

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

2. FEC IDENTIFICATION NUMBER ▼

C C00555458

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

through

M M /

D D /

Y Y Y Y

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 Matt Ryan

Signature of Treasurer Matt Ryan

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

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)).... | 21332.09 | 144391.91 |
| (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))..... | 21332.09 | 144391.91 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 6158.41 | 154961.73 |
| (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))..... | 6158.41 | 154961.73 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 18463.50 | |
| 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)..... | 20000.00 | |

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 12/2003)

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)..... | 16613.09 | 84294.61 |
| (ii) Unitemized..... | 4719.00 | 42068.11 |
| (iii) TOTAL of contributions from individuals ▶ | 21332.09 | 126362.72 |
| (b) Political Party Committees..... | 0.00 | 3155.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 7850.00 |
| (d) The Candidate..... | 0.00 | 7024.19 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 21332.09 | 144391.91 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 20000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 20000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 21332.09 | 164391.91 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 6158.41 | 154961.73 |
| 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 | 200.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 6158.41 | 155161.73 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 3289.82 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 21332.09 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 24621.91 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 6158.41 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 18463.50 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 19 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
John Austin

Mailing Address 942 E. McCormick Ave.

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.6429

Amount of Each Receipt this Period
500.00

Donation

B. Full Name (Last, First, Middle Initial)
Carole Briggs

Mailing Address 26 Stonehenge Cir.

City State Zip Code
Brookville PA 15825

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2015

Transaction ID : SA11AI.6416

Amount of Each Receipt this Period
2600.00

Donation

C. Full Name (Last, First, Middle Initial)
Carole Briggs

Mailing Address 26 Stonehenge Cir.

City State Zip Code
Brookville PA 15825

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2015

Transaction ID : SA11AI.6450

Amount of Each Receipt this Period
100.00

Donation

SUBTOTAL of Receipts This Page (optional).....

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

3200.00

**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 19
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Nancy Chiswick

Mailing Address 2443 Hickory Hill Dr.

City State Zip Code
State College PA 16803

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

Name of Employer Occupation
n/a Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : SA11AI.6438

Amount of Each Receipt this Period
 250.00

Donation

B. Full Name (Last, First, Middle Initial)
Nancy Chiswick

Mailing Address 2443 Hickory Hill Dr.

City State Zip Code
State College PA 16803

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

Name of Employer Occupation
n/a Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.6475

Amount of Each Receipt this Period
 100.00

Donation

C. Full Name (Last, First, Middle Initial)
George Downsbrough

Mailing Address 2748 Buffalo Run Rd

City State Zip Code
Bellefonte PA 16823

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : SA11AI.6434

Amount of Each Receipt this Period
 250.00

Donation

SUBTOTAL of Receipts This Page (optional).....

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

600.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 19 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Walter Ebaugh

Mailing Address 107 Redwood Ln

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2015

Transaction ID : SA11AI.6427

Amount of Each Receipt this Period
600.00

Donation

B. Full Name (Last, First, Middle Initial)
David Hunter

Mailing Address 504 McCormick Ave.

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Penn State University Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.6424

Amount of Each Receipt this Period
1000.00

Donation

C. Full Name (Last, First, Middle Initial)
Brad Koplinski

Mailing Address 267 Sassafras St.

City State Zip Code
Harrisburg PA 17101

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

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11AI.6419

Amount of Each Receipt this Period
1000.00

Donation

SUBTOTAL of Receipts This Page (optional).....

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

2600.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 19 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Kerith

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Elaine Kunze | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2015 |
| Mailing Address 204 Academy St. | | Transaction ID : SA11AI.6417 |
| City Boalsburg | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1500.00 |
| Name of Employer Retired | Occupation Retired | Donation |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1500.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Elaine Kunze | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 |
| Mailing Address 204 Academy St. | | Transaction ID : SA11AI.6426 |
| City Boalsburg | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Retired | Occupation Retired | Donation |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Merry Jil McAleer | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2015 |
| Mailing Address PO Box 467 | | Transaction ID : SA11AI.6436 |
| City Franklin | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation Retired | Donation |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2750.00 |
| 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: (check only one) | PAGE 9 OF 19 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Howard Miska

Mailing Address 1011 Evergreen Rd.

