

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Kerith

ADDRESS (number and street)

P.O. Box 280

Check if different than previously reported. (ACC)

Brookville

PA

15825

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00555458

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

PA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04 / 01 / 2018

through

M M / D D / Y Y Y Y

04 / 27 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Ryan, Matt, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Ryan, Matt, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

05 / 21 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Friends of Kerith

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	105545.61
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	105545.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7355.87	83756.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7355.87	83756.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Friends of Kerith

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	70537.08
(ii) Unitemized.....	0.00	32861.53
(iii) TOTAL of contributions from individuals ▶	0.00	103398.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) The Candidate.....	0.00	147.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	105545.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	71.28
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	105616.89

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7355.87	83756.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7355.87	83756.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7355.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	7355.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7355.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 8			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Kerith

Full Name (Last, First, Middle Initial) A. Kerith Cares			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2018		
Mailing Address 340 Main Street			FEC Identification Number C		
City Brookville	State PA	Zip Code 15825	Amount of Each Disbursement this Period 7270.49		
Purpose of Disbursement Transfer to Kerith Cares committee for PA state election		Category/ Type 008	Transaction ID : SB17.7757		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Nationbuilder			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2018		
Mailing Address 520 S. Grand Ave			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90001	Amount of Each Disbursement this Period 59.00		
Purpose of Disbursement Website		Category/ Type 001	Transaction ID : SB17.7759		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7329.49
TOTAL This Period (last page this line number only).....▶	7329.49

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Agovino, Joseph, , ,			Nature of Debt (Purpose): Payroll
Mailing Address 388 Twin Lane South			
City Wantaugh	State NY	Zip Code 11793	

Outstanding Balance Beginning This Period <input type="text" value="1600.00"/>		Transaction ID : SD10.7125	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1600.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Agovino, Joseph, , ,			Nature of Debt (Purpose): Payroll
Mailing Address 388 Twin Lane South			
City Wantaugh	State NY	Zip Code 11793	

Outstanding Balance Beginning This Period <input type="text" value="1600.00"/>		Transaction ID : SD10.7126	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1600.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Agovino, Joseph, , ,			Nature of Debt (Purpose): Payroll
Mailing Address 388 Twin Lane South			
City Wantaugh	State NY	Zip Code 11793	

Outstanding Balance Beginning This Period <input type="text" value="1600.00"/>		Transaction ID : SD10.7127	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1600.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="4800.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Agovino, Joseph, , ,			Nature of Debt (Purpose): Payroll
Mailing Address 388 Twin Lane South			
City Wantaugh	State NY	Zip Code 11793	

Outstanding Balance Beginning This Period 1600.00		Transaction ID : SD10.7128	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Agovino, Joseph, , ,			Nature of Debt (Purpose): Payroll
Mailing Address 388 Twin Lane South			
City Wantaugh	State NY	Zip Code 11793	

Outstanding Balance Beginning This Period 1600.00		Transaction ID : SD10.7129	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Agovino, Joseph, , ,			Nature of Debt (Purpose): Payment
Mailing Address 388 Twin Lane South			
City Wantaugh	State NY	Zip Code 11793	

Outstanding Balance Beginning This Period - 8000.00		Transaction ID : SD10.7149	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period - 8000.00	

1) SUBTOTALS This Period This Page (optional)	▶	1600.00
2) TOTALS This Period (last page this line number only)	▶	- 4800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Moser, Michael, , ,			Nature of Debt (Purpose): Salary (4/4)
Mailing Address 2006 Carlton Dr.			
City Lebanon	State PA	Zip Code 17042	

Outstanding Balance Beginning This Period - 500.00		Transaction ID : SD10.4815	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period - 500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Moser, Michael, , ,			Nature of Debt (Purpose): Salary (4/18)
Mailing Address 2006 Carlton Dr.			
City Lebanon	State PA	Zip Code 17042	

Outstanding Balance Beginning This Period - 1000.00		Transaction ID : SD10.4816	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period - 1000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Moser, Michael, , ,			Nature of Debt (Purpose): Salary (5/30)
Mailing Address 2006 Carlton Dr.			
City Lebanon	State PA	Zip Code 17042	

Outstanding Balance Beginning This Period 1500.00		Transaction ID : SD10.4819	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00	

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	