## **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 :	ion 2015	50221			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST	
	Committee, Candid	date or Lo	obbyist:			-	AARON E	BERSTI	NE						
Street Address:	254 STATE R	OUTE 16	8												
City:	NEW GALILE	E					State:	PA			Zip Co	<b>de:</b> 16	141		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. <b>X</b>	30 D PRIM		POST-	3.		AMENDN REPORT		Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY I TION	POST-	6.		TERMIN REPORT		Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024				NG METH				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Candida	ate:					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR			REP		
							11		5	2024		(SEE INS	TRUCTIO	ONS FOR (	ODES)
	Receipts and	мо	DAY	YEAR	1		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		3 5	20	024 <b>1</b>	0	4		8	2024					
A. Amount Bro	ught Forward Fro	m Last R	eport	-		\$	5		64,5	589.21	]				
B. Total Monet	dule I)	\$	5		12,6	595.83									
C. Total Funds Available (Sum Of Lines A and B)							5		77,2	285.04					
D. Total Expenditures (From Schedule III)						\$	5		57,5	51.25					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		4	5		19,7	33.79					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedu	le II)	4	5			0.00					
G. Unpaid Deb	ts And Obligations	s (From S	Schedule IV	/)		4	5		2,9	43.92					
				AFF	IDAV]	T SE	ECTION								
PART I - If this is	s a Committee rep	oort, trea	surer sign	here. I	If this is	s a Ca	ndidate re	eport, c	andio	date sig	gn here.				
I swear (or affirm correct and compl	) that this report, inc ete.	cluding the	attached sc	hedules	s filed on	paper	or by elect	ronic m	edium	, are to i	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me thi day of	is	20						s	ignature	e of Perso	n Submitt	ing Rep	ort	
		ure				_					Prin	ted Name			
My Commission E	-					_					Ema	il			
	мо	DA	AY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, G	Candio	date shall	sign he	ere.						
I swear (or affirm) No 320) as amende	) that to the best of ed.	my knowle	edge and beli	ief this	political	comn	nittee has n	iot viola	ted an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of	•	20							s	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signature bires					_					Ema	il			
	мо			VP		-		Area	Code			aytime Te	lenhor	e Numb	
	Pio	DA	41	YR				Aled	coue		U	ayume te	Sichilou	e numb	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF AARON BERSTINE	From:	<u>3/5/202</u>	2 <u>4</u> <b>To:</b>	<u>4/8/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	760.83
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)	\$	2,135.00		
TOTAL for the Reporting	\$	2,135.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,300.00
All Other Contributions (Part D)			\$	7,500.00
TOTAL for the Reporting	g Period	(3)	\$	9,800.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)			-	
TOTAL for the Reporting	g Period	(4)	\$	0.00
				1
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	12,695.83

# 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 Candida	Name of Filing Committee or Candidate			porting					
	Fr					From: To:			
					DATE AMO				
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 4)									
							Γ	PAGE TOTAL	

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

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 Candidat	e		Repo	orting Po	eriod				
FRIENDS OF AARON BERSTINE			Fron	n:	<u>3/5/2</u>	2024 <b>To</b>	<b><u>4/8/2024</u></b>		
					DATE		AMOUNT		
Full Name of Contributor WILLIAM MCCARRIER				мо	DAY	YEAR			
Mailing Address 1073 FOREST OAK					<b>\$</b> 100.00				
City BUTLER	1	2	3	2024					
Full Name of Contributor JERRY TROMBINO		мо	DAY	YEAR					
Mailing Address 1337 PERRY HWY							<b>\$</b> 60.00		
City PORTERSVILLE	<b>State</b> PA	Zip Code (Plus 4)		1	11	2024			
Full Name of Contributor TIMOTHY RAPE				мо	DAY	YEAR			
Mailing Address 110 TUNNEL RD							<b>\$</b> 100.00		
City EVANS CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16033		2	12	2024			
<b>Full Name of Contributor</b> G R HECKATHORN				мо	DAY	YEAR			
Mailing Address 1679 PLAIN GROVE	RD						<b>\$</b> 100.00		
City VOLANT	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16156		1	31	2024			
Full Name of Contributor R C KUTZROCK					DAY	YEAR			
Mailing Address 244 STATE RD							<b>\$</b> 100.00		
City VALENCIA	<b>State</b> PA	Zip Code (Plus 4)		1	22	2024			

