

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** C00555458 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
PA 05

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2015 through 09 / 30 / 2015

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
10 / 08 / 2015

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

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))....	26534.00	48263.09
(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)).....	26534.00	48263.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19400.19	31967.24
(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)).....	19400.19	31967.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	25597.31	
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: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

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).....	16375.00	32988.09
(ii) Unitemized.....	10159.00	15128.00
(iii) TOTAL of contributions from individuals ▶	26534.00	48116.09
(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))..	26534.00	48263.09
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)..... ▶	26534.00	48334.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19400.19	31967.24
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) ►	19400.19	31967.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18463.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26534.00
25. SUBTOTAL (add Line 23 and Line 24).....	44997.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19400.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	25597.31

**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 31
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Katherine Aiden

Mailing Address 120 Kettle Run Ln

City Spring Mills State PA Zip Code 16875

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

Name of Employer Unemployed Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : SA11AI.6563

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mary Lou Bennett

Mailing Address 500 E. Marylyn Ave.
Apt. J155

City State College State PA Zip Code 16801

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

Name of Employer Self-employed Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.6553

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1 W. Water St.

City Lock Haven State PA Zip Code 17745

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

Name of Employer Lock Haven University Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA11AI.6542

Amount of Each Receipt this Period
 500.00

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

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

1000.00

**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 6 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Katie Bish

Mailing Address 690 Main St

City State Zip Code
Brockway PA 15824

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

Name of Employer Occupation
Ferraro, Kruk & Ferraro, LLP Legal Asst

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
07 / 22 / 2015

Transaction ID : SA11AI.6561

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jo Ann Bowes

Mailing Address 220 W. Water St.

City State Zip Code
Lock Haven PA 17745

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

Name of Employer Occupation
Retired Retired

Receipt For: 2015
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : SA11AI.6556

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Clarion County Democratic Committee

Mailing Address 96 S. 7th Ave.

City State Zip Code
Clarion PA 16214

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

Name of Employer Occupation

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
08 / 26 / 2015

Transaction ID : SA11AI.6620

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial) Patricia Daniels		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015
Mailing Address 117 Saraway		Transaction ID : SA11AI.6551
City Port Matilda	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Freelance writer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) James Dunne		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 24 / 2015
Mailing Address 222 N. Allegheny St.		Transaction ID : SA11AI.6546
City Bellefonte	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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	

C. Full Name (Last, First, Middle Initial) Nancy Eaton		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 500 E. Marylyn Ave. Apt. L135		Transaction ID : SA11AI.6539
City State College	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Roger Eisinger

Mailing Address 1632 Woodledge Cir.

City State Zip Code
State College PA 16803

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
09 / 14 / 2015

Transaction ID : SA11AI.6552

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
R. Edward Ferraro

Mailing Address 1101 Tenth Ave.

City State Zip Code
Brockway PA 15824

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2015
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : SA11AI.6547

Amount of Each Receipt this Period
500.00

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

Mailing Address 314 Varischetti Rd

City State Zip Code
Brockway PA 15824

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

Name of Employer Occupation
Ferraro, Kruk & Ferraro, LLP 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
07 / 22 / 2015

Transaction ID : SA11AI.6559

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 31
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
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
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.6747

Amount of Each Receipt this Period
25.00

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

Mailing Address 280 S. Osmond St.

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Penn State University Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11AI.6548

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Iron Workers Local Union 3

Mailing Address 2201 Liberty Ave

City State Zip Code
Pittsburgh PA 15222

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

Name of Employer Occupation

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
 09 / 19 / 2015

Transaction ID : SA11AI.6621

Amount of Each Receipt this Period
1000.00

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

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

1525.00

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

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

FOR LINE NUMBER: PAGE 10 OF 31
(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)
Beth Kalenak

Mailing Address 107 McClary Court East

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 24 2015

Transaction ID : SA11AI.6541

Amount of Each Receipt this Period
500.00

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

Mailing Address 2223 Marengo Rd

City State Zip Code
Warriors Mark PA 16877

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
 09 28 2015

Transaction ID : SA11AI.6550

Amount of Each Receipt this Period
250.00

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

Mailing Address 123 Beechmont Rd

City State Zip Code
Pittsburgh PA 15206

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

Name of Employer Occupation
Self-employed Dance Artist

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
 09 16 2015

Transaction ID : SA11AI.6537

Amount of Each Receipt this Period
500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 31
(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)
Laura Wallace Long

Mailing Address 980 Center St.

