

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))....	9150.00	57413.09
(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)).....	9150.00	57413.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24715.62	56682.86
(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)).....	24715.62	56682.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10031.69	
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).....	6325.00	39313.09
(ii) Unitemized.....	2825.00	17953.00
(iii) TOTAL of contributions from individuals ▶	9150.00	57266.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	147.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9150.00	57413.09
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)..... ▶	9150.00	57484.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24715.62	56682.86
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) ►	24715.62	56682.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25597.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9150.00
25. SUBTOTAL (add Line 23 and Line 24).....	34747.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24715.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10031.69

**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 26
(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)
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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11AI.6764

Amount of Each Receipt this Period
2500.00

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
5300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11AI.6780

Amount of Each Receipt this Period
100.00

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

Mailing Address 622 Melvins Rd.

City State Zip Code
Telford PA 18969

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.6789

Amount of Each Receipt this Period
100.00

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

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

2700.00

**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 26
(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)
Hopkins Heltzel LLC

Mailing Address 100 Meadow Ln
Suite 5

City Du Bois State PA Zip Code 15801

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : SA11A1.6765

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1820 Bayfield Ct.

City State College State PA Zip Code 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11A1.6787

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Shari Jill Odenheimer

Mailing Address 408 General Washington Rd

City Wayne State PA Zip Code 19087

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

Name of Employer Occupation
Chamberlain Hrdlicka 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
 10 / 13 / 2015

Transaction ID : SA11A1.6768

Amount of Each Receipt this Period
 500.00

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 7 OF 26
(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)
Janice Perison

Mailing Address 778 Beaver Branch Rd.

City State Zip Code
Pennsylvania Furnace PA 16865

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

Name of Employer Occupation
None Unemployed

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
 10 / 23 / 2015

Transaction ID : SA11AI.6770

Amount of Each Receipt this Period
400.00

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

Mailing Address 778 Beaver Branch Rd.

City State Zip Code
Pennsylvania Furnace PA 16865

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

Name of Employer Occupation
None Unemployed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2015

Transaction ID : SA11AI.6769

Amount of Each Receipt this Period
500.00

C. 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
425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11AI.6810

Amount of Each Receipt this Period
25.00

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

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

925.00

**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 26
	<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) Querino Torretti		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015
Mailing Address 215 N. 4th St.		Transaction ID : SA11Al.6767
City Reynoldsville	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Daniel Trevino		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015
Mailing Address 121 Blueberry Hill Ln.		Transaction ID : SA11Al.6788
City Port Matilda	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	6325.00