Full Name of Contributor JAMES FERRANTE			мо	DAY	YEAR	
Mailing Address 3384 ST	ATE ROUTE 18					<b>\$</b> 200.00
City WAMPUM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16157	1	24	2024	
Full Name of Contributor GAIL HUNTER			мо	DAY	YEAR	
Mailing Address 120 MOI	NT RD					<b>\$</b> 250.00
City BUTLER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16001	1	13	2024	
Full Name of Contributor LOUIS SHIRILLA		мо	DAY	YEAR		
Mailing Address 1417 SC					<b>\$</b> 100.00	
City ELLWOOD CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16117		2	2024	
Full Name of Contributor GARY KOS			мо	DAY	YEAR	
Mailing Address 2479 WAMPUM MOUNT AIR RD						
	AMPUM MOUNT AIR RD					<b>\$</b> 25.00
City NEW GALILEE	AMPUM MOUNT AIR RD State PA	<b>Zip Code (Plus 4)</b> 16141	1	24	2024	<b>\$</b> 25.00
2475 107	State		- <u>1</u> мо	24 DAY	2024 YEAR	<b>\$</b> 25.00
City NEW GALILEE Full Name of Contributor GARY KOS	State					\$ 25.00 \$ 25.00
City NEW GALILEE Full Name of Contributor GARY KOS	State PA					
City NEW GALILEE Full Name of Contributor GARY KOS Mailing Address 2479 W/	AMPUM MOUNT AIR RD	16141 Zip Code (Plus 4)	мо	DAY	YEAR	
City NEW GALILEE Full Name of Contributor GARY KOS Mailing Address 2479 W/ City NEW GALILEE Full Name of Contributor GARY KOS Mailing Address	AMPUM MOUNT AIR RD	16141 Zip Code (Plus 4)	мо 2	<b>DAY</b> 24	<b>YEAR</b> 2024	
City NEW GALILEE Full Name of Contributor GARY KOS Mailing Address 2479 W/ City NEW GALILEE Full Name of Contributor GARY KOS Mailing Address	AMPUM MOUNT AIR RD State PA PA PA	16141 Zip Code (Plus 4)	мо 2	<b>DAY</b> 24	<b>YEAR</b> 2024	<b>\$</b> 25.00

						FAGL 6
Full Name of Contributor LEONARD RICH			мо	DAY	YEAR	
Mailing Address 815 GARDNE	R STOP RD				2024	\$ 200.00
City NEW GALILEE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16101	3	9	2024	
Full Name of Contributor ROBERT YOST			мо	DAY	YEAR	
Mailing Address 486 BRITTON	I SCHOOL RD					\$ 200.00
City NEW GALILEE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16141	3	21	2024	
Full Name of Contributor VINCENT MARTWINSKI	мо	DAY	YEAR			
ailing Address 3010 CASCADE BLVD						\$ 200.00
City NEW CASTLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16101	- 3	21	2024	
Full Name of Contributor DAVID NICELY			мо	DAY	YEAR	
Mailing Address 244 MCMILLE	N AVE					\$ 200.00
City BEAVER FALLS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15010	4	1	2024	
Full Name of Contributor JAMES STOKER			мо	DAY	YEAR	
Mailing Address 158 BERAM A	VE					\$ 250.00
City BRIDGEVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15017	4	5	2024	
						PAGE TOTAL
Enter Grand Total of Part	Section 2	2.		\$ 2,135.00		

### PAGE 7

## 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	g Period				
FRIENDS OF AARON BERSTINE			From:	<u>3/</u>	5/2024	То:		<u>4/8/2024</u>
				DA	TE		A	MOUNT
Full Name of Contributing Committee HIGHMARK PAC				мо	DAY	YEAR		
Mailing Address 1800 CENTER ST							\$	300.00
City CAMP HILL	<b>State</b> PA	e (Plus 4)	3	21	2024			
Full Name of Contributing Committee PILOTS ASSN FOR BAY & amp; RIVER DE					DAY	YEAR		
Mailing Address 500 S COLUMBUS B	LVD						\$	1,000.00
City PHILADELPHIA	State PA	<b>Zip Cod</b> 19147	e (Plus 4)	3	7	2024		
Full Name of Contributing Committee MIKE KELLY FOR CONGRESS	•			мо	DAY	YEAR		
Mailing Address PO BOX 476							\$	1,000.00
City LYNDORA	<b>State</b> PA	<b>Zip Cod</b> 16045	e (Plus 4)	1	19	2024		
			<b>a</b>	_				PAGE TOTAL
Enter Grand Total of Part C on Sche	r Grand Total of Part C on Schedule I, Detailed Summary Page, Sec						\$	2,300.00