City Lock Haven State PA Zip Code 17745

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : SA11AI.6535

Amount of Each Receipt this Period
 500.00

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

Mailing Address 131 Banner Way

City Boalsburg State PA Zip Code 16827

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

Name of Employer St. Joseph's Catholic Academy Occupation Fundraiser

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015

Transaction ID : SA11AI.6528

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 260 Burd Ln

City Bellefonte State PA Zip Code 16823

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

Name of Employer Penn State University Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2015

Transaction ID : SA11AI.6567

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 12 OF 31
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
David McConnell

Mailing Address 101 4th Ave.

City Warren State PA Zip Code 16365

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

Name of Employer Self-employed Occupation Pediatrician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.6527

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 333 S. Patterson St.

City State College State PA Zip Code 16801

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

Name of Employer AccuWeather, Inc. Occupation Senior VP - COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11AI.6545

Amount of Each Receipt this Period
 500.00

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

Mailing Address 333 S. Patterson St.

City State College State PA Zip Code 16801

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11AI.6544

Amount of Each Receipt this Period
 500.00

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

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

2000.00

**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 13 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Tina Nabatchi

Mailing Address 305 Houston Ave.

City State Zip Code
Syracuse NY 13224

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

Name of Employer Occupation
Syracuse University Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2015

Transaction ID : SA11AI.6555

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Donna L. Nicholas

Mailing Address 119 Valleyview Dr.

City State Zip Code
Edinboro PA 16412

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

Transaction ID : SA11AI.6540

Amount of Each Receipt this Period
500.00

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

Mailing Address 425 Windmere Dr.
Apt. 4B

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.6538

Amount of Each Receipt this Period
500.00

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 14 OF 31
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Matthew Pianka

Mailing Address 2811 N. 2nd St.

City Harrisburg State PA Zip Code 17110

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

Name of Employer Self Occupation Self

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
 09 / 14 / 2015

Transaction ID : SA11AI.6549

Amount of Each Receipt this Period
 _____ 300.00

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
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : SA11AI.6565

Amount of Each Receipt this Period
 _____ 250.00

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

Mailing Address 27 Niagara Pier

City Erie State PA Zip Code 16507

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
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.6532

Amount of Each Receipt this Period
 _____ 500.00

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

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

_____ 1050.00

**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 15 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
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
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.6612

Amount of Each Receipt this Period
100.00

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

Mailing Address 1765 Schuckers Orchard Rd

City State Zip Code
Luthersburg PA 15848

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

Name of Employer Occupation
Schuckers Orchards President

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
 07 / 24 / 2015

Transaction ID : SA11AI.6557

Amount of Each Receipt this Period
250.00

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

Mailing Address 131 Banner Way

City State Zip Code
Boalsburg PA 16827

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.6529

Amount of Each Receipt this Period
1000.00

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 16 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

Full Name (Last, First, Middle Initial) A. Michael Snyder		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 24 / 2015
Mailing Address PO Box 75		Transaction ID : SA11AI.6543
City Burtonsville	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Contractor	
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) B. Daniel Trevino		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2015
Mailing Address 121 Blueberry Hill Ln.		Transaction ID : SA11AI.6637
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 300.00	

Full Name (Last, First, Middle Initial) C. Daniel Trevino		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015
Mailing Address 121 Blueberry Hill Ln.		Transaction ID : SA11AI.6618
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 400.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
John Wainright

Mailing Address 230 W. Main St.

City Boalsburg State PA Zip Code 16801

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

Name of Employer Self-employed Occupation Sales

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
 08 / 19 / 2015

Transaction ID : SA11AI.6554

Amount of Each Receipt this Period
250.00

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

Mailing Address 1324 Appletree Cir.

City State College State PA Zip Code 16803

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

Name of Employer n/a 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
 07 / 02 / 2015

Transaction ID : SA11AI.6531

Amount of Each Receipt this Period
1000.00

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

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

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

1250.00

16375.00

**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 18 OF 31		
	<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 07 / 27 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 3200.00 Transaction ID : SB17.6585
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll - AUG	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 07 / 27 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1236.38 Transaction ID : SB17.6586
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Expenses thru JUL	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 08 / 15 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.6588
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:	

SUBTOTAL of Disbursements This Page (optional).....	6036.38
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 31			
	<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 08 / 26 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.6589
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 09 / 14 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.6590
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 09 / 27 / 2015
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.6591
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:	