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11AI.6428

Amount of Each Receipt this Period
500.00

Donation

B. Full Name (Last, First, Middle Initial)
Cassandra Neely

Mailing Address PO Box 230

City State Zip Code
Sligo PA 16255

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : SA11AI.6418

Amount of Each Receipt this Period
1000.00

Donation

C. Full Name (Last, First, Middle Initial)
Paula Ralph

Mailing Address PO Box 232

City State Zip Code
Boalsburg PA 16827

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

Name of Employer Occupation
Penn State University Research Technician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2015

Transaction ID : SA11AI.6437

Amount of Each Receipt this Period
250.00

Donation

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

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

FOR LINE NUMBER: PAGE 10 OF 19
(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)
Timothy Roschke

Mailing Address 1129A S. Main St.

City State Zip Code
Dubois PA 15801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : SA11AI.6432

Amount of Each Receipt this Period
400.00

Donation

B. Full Name (Last, First, Middle Initial)
Matt Ryan

Mailing Address 209 Chadwick Trail

City State Zip Code
Cranberry Township PA 16066

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

Name of Employer Occupation
Self-employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : SA11AI.6421

Amount of Each Receipt this Period
1000.00

Donation

C. Full Name (Last, First, Middle Initial)
Robert Santoro

Mailing Address 1647 N. Cherry Hill Rd.

City State Zip Code
State College PA 16803

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

Name of Employer Occupation
Penn State University Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : SA11AI.6422

Amount of Each Receipt this Period
1000.00

Donation

SUBTOTAL of Receipts This Page (optional).....

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

2400.00

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

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

FOR LINE NUMBER: PAGE 11 OF 19
(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)
Jamie Stello
 Mailing Address 103 N. Gilpin St.
 City State Zip Code
 Punxsutawney PA 15767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Attorney
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 23 2015
Transaction ID : SA11AI.6430
 Amount of Each Receipt this Period
 500.00
 Donation

B. Full Name (Last, First, Middle Initial)
Rachel Tabachnick
 Mailing Address 111 Grandview Ave.
 Apt. 701
 City State Zip Code
 Pittsburgh PA 15211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Consultant
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 24 2015
Transaction ID : SA11AI.6423
 Amount of Each Receipt this Period
 1000.00
 Donation

C. Full Name (Last, First, Middle Initial)
Ritchie Tabachnick
 Mailing Address 111 Grandview Ave.
 City State Zip Code
 Pittsburgh PA 15211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Equipment & Controls Africa President
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 26 2015
Transaction ID : SA11AI.6420
 Amount of Each Receipt this Period
 1000.00
 Donation

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

2500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 19 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Friends of Kerith

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Kerith Strano Taylor | | Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2015 | |
| Mailing Address 340 Main Street | | Transaction ID : SA11AI.6513 | |
| City Brookville | State PA | Zip Code 15825 | |
| FEC ID number of contributing federal political committee. C H4PA05062 | | Amount of Each Receipt this Period 49.00 | |
| Name of Employer Taylor Law Firm | Occupation Attorney | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 245.00 | | |
| | | In-kind - Nationbuilder | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Kerith Strano Taylor | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2015 | |
| Mailing Address 340 Main Street | | Transaction ID : SA11AI.6514 | |
| City Brookville | State PA | Zip Code 15825 | |
| FEC ID number of contributing federal political committee. C H4PA05062 | | Amount of Each Receipt this Period 49.00 | |
| Name of Employer Taylor Law Firm | Occupation Attorney | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 294.00 | | |
| | | In-kind - Nationbuilder | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Kerith Strano Taylor | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2015 | |
| Mailing Address 340 Main Street | | Transaction ID : SA11AI.6511 | |
| City Brookville | State PA | Zip Code 15825 | |
| FEC ID number of contributing federal political committee. C H4PA05062 | | Amount of Each Receipt this Period 132.09 | |
| Name of Employer Taylor Law Firm | Occupation Attorney | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 426.09 | | |
| | | In-kind - Hotel | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.09 |
| 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 13 OF 19
(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)
Kerith Strano Taylor

Mailing Address 340 Main Street

City State Zip Code
Brookville PA 15825

FEC ID number of contributing federal political committee. **C H4PA05062**

Name of Employer Occupation
Taylor Law Firm Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
509.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 25 2015

Transaction ID : SA11AI.6515

Amount of Each Receipt this Period
33.55

In-kind - Verizon

B. Full Name (Last, First, Middle Initial)
Kerith Strano Taylor

Mailing Address 340 Main Street

City State Zip Code
Brookville PA 15825

FEC ID number of contributing federal political committee. **C H4PA05062**

Name of Employer Occupation
Taylor Law Firm Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
475.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 25 2015

Transaction ID : SA11AI.6516

Amount of Each Receipt this Period
40.00

In-kind - Verizon Wireless

C. Full Name (Last, First, Middle Initial)
Kerith Strano Taylor

Mailing Address 340 Main Street

City State Zip Code
Brookville PA 15825

FEC ID number of contributing federal political committee. **C H4PA05062**

Name of Employer Occupation
Taylor Law Firm Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
435.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 25 2015

Transaction ID : SA11AI.6517

Amount of Each Receipt this Period
9.45

In-kind - Verizon

SUBTOTAL of Receipts This Page (optional).....