**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 9 OF 26
	<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 10 / 04 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 30.34 Transaction ID : SB17.6867
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Travel expenses - gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.6824
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 28.97 Transaction ID : SB17.6876
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Meal expense - interns	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1659.31
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 10 OF 26			
	<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 10 / 12 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 19.74	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6875	
Purpose of Disbursement Meal expense - interns		Category/ Type 001		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. Joseph Agovino			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 31.19	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6879	
Purpose of Disbursement Meal expense - interns		Category/ Type 001		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) c. Joseph Agovino			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 27.38	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6854	
Purpose of Disbursement Travel expenses - gas		Category/ Type 002		
Candidate Name				
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....	78.31
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 11 OF 26			
	<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 10 / 18 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 33.75 Transaction ID : SB17.6857
City Wantaugh State NY Zip Code 11793	Purpose of Disbursement Travel expenses - gas 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 12.71 Transaction ID : SB17.6872
City Wantaugh State NY Zip Code 11793	Purpose of Disbursement Meal expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.6826
City Wantaugh State NY Zip Code 11793	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1646.46
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 12 OF 26			
	<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 10 / 22 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 39.95 Transaction ID : SB17.6855
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Travel expenses - gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 23.50 Transaction ID : SB17.6871
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Meal expense	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 23.85 Transaction ID : SB17.6878
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Meal expense - interns	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	87.30
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 13 OF 26			
	<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 10 / 29 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 39.41	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6859	
Purpose of Disbursement Travel expenses - gas		Category/ Type 002		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. Joseph Agovino			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 31.00	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6861	
Purpose of Disbursement Travel expenses - gas		Category/ Type 002		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) c. Joseph Agovino			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 34.33	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6858	
Purpose of Disbursement Travel expenses - gas		Category/ Type 002		
Candidate Name				
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....	104.74
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 14 OF 26			
	<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 11 / 03 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 29.14	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6869	
Purpose of Disbursement Meal expense		Category/ Type 001		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. Joseph Agovino			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 36.04	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6860	
Purpose of Disbursement Travel expenses - gas		Category/ Type 002		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) c. Joseph Agovino			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 1600.00	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6833	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name				
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....	1665.18
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 15 OF 26			
	<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 11 / 23 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.6836
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 16.62 Transaction ID : SB17.6877
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Meal expense - interns	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 31.45 Transaction ID : SB17.6856
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Travel expenses - gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1648.07
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 26			
	<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 11 / 25 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17.6863
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Travel expenses - gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 22.57 Transaction ID : SB17.6862
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Travel Expenses - gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 23.33 Transaction ID : SB17.6866
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Travel expenses - gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	62.90
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 26			
	<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 12 / 04 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 25.96	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6870	
Purpose of Disbursement Meal expense		Category/ Type 001		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. Joseph Agovino			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 5.29	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6868	
Purpose of Disbursement Meal expense		Category/ Type 001		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) c. Joseph Agovino			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015	
Mailing Address 388 Twin Lane South			Amount of Each Disbursement this Period 1600.00	
City Wantaugh	State NY	Zip Code 11793	Transaction ID : SB17.6840	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name				
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....	1631.25
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 18 OF 26			
	<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 12 / 10 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 11.15 Transaction ID : SB17.6864
City Wantaugh	State NY	
Purpose of Disbursement Travel expenses - gas		Category/ Type 002
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 24.73 Transaction ID : SB17.6874
City Wantaugh	State NY	
Purpose of Disbursement Meal expense - Clinton County Dems		Category/ Type 001
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 16.23 Transaction ID : SB17.6873
City Wantaugh	State NY	
Purpose of Disbursement Meal expense - interns		Category/ Type 001
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	112.15
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 19 OF 26			
	<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 12 / 20 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 26.06 Transaction ID : SB17.6865
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Travel expenses - gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Joseph Agovino		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.6842
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. BizBuzzDesign		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address N/A		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6827
City Boynton Beach	State FL	
Zip Code 33424	Purpose of Disbursement Consulting services - marketing/website	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	2626.06
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 20 OF 26			
	<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. BizBuzzDesign		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address N/A		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6838
City Boynton Beach	State FL	
Zip Code 33424	Purpose of Disbursement Consulting services - marketing/web	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. BizBuzzDesign		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address N/A		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6841
City Boynton Beach	State FL	
Zip Code 33424	Purpose of Disbursement Consulting services - marketing/web	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Centre County Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 315 S. Allen St. Suite 116		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.6821
City State College	State PA	
Zip Code 16801	Purpose of Disbursement Marketing - advertisement	Category/ Type 004
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	2125.00
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 21 OF 26		
	<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. David Diano		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 236 Cornerstone Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6825
City Newtown Square	State PA	
Zip Code 19073	Purpose of Disbursement Voterweb services (Nov15)	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. David Diano		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 236 Cornerstone Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6834
City Newtown Square	State PA	
Zip Code 19073	Purpose of Disbursement Voterweb services	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. David Diano		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 236 Cornerstone Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6843
City Newtown Square	State PA	
Zip Code 19073	Purpose of Disbursement Voterweb services	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 22 OF 26	
	<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. Foxdale Village		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 500 E. Marylyn Ave.		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.6844
City State College	State PA	
Zip Code 16801	Category/ Type 007	
Purpose of Disbursement Breakfast Reception - services	Candidate Name	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Emmett Hare		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2015
Mailing Address 50 Lincoln Rd. Apt. 5L		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.6829
City Brooklyn	State NY	
Zip Code 11225	Category/ Type 001	
Purpose of Disbursement Payroll - campaign help	Candidate Name	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Indigo Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 1312 9th St. NW		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.6822
City Washington	State DC	
Zip Code 20001	Category/ Type 001	
Purpose of Disbursement Consulting services - marketing	Candidate Name	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional)	6350.00
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 23 OF 26			
	<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. Indigo Strategies			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 1312 9th St. NW			Amount of Each Disbursement this Period 380.96 Transaction ID : SB17.6823
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement Consulting services - marketing (expenses)		Category/ Type 002	
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) B. Indigo Strategies			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 1312 9th St. NW			Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.6828
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement Consulting - marketing		Category/ Type 001	
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) c. Indigo Strategies			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address 1312 9th St. NW			Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.6839
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement Consulting services - marketing		Category/ Type 001	
Candidate Name			
Office Sought: <input 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: District:			

SUBTOTAL of Disbursements This Page (optional).....	3380.96
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 24 OF 26			
	<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. Unigraphics Communications			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015	
Mailing Address 703 A West Simpson St.			Amount of Each Disbursement this Period 428.45	
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : SB17.6818	
Purpose of Disbursement Consulting - marketing		Category/ Type 004		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address White St.			Amount of Each Disbursement this Period 49.00	
City Brookville	State PA	Zip Code 15825	Transaction ID : SB17.6848	
Purpose of Disbursement Postage		Category/ Type 001		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
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).....	477.45
TOTAL This Period (last page this line number only).....	24405.14

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

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 Cumulative Payment To Date Balance Outstanding at Close of This Period
20000.00 0.00 20000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 26 / 2014 M M / D D / On demand 5.25 % (apr) 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) ▶	