWIAK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 590 GRANGE RD			11	30	2022	
<b>City</b> BERNVILLE	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  19506				

**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)

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)						

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

PAGE TOTAL
\$ 0.00

# 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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF AARON BERNSTINE	<b>Reporting Period</b>  <b>From:</b> <u>11/29/2022</u> <b>To:</b> <u>12/31/2022</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee CITIZENS FOR KAIL				MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO BOX 94				11	30	2022	
City BEAVER	State PA	Zip Code (Plus 4) 15009					
Full Name of Contributing Committee FRIENDS OF BRYAN CUTLER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 624				11	30	2022	
City QUARRYSVILLE	State PA	Zip Code (Plus 4) 17566					
Full Name of Contributing Committee FRIENDS OF JESSE TOPPER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 458				11	30	2022	
City BEDFORD	State PA	Zip Code (Plus 4) 15523					
Full Name of Contributing Committee FRIENDS OF TIM O'NEAL				MO	DAY	YEAR	\$ 4,000.00
Mailing Address 1328 MAPLEWOOD CIR				12	5	2022	
City WASHINGTON	State PA	Zip Code (Plus 4) 15301					
Full Name of Contributing Committee FRIENDS OF MARTINA WHITE				MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 16041				12	5	2022	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154					

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

**PAGE TOTAL**

\$ 9,000.00

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

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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.**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

DATE				AMOUNT
Full Name				
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>11/29/2022</u> To: <u>12/31/2022</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)		\$	0.00
<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.)		\$	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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF AARON BERNSTINE	From <u>11/29/2022</u> To: <u>12/31/2022</u>

DATE				AMOUNT
<b>To Whom Paid</b> FACEBOOK	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1 HACKER WAY	12	1	2022	\$ 128.00
<b>City</b> MENLO PARK	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94025	<b>Description of Expenditure</b> ADVERTISING	
<b>To Whom Paid</b> GOOGLE	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 10TH ST NE #600	12	2	2022	\$ 12.72
<b>City</b> ATLANTA	<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30309	<b>Description of Expenditure</b> COMMUNICATIONS	
<b>To Whom Paid</b> MAILCHIMP	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 675 PONCE DE LEON AVE NE	12	5	2022	\$ 333.90
<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> THE COLOR CENTER	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 632 LAWRENCE AVE	12	1	2022	\$ 350.00
<b>City</b> ELLWOOD CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16117	<b>Description of Expenditure</b> PRINT SERVICES	
<b>To Whom Paid</b> I360	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 662	12	21	2022	\$ 200.00
<b>City</b> ARLINGTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22216	<b>Description of Expenditure</b> DATA MANAGEMENT	

<b>To Whom Paid</b> CINDY ROMBOLD			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 693 CHEWTON WURTEMBURG RD			12	18	2022	
<b>City</b> WAMPUM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16157	<b>Description of Expenditure</b> PAYMENT			
<b>To Whom Paid</b> RAISE THE MONEY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 26466			12	30	2022	
<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> \$ 1,127.56

**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>11/29/2022</u> To: <u>12/31/2022</u>			
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						<b>Outstanding Balance of Debt</b>		
						<b>DATE</b>		
<b>Name of Creditor</b> AARON J. BERNSTINE					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 22,804.57
<b>Mailing Address</b> 254 STATE ROUTE 168					12	31	2022	
<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>Outstanding Balance of Debt</b>		
						<b>DATE</b>		
<b>Name of Creditor</b> AARON J. BERNSTINE					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 7,089.08
<b>Mailing Address</b> 254 STATE ROUTE 168					12	31	2022	
<b>City</b> NEW GALILEE	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16141		<b>Description of Debt</b> UNREIMBURSED EXPENSES FOR EVENT			

  

<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>							<b>PAGE TOTAL</b>  \$ 29,893.65
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