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

83.00

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

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

FOR LINE NUMBER: PAGE 14 OF 19
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Rebecca Ward

Mailing Address **816 Cliff Rd.**

City **Bensalem** State **PA** Zip Code **19020**

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

Name of Employer **Blank Rome LLP** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : SA11A1.6431

Amount of Each Receipt this Period
500.00

Donation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

500.00

16613.09

**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 15 OF 19 | | | |
| | <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) A. Joseph Agovino | | Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2015 |
| Mailing Address 388 Twin Lane South | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6411 |
| City Wantaugh | State NY | |
| Zip Code 11793 | Purpose of Disbursement Staff Payroll | Category/ Type 001 |
| Candidate Name Friends of Kerith | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: PA District: 05 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Joseph Agovino | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015 |
| Mailing Address 388 Twin Lane South | | Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.6412 |
| City Wantaugh | State NY | |
| Zip Code 11793 | Purpose of Disbursement Staff Payroll | Category/ Type 001 |
| Candidate Name Friends of Kerith | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: PA District: 05 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Jake Facile | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015 |
| Mailing Address 2019 Deerfield St | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6413 |
| City Bakersfield | State CA | |
| Zip Code 93314 | Purpose of Disbursement Staff Payroll | Category/ Type 001 |
| Candidate Name Friends of Kerith | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: PA District: 05 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5500.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 16 OF 19 | | | |
| | <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) A. Kerith Strano Taylor | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2015 |
| Mailing Address 340 Main Street | | Amount of Each Disbursement this Period 49.00 |
| City Brookville | State PA | |
| Zip Code 15825 | Purpose of Disbursement In-kind - Nationbuilder | Transaction ID : SB17.6523 |
| Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: PA District: 05 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Kerith Strano Taylor | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015 |
| Mailing Address 340 Main Street | | Amount of Each Disbursement this Period 49.00 |
| City Brookville | State PA | |
| Zip Code 15825 | Purpose of Disbursement In-kind - Nationbuilder | Transaction ID : SB17.6522 |
| Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: PA District: 05 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Kerith Strano Taylor | | Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2015 |
| Mailing Address 340 Main Street | | Amount of Each Disbursement this Period 132.09 |
| City Brookville | State PA | |
| Zip Code 15825 | Purpose of Disbursement In-kind - Hotel | Transaction ID : SB17.6525 |
| Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: PA District: 05 | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 230.09 |
| TOTAL This Period (last page this line number only)..... | |

**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 17 OF 19 | | | |
| | <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) A. Kerith Strano Taylor | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015 |
| Mailing Address 340 Main Street | | Amount of Each Disbursement this Period 9.45 |
| City Brookville | State PA | |
| Zip Code 15825 | Purpose of Disbursement In-kind - Verizon | Category/ Type |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: PA District: 05 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Kerith Strano Taylor | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015 |
| Mailing Address 340 Main Street | | Amount of Each Disbursement this Period 40.00 |
| City Brookville | State PA | |
| Zip Code 15825 | Purpose of Disbursement In-kind - Verizon Wireless | Category/ Type |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: PA District: 05 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Kerith Strano Taylor | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015 |
| Mailing Address 340 Main Street | | Amount of Each Disbursement this Period 33.55 |
| City Brookville | State PA | |
| Zip Code 15825 | Purpose of Disbursement In-kind - Verizon | Category/ Type |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: PA District: 05 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 83.00 |
| TOTAL This Period (last page this line number only)..... | 5813.09 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Kerith** Transaction ID : **SC/10.5256**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Kerith Strano Taylor

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
340 Main Street

City State ZIP Code
 Brookville PA 15825

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 20000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 20000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 09 / D 26 / Y 2014
 Date Due: M / D / Y On demand
 Interest Rate: 5.25 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 20000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | 20000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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 Michael Moser | | Nature of Debt (Purpose): Salary (4/4) |
| Mailing Address 2006 Carlton Dr. | | |
| City | State | Zip Code |
| Lebanon | PA | 17042 |

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

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

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

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

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