## 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 Co	ommittee or Candidate				Repo	orting Per	riod			
FRIENDS OF AA	RON BERSTINE				Fron	n:	<u>3/5/2</u>	<u>024</u> То	):	<u>4/8/2024</u>
						DA	TE		АМ	IOUNT
Full Name of Con JAMIE STILLEY	tributor					мо	DAY	YEAR		
Mailing Address	305 GREEN LAKE DR								\$	750.00
City MARS		State	Zip	Code (Plus	4)	3	25	2024		
		PA	160	046						
Employer Name					Occupat	ion V	ICE PR	ESIDENT		
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Code	e (Plus 4)
202 SUNSET DR. BUTLER				PA		16001	16001			
Full Name of Contributor WILLIAM ADAMS					мо	DAY	YEAR			
Mailing Address	1256 THE BUFFALO B	ILL CODY MEMORIA	L HW	٧Y					\$	5,000.00
City PORTES	/ILLE	State	Zip	Code (Plus	4)	2	28	2024		
		PA	160	051						
Employer Name	ADAMS MANUFACTUR	ING				Occupation CHAIRMAN				
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Code	e (Plus 4)
109 W PARK RD				PORTERS	VILLE		PA		16051	
Full Name of Con CLIFF HOVIS	tributor					мо	DAY	YEAR		
Mailing Address	505 OAK HILL DR								\$	1,000.00
City GROVE C	TTY	State	Zip	Code (Plus	4)	1	23	2024		
		РА	161	127						
Employer Name HOVIS AUTO & amp; TRUCK SUPPLY INC				Occupat	ion S	ELF-EM	IPLOYED			
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Code (Plus 4)	
1000 CHAMPION	I DR.			MERCER			PA		16127	

Full Name of Contributor VINCE MENICHINO	ailing 1147 BROOKSHIRE DR				DAY	YEAR		
Mailing 1147 BROOKSHIR Address	E DR						\$	750.00
City NEW CASTLE	<b>State</b> PA		<b>p Code (Plus 4)</b> 5101	(Plus 4) 3 9 20.				
Employer Name CASTLE ASPHALT AND CONSTRUCTION				Occupation SUPERVISOR				
Employer Mailing Address/Principal Business	Place of		City		State		Zip Code (	(Plus 4)
402 SAMPSON ST.			NEW CASTLE	PA			16101	
Enter Grand Total of Part C on S	nary Page, Sectio	on 3.			PAG	GE TOTAL		
								7,500.00

### 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			Report	ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						•			
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are i, becaned Sum	inary raye,	Section				\$		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	<b>Reporting Period</b>		
FRIENDS OF AARON BERSTINE	From:	<u>3/5/2024</u> то:	<u>4/8/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PI	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	J Period			
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor			мо	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 Detail Section 2.				mary Pag	je,	PAGE 1	OTAL
					4	;	0.00

### PAGE 13

### 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						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor Occupation											
Employer Mailing Address/Principal Place of Business		City	State		Zip 4)		Zip Code(Plus 4)		Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						<b>PAGE TOTAL</b> 0.00					

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
FRIENDS OF AARON BERSTINE			From	<u>3/!</u>	<u>/5/2024</u> <b>To:</b>		<u>4/8/2024</u>			
				DATE			AMOUNT			
To Whom Paid GOOGLE			мо	DAY	YEAR					
Mailing Address 10 10TH ST NE #60	0		4	2	2024	\$	51.77			
City ATLANTA	<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30309		<b>otion of Exp</b> JNICATION						
To Whom Paid TWILIO INC				DAY	YEAR					
Mailing Address 101 SPEAR ST				8	2024	\$	508.80			
City SAN FRANCISCO	State CA	<b>Zip Code (Plus 4)</b> 94105		<b>otion of Exp</b> JNICATION						
To Whom Paid DREAMHOST			мо	DAY	YEAR					
Mailing Address 417 ASSOCIATED R	D		3	15	2024	\$	67.38			
City BREA	State CA	<b>Zip Code (Plus 4)</b> 92821	Descrip ADVER							
<b>To Whom Paid</b> FACEBOOK			мо	DAY	YEAR					
Mailing Address 1 HACKER WAY			4	1	2024	\$	402.16			
City MENLO PARK	State CA	<b>Zip Code (Plus 4)</b> 94025	<b>Descrip</b> ADVER							
<b>To Whom Paid</b> I360			мо	DAY	YEAR					
Mailing Address PO BOX 662			3	21	2024	\$	600.00			
City ARLINGTON	State VA	<b>Zip Code (Plus 4)</b> 22216		Description of Expenditure DATA MANAGEMENT						

