

# 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 2017

through

M M /

D D /

Y Y Y Y 2017

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

Type or Print Name of Treasurer

Ryan, Matt, , ,

Signature of Treasurer

Ryan, Matt, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 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))....	7000.00	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)).....	7000.00	105545.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	428.34	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)).....	428.34	83756.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8408.04	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	5200.00	70537.08
(ii) Unitemized.....	1800.00	32861.53
(iii) TOTAL of contributions from individuals ▶	7000.00	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))..	7000.00	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)..... ▶	7000.00	105616.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	428.34	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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	428.34	83756.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1836.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7000.00
25. SUBTOTAL (add Line 23 and Line 24).....	8836.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	428.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8408.04

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 10  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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**

**A.** Full Name (Last, First, Middle Initial)  
**Cook, James, , ,**

Mailing Address 5730 Sherrod Hill Rd.

City Edinboro State PA Zip Code 16412

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 13 2017

**Transaction ID : SA11AI.7647**

Amount of Each Receipt this Period  
250.00

Memo Item  
Donation

**B.** Full Name (Last, First, Middle Initial)  
**Hallacher, Paul, , ,**

Mailing Address 762 Storch Rd

City State College State PA Zip Code 16801

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Consultant

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 22 2017

**Transaction ID : SA11AI.7645**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Donation

**C.** Full Name (Last, First, Middle Initial)  
**Hovick, Theodore, , , Jr.**

Mailing Address 511 Ridge Ave

City State College State PA Zip Code 16803

FEC ID number of contributing federal political committee. **C**

Name of Employer Mount Nittany OB/GYN Occupation Physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 14 2017

**Transaction ID : SA11AI.7641**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Kerith**

**A.** Full Name (Last, First, Middle Initial)  
**Hovick, Theodore, , , Jr.**

Mailing Address 511 Ridge Ave

City State College State PA Zip Code 16803

FEC ID number of contributing federal political committee. **C**

Name of Employer Mount Nittany OB/GYN Occupation Physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2017

Transaction ID : SA11AI.7643

Amount of Each Receipt this Period  
 1700.00

Memo Item  
 Donation

**B.** Full Name (Last, First, Middle Initial)  
**Kamandulis, Joan, , ,**

Mailing Address 101 Brown Rd.

City Kersey State PA Zip Code 15846

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 22 2017

Transaction ID : SA11AI.7644

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 Donation

**C.** Full Name (Last, First, Middle Initial)  
**Strano, Samuel, , , Jr.**

Mailing Address 68 White St.

City Brookville State PA Zip Code 15825

FEC ID number of contributing federal political committee. **C**

Name of Employer Strano Performance Parts Occupation Salesman

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2017

Transaction ID : SA11AI.7648

Amount of Each Receipt this Period  
 250.00

Memo Item  
 Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2950.00

**TOTAL** This Period (last page this line number only)..... ▶ 5200.00

**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 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Kerith**

Full Name (Last, First, Middle Initial) <b>A. Nationbuilder</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2017		
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 : SB17.7681		
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>B. Nationbuilder</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2017		
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 : SB17.7682		
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>C. Nationbuilder</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2017		
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 : SB17.7684		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	177.00
<b>TOTAL</b> This Period (last page this line number only).....▶	177.00

**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 <b>Agovino, Joseph, , ,</b>			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 : SD10.7125	
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 <b>Agovino, Joseph, , ,</b>			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 : SD10.7126	
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 <b>Agovino, Joseph, , ,</b>			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 : SD10.7127	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	4800.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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 <b>Agovino, Joseph, , ,</b>			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 : <b>SD10.7128</b>	
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 <b>Agovino, Joseph, , ,</b>			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 : <b>SD10.7129</b>	
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 <b>Agovino, Joseph, , ,</b>			Nature of Debt (Purpose): Payment
Mailing Address 388 Twin Lane South			
City Wantaugh	State NY	Zip Code 11793	

Outstanding Balance Beginning This Period <input type="text" value="- 8000.00"/>		Transaction ID : <b>SD10.7149</b>	
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="- 8000.00"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="- 4800.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 <b>Moser, Michael, , ,</b>			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 <b>Moser, Michael, , ,</b>			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 <b>Moser, Michael, , ,</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	