

# 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

04

26

2016

in the State of

PA

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2016

through

04

06

2016

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

04

12

2016

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))....	10120.16	67533.25
(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)).....	10120.16	67533.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	8716.83	65399.69
(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)).....	8716.83	65399.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11435.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	28000.00	

**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).....	5903.16	45216.25
(ii) Unitemized.....	4217.00	22170.00
(iii) TOTAL of contributions from individuals ▶	10120.16	67386.25
(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))..	10120.16	67533.25
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)..... ▶		
	10120.16	67604.53

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8716.83	65399.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8716.83	65399.69

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10031.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10120.16
25. SUBTOTAL (add Line 23 and Line 24).....	20151.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8716.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11435.02

**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 28
	<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)  
**ActBlue**

Mailing Address 366 Summer St.

City Somerville State MA Zip Code 02144

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  
 04 / 06 / 2016

**Transaction ID : SA11AI.7117**

Amount of Each Receipt this Period  
 283.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Maryellen Bonavita**

Mailing Address 2319 Caldwell Corners Rd.

City Brookville State PA Zip Code 15825

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

Name of Employer Occupation  
Self-employed Chef

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

**Transaction ID : SA11AI.6936**

Amount of Each Receipt this Period  
 50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Maryellen Bonavita**

Mailing Address 2319 Caldwell Corners Rd.

City Brookville State PA Zip Code 15825

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

Name of Employer Occupation  
Self-employed Chef

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.6954**

Amount of Each Receipt this Period  
 50.00

Memo Item

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

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

383.00

**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 28  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**Gregory Demetrick**

Mailing Address 2384 Oak Leaf Dr.

City State Zip Code  
State College PA 16803

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

Name of Employer Occupation  
N/A N/A

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  
**02 / 23 / 2016**

**Transaction ID : SA11AI.6904**

Amount of Each Receipt this Period  
**150.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Clearfield County Democratic Committee**

Mailing Address 106 N. Second St

City State Zip Code  
Clearfield PA 16830

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

Name of Employer Occupation  
None None

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  
**03 / 11 / 2016**

**Transaction ID : SA11AI.6892**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** 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  
**625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2016**

**Transaction ID : SA11AI.6974**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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

**675.00**

**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 28  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 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)  
**Travis Foster**

Mailing Address 3291 Shellers Bnd  
Unit 752

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2016

**Transaction ID : SA11AI.6985**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Linda Goncalves**

Mailing Address 290 Treetops Dr.

City State Zip Code  
State College PA 16801

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  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : SA11AI.7118**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Harold Hartley**

Mailing Address 60 Stonehedge Cir

City State Zip Code  
Brookville PA 15825

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

Name of Employer Occupation  
None None

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  
 03 / 16 / 2016

**Transaction ID : SA11AI.6894**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

775.00

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

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

FOR LINE NUMBER: PAGE 8 OF 28  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**Lawrence Jackson**

Mailing Address 1534 Follett Run Rd.

City Warren State PA Zip Code 16365

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

Name of Employer N/A Occupation N/A

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  
**04 / 05 / 2016**

**Transaction ID : SA11AI.6925**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Walter Ludwig**

Mailing Address 1717 Lamont St

City Washington State DC Zip Code 20010

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

Name of Employer Indigo Strategies Occupation Consulting

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  
**03 / 31 / 2016**

**Transaction ID : SA11AI.6896**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Richard Murray**

Mailing Address 4241 Spruce Knob Rd

City Virginia Beach State VA Zip Code 23456

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

Name of Employer N/A Occupation N/A

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  
**01 / 04 / 2016**

**Transaction ID : SA11AI.6885**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**1350.00**

**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 9 OF 28
	<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)  
**Theron Noble**

Mailing Address 301 E. Pine St.

City Clearfield State PA Zip Code 16830

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

Name of Employer Self-employed Occupation Attorney

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  
04 / 01 / 2016

**Transaction ID : SA11AI.6898**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Caroline Rhodes**

Mailing Address 13050 Fox Hollow Dr.