To Whom Paid APPLE					DAY	YEAR						
Mailing Address	1 APPLE PARK WAY			3	18	2024	\$	2.99				
City CUPERTI	NO	State	Zip Code (Plus 4)	Deserie	L		I					
CITY CUPERTI	NO	СА	95014		otion of Exp OLOGY EX							
To Whom Paid CINDY ROMBOLI	D			мо	DAY	YEAR						
Mailing Address 693 CHEWTON WURTEMBURG RD				1	3	2024	\$	100.00				
City WAMPUM	1	State	Zip Code (Plus 4)	Descrip	tion of Ex	Denditure						
PA 16157				PAYME								
To Whom Paid RYAN LAIDLAW				мо	DAY	YEAR						
Mailing Address 138 HEATHER DR				1	4	2024	\$	100.00				
City BUTLER		State	Zip Code (Plus 4)	4) Description of Expenditure								
DOTLER	PA 16001					PAYMENT						
To Whom Paid KAYLA LUCY				мо	DAY	YEAR						
Mailing Address	502 LYNDHURST AV	/E		1	4	2024	\$	100.00				
City ELLWOO		State	Zip Code (Plus 4)	Description of Expenditure								
		РА	16117	PAYMENT								
To Whom Paid US POSTAL SER	VICE			мо	DAY	YEAR						
Mailing Address				1	16	2024	\$	2,640.00				
Fulling Address					1							
		State	Zip Code (Plus 4)	Descrip	l tion of Exi	 penditure						
	D CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16117		l otion of Exp G EXPENS							
City ELLWOO	D CITY ICANS OF BUTLER COU	РА										
City ELLWOO		PA		MAILIN	G EXPENS	E	\$	1,000.00				
City ELLWOO To Whom Paid UNITED REPUBL	ICANS OF BUTLER CO	PA		MAILIN MO	G EXPENS	E YEAR 2024	\$	1,000.00				

						PAG	GE 16					
<b>To Whom Paid</b> MARLA BROWN FOR PA			мо	DAY	YEAR							
Mailing Address 244 DEVIL'S BAC	KBONE RD		1	19	2024	\$	1,500.00					
City NEW CASTLE	City     NEW CASTLE     State     Zip Code (Plus 4)       PA     16102					Description of Expenditure CONTRIBUTION						
To Whom Paid KISHMAN FOR STATE REPRESENTAT	IVE		мо	DAY	YEAR							
Mailing Address 705 EAST LINCOLN WAY				31	2024	\$	500.00					
CityMINERVAStateZip Code (Plus 4)OH44657				Description of Expenditure EVENT EXPENSE								
<b>To Whom Paid</b> AARON J. BERNSTINE			мо	DAY	YEAR							
Mailing Address 254 STATE ROUTE 168				20	2024	\$	20,000.00					
City NEW GALILEE	StateZip Code (Plus 4)PA16141				Description of Expenditure UNPAID DEBT REIMBURSEMENT							
To Whom Paid AARON BERNSTINE				DAY	YEAR							
Mailing Address 254 STATE ROUT	E 168		3	6	2024	\$	22,866.00					
City NEW GALILEE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16141	Description of Expenditure LOAM REPAYMENT									
<b>To Whom Paid</b> ABBEY HASLAM			мо	DAY	YEAR							
Mailing Address 4514 CARROLLTC	IN DR		3	15	2024	\$	500.00					
CityHARRISBURGStateZip Code (Plus 4)PA17112				Description of Expenditure PAYMENT								
To Whom Paid SIGNROCKET.COM			мо	DAY	YEAR							
Mailing Address 340 BROADWAY	AVE		1	25	2024	\$	6,475.00					
City     ST PAUL PARK     State     Zip Code (Plus 4)				Description of Expenditure SIGNS								

To Whom Paid RAISE THE MONEY				мо	DAY	YEAR		
Mailing	Address PO BOX 264	166		4	8	2024	\$	136.85
City     State     Zip Code (Plus 4)     Description of Expenditure       AR     72221     PROCESSING FEES								
Enter	Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D.				\$	<b>PAGE TOTAL</b> 57,550.95
							L	

### 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 BERSTINE			From:		<u>3/5/2024</u>		<u>4/8/2024</u>		
					DATE			Outstanding Balance of Debt	
Name of Creditor AARON J. BERNSTINE				мо	DAY	YEAR			
Mailing Address 254 STATE ROUTE 168				4 8 2024 <b>\$</b> 2,943					
City NEW GALILEE	State	Zip Code (Pl	us 4)	Descrip	tion of De	bt			
	PA	16141		UNREIN	BURSED	EXPENS	ES A	ND MILEAGE	
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	2,943.92		
	РА	16141	-	UNREIN		_	S AND MILEAGE		