City Edinboro State PA Zip Code 16412

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

Name of Employer Retired Occupation 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  
03 / 11 / 2016

**Transaction ID : SA11AI.6945**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Timothy Roschke**

Mailing Address 1129A S. Main St.

City Dubois State PA Zip Code 15801

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : SA11AI.6991**

Amount of Each Receipt this Period  
25.00

Memo Item

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

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

325.00

**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 10 OF 28
	<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)  
**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  
**1120.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 06 / 2016**

**Transaction ID : SA11AI.6979**

Amount of Each Receipt this Period  
**20.16**

Memo Item

**B.** 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  
**2120.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11AI.6891**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sharon Smith**

Mailing Address 172 Franklin Ave.

City State Zip Code  
Brookville PA 15825

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

Name of Employer Occupation  
n/A N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 14 / 2016**

**Transaction ID : SA11AI.6966**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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

**1045.16**

**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 28  
(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)  
**Bayard Storey**

Mailing Address 1919 Brandywine St

City Philadelphia State PA Zip Code 19130

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

Name of Employer None Occupation Retired

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  
 02 / 29 / 2016

**Transaction ID : SA11AI.6889**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ritchie Tabachnick**

Mailing Address 111 Grandview Ave.

City Pittsburgh State PA Zip Code 15211

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

Name of Employer Equipment & Controls Africa Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11AI.6905**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Trevino**

Mailing Address 121 Blueberry Hill Ln.

City Port Matilda State PA Zip Code 16870

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

Name of Employer Retired Occupation 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 Y Y  
 02 / 14 / 2016

**Transaction ID : SA11AI.6906**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

1250.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 28  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 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)  
**Daniel Trevino**

Mailing Address 121 Blueberry Hill Ln.

City Port Matilda State PA Zip Code 16870

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11A1.6913**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

**100.00**

**5903.16**

**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 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Joseph Agovino</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.7006</b>
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>B. Joseph Agovino</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 78.00
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Train travel - expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : SB17.7007</b>
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>c. Joseph Agovino</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 800.00
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.7015</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2478.00
<b>TOTAL</b> 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 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. BizBuzzDesign</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2016
Mailing Address N/A		Amount of Each Disbursement this Period 1000.00
City Boynton Beach	State FL	
Zip Code 33424	Purpose of Disbursement Marketing consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	<b>Transaction ID : SB17.7032</b>
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>B. Centre County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2016
Mailing Address 315 S. Allen St. Suite 116		Amount of Each Disbursement this Period 100.00
City State College	State PA	
Zip Code 16801	Purpose of Disbursement Campaign breakfast	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	<b>Transaction ID : SB17.7034</b>
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>c. David Diano</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 236 Cornerstone Dr.		Amount of Each Disbursement this Period 250.00
City Newtown Square	State PA	
Zip Code 19073	Purpose of Disbursement VoterWeb Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.7010</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1350.00
<b>TOTAL</b> 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 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. David Diano</b>			Date of Disbursement MM / DD / YYYY 02 / 18 / 2016		
Mailing Address 236 Cornerstone Dr.			Amount of Each Disbursement this Period 250.00		
City Newtown Square	State PA	Zip Code 19073	Memo Item <input type="checkbox"/>		
Purpose of Disbursement VoterWeb Service		Category/ Type 001			
Candidate Name			Transaction ID : <b>SB17.7011</b>		
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>B. David Diano</b>			Date of Disbursement MM / DD / YYYY 03 / 21 / 2016		
Mailing Address 236 Cornerstone Dr.			Amount of Each Disbursement this Period 250.00		
City Newtown Square	State PA	Zip Code 19073	Memo Item <input type="checkbox"/>		
Purpose of Disbursement VoterWeb Service		Category/ Type 001			
Candidate Name			Transaction ID : <b>SB17.7013</b>		
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>c. GetGo</b>			Date of Disbursement MM / DD / YYYY 01 / 08 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 30.62		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Gas		Category/ Type 002			
Candidate Name			Transaction ID : <b>SB17.7031</b>		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	530.62
<b>TOTAL</b> 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 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 15.00		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Gas		002 Category/ Type			
Candidate Name		Transaction ID : <b>SB17.7024</b>			
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>B. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 21.75		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Gas		002 Category/ Type			
Candidate Name		Transaction ID : <b>SB17.7029</b>			
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>c. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 24.95		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Gas		002 Category/ Type			
Candidate Name		Transaction ID : <b>SB17.7030</b>			
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	61.90
<b>TOTAL</b> 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 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 30.72		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Gas		Category/ Type 002			
Candidate Name		Transaction ID : <b>SB17.7027</b>			
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>B. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 27.99		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Meal expense		Category/ Type 001			
Candidate Name		Transaction ID : <b>SB17.7039</b>			
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>c. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 18.36		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Meal expense		Category/ Type 001			
Candidate Name		Transaction ID : <b>SB17.7037</b>			
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	77.07
<b>TOTAL</b> 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 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 23.18		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Gas		002 Category/ Type			
Candidate Name		Transaction ID : <b>SB17.7025</b>			
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>B. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 5.29		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Meal expenses		001 Category/ Type			
Candidate Name		Transaction ID : <b>SB17.7038</b>			
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>c. GetGo</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2016		
Mailing Address 217 Allegheny Blvd			Amount of Each Disbursement this Period 28.65		
City Brookville	State PA	Zip Code 15825	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Gas		002 Category/ Type			
Candidate Name		Transaction ID : <b>SB17.7021</b>			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	57.12
<b>TOTAL</b> 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 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2016</b>
Mailing Address <b>40 White St</b>		Amount of Each Disbursement this Period <b>60.13</b>
City <b>Brookville</b> State <b>PA</b> Zip Code <b>15825</b>	Purpose of Disbursement <b>Meal expense</b> <input type="checkbox"/> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.7050</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 22 / 2016</b>
Mailing Address <b>40 White St</b>		Amount of Each Disbursement this Period <b>120.05</b>
City <b>Brookville</b> State <b>PA</b> Zip Code <b>15825</b>	Purpose of Disbursement <b>Meal expense</b> <input type="checkbox"/> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.7048</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2016</b>
Mailing Address <b>40 White St</b>		Amount of Each Disbursement this Period <b>198.97</b>
City <b>Brookville</b> State <b>PA</b> Zip Code <b>15825</b>	Purpose of Disbursement <b>Meal expenses</b> <input type="checkbox"/> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.7049</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>379.15</b>
<b>TOTAL</b> 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 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016
Mailing Address 40 White St		Amount of Each Disbursement this Period 55.29
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Meal expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.7051</b>
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>B. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2016
Mailing Address 40 White St		Amount of Each Disbursement this Period 23.82
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Meal expense - campaign event	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	<b>Transaction ID : SB17.7052</b>
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>c. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 40 White St		Amount of Each Disbursement this Period 20.42
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Meal expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.7040</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	99.53
<b>TOTAL</b> 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 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 40 White St		Amount of Each Disbursement this Period 52.29
City Brookville	State PA	
Purpose of Disbursement Meal expense	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Memo Item <input type="checkbox"/>	
Transaction ID : <b>SB17.7047</b>		

Full Name (Last, First, Middle Initial) <b>B. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 40 White St		Amount of Each Disbursement this Period 34.05
City Brookville	State PA	
Purpose of Disbursement Meal expense	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Memo Item <input type="checkbox"/>	
Transaction ID : <b>SB17.7043</b>		

Full Name (Last, First, Middle Initial) <b>C. Emmett Hare</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 50 Lincoln Rd. Apt. 5L		Amount of Each Disbursement this Period 1400.00
City Brooklyn	State NY	
Purpose of Disbursement Payroll - Campaign help	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Memo Item <input type="checkbox"/>	
Transaction ID : <b>SB17.7008</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1486.34
<b>TOTAL</b> 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 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Emmett Hare</b>			Date of Disbursement MM / DD / YYYY 02 / 01 / 2016		
Mailing Address 50 Lincoln Rd. Apt. 5L			Amount of Each Disbursement this Period 400.00		
City Brooklyn	State NY	Zip Code 11225	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Payroll - campaign help		Category/ Type 001	Transaction ID : <b>SB17.7016</b>		
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>B. Emmett Hare</b>			Date of Disbursement MM / DD / YYYY 03 / 07 / 2016		
Mailing Address 50 Lincoln Rd. Apt. 5L			Amount of Each Disbursement this Period 59.00		
City Brooklyn	State NY	Zip Code 11225	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Train travel		Category/ Type 002	Transaction ID : <b>SB17.7033</b>		
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>c. Hershey Lodge</b>			Date of Disbursement MM / DD / YYYY 03 / 05 / 2016		
Mailing Address University Drive			Amount of Each Disbursement this Period 49.55		
City Hershey	State PA	Zip Code 17033	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Meal expense		Category/ Type 001	Transaction ID : <b>SB17.7055</b>		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	508.55
<b>TOTAL</b> 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 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Hershey Lodge</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2016</b>	
Mailing Address <b>University Drive</b>			Amount of Each Disbursement this Period <b>66.50</b>	
City <b>Hershey</b>	State <b>PA</b>	Zip Code <b>17033</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Meal expense</b>		Category/ Type <b>001</b>	<b>Transaction ID : SB17.7056</b>	
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>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 21 / 2016</b>	
Mailing Address <b>White St.</b>			Amount of Each Disbursement this Period <b>3.74</b>	
City <b>Brookville</b>	State <b>PA</b>	Zip Code <b>15825</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Postage</b>		Category/ Type <b>001</b>	<b>Transaction ID : SB17.7109</b>	
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>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2016</b>	
Mailing Address <b>White St.</b>			Amount of Each Disbursement this Period <b>6.45</b>	
City <b>Brookville</b>	State <b>PA</b>	Zip Code <b>15825</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Postage</b>		Category/ Type <b>001</b>	<b>Transaction ID : SB17.7110</b>	
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>76.69</b>
<b>TOTAL</b> 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 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <b>USPS</b>		M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address White St.		Amount of Each Disbursement this Period 22.95
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	001	Transaction ID : <b>SB17.7111</b>
Category/Type		
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)		Date of Disbursement
B. <b>USPS</b>		M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address White St.		Amount of Each Disbursement this Period 1.20
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	001	Transaction ID : <b>SB17.7112</b>
Category/Type		
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)		Date of Disbursement
C. <b>USPS</b>		M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address White St.		Amount of Each Disbursement this Period 151.25
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Petition Fee	<input type="checkbox"/> Memo Item
Candidate Name	001	Transaction ID : <b>SB17.7108</b>
Category/Type		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	175.40
<b>TOTAL</b> This Period (last page this line number only).....	7280.17

# 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

Memo Item

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: 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	20000.00
<b>TOTALS</b> 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 <b>Joseph Agovino</b>		Nature of Debt (Purpose): Payroll
Mailing Address 388 Twin Lane South		
City State Zip Code Wantaugh NY 11793		

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7125	
Amount Incurred This Period 1600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7126	
Amount Incurred This Period 1600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7127	
Amount Incurred This Period 1600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00

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

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

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

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2700.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Friends of Kerith**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Michael Moser**

Mailing Address 2006 Carlton Dr.

City State Zip Code  
 Lebanon PA 17042

Nature of Debt (Purpose):  
 Salary (4/18)

Outstanding Balance Beginning This Period **Transaction ID : SD10.4816**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Michael Moser**

Mailing Address 2006 Carlton Dr.

City State Zip Code  
 Lebanon PA 17042

Nature of Debt (Purpose):  
 Salary (5/30)

Outstanding Balance Beginning This Period **Transaction ID : SD10.4819**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="500.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="8000.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="20000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="28000.00"/>