SUBTOTAL of Disbursements This Page (optional).....	4800.00
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 20 OF 31			
	<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 07 / 28 / 2015	
Mailing Address N/A			Amount of Each Disbursement this Period 900.00	
City Boynton Beach	State FL	Zip Code 33424	Transaction ID : SB17.6675	
Purpose of Disbursement Marketing Consulting		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. BizBuzzDesign			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015	
Mailing Address N/A			Amount of Each Disbursement this Period 500.00	
City Boynton Beach	State FL	Zip Code 33424	Transaction ID : SB17.6677	
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) C. BizBuzzDesign			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015	
Mailing Address N/A			Amount of Each Disbursement this Period 500.00	
City Boynton Beach	State FL	Zip Code 33424	Transaction ID : SB17.6679	
Purpose of Disbursement Consulting		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)	1900.00
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 31		
	<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 09 / 24 / 2015
Mailing Address N/A		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6680
City Boynton Beach	State FL	
Zip Code 33424	Purpose of Disbursement Consulting	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. David Diano		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 236 Cornerstone Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6575
City Newtown Square	State PA	
Zip Code 19073	Purpose of Disbursement VoterWeb - AUG15	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. David Diano		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 236 Cornerstone Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6577
City Newtown Square	State PA	
Zip Code 19073	Purpose of Disbursement VoterWeb - SEP15	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).....	1000.00
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 31			
	<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 09 / 28 / 2015
Mailing Address 236 Cornerstone Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6579
City Newtown Square	State PA	
Zip Code 19073	Purpose of Disbursement VoterWeb	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. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 31.36 Transaction ID : SB17.6685
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Gas	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

Full Name (Last, First, Middle Initial) C. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 26.95 Transaction ID : SB17.6683
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Gas	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

SUBTOTAL of Disbursements This Page (optional).....	308.31
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 23 OF 31		
	<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. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 26.00
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement United Way Dinner	Category/ Type 007
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA District: 05		

Full Name (Last, First, Middle Initial) B. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 64.57
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Campaign materials	Category/ Type 007
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA District: 05		

Full Name (Last, First, Middle Initial) C. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 29.61
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Gas	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	120.18
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 24 OF 31		
	<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. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 35.68
City Brookville	State PA	
Purpose of Disbursement meals	Category/ Type 001	
Candidate Name		Transaction ID : SB17.6699
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 05	

Full Name (Last, First, Middle Initial) B. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 137.64
City Brookville	State PA	
Purpose of Disbursement Hotel expense	Category/ Type 002	
Candidate Name		Transaction ID : SB17.6709
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 05	

Full Name (Last, First, Middle Initial) C. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 33.71
City Brookville	State PA	
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name		Transaction ID : SB17.6682
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 05	

SUBTOTAL of Disbursements This Page (optional).....	207.03
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 25 OF 31			
	<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. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 37.23
City Brookville	State PA	
Zip Code 15825		
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 05		

Full Name (Last, First, Middle Initial) B. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 17.00
City Brookville	State PA	
Zip Code 15825		
Purpose of Disbursement Meals	Category/ Type 001	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 05		

Full Name (Last, First, Middle Initial) c. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 39.72
City Brookville	State PA	
Zip Code 15825		
Purpose of Disbursement Meals	Category/ Type 001	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	93.95
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 26 OF 31		
	<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. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 21.43 Transaction ID : SB17.6696
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Meals	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

Full Name (Last, First, Middle Initial) B. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 45.75 Transaction ID : SB17.6698
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Meals	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

Full Name (Last, First, Middle Initial) C. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 38.84 Transaction ID : SB17.6681
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Gas	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

SUBTOTAL of Disbursements This Page (optional).....	106.02
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 27 OF 31		
	<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. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 16.92 Transaction ID : SB17.6695
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Meals	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

Full Name (Last, First, Middle Initial) B. Friends of Kerith		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015
Mailing Address P.O. Box 280		Amount of Each Disbursement this Period 40.67 Transaction ID : SB17.6700
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement Meals	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

Full Name (Last, First, Middle Initial) C. Emmett Hare		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 50 Lincoln Rd. Apt. 5L		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6692
City Brooklyn	State NY	
Zip Code 11225	Purpose of Disbursement Campaign work	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).....	1057.59
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 28 OF 31			
	<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 07 / 27 / 2015
Mailing Address 1312 9th St. NW		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.6668
City Washington State DC Zip Code 20001	Purpose of Disbursement Consulting Services Candidate Name Category/Type 001	
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 07 / 27 / 2015
Mailing Address 1312 9th St NW		Amount of Each Disbursement this Period 232.19 Transaction ID : SB17.6674
City Washington State DC Zip Code 20001	Purpose of Disbursement Consulting Services - Expenses Candidate Name Category/Type 001	
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. Unigraphics Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 703 A West Simpson St.		Amount of Each Disbursement this Period 308.53 Transaction ID : SB17.6678
City Mechanicsburg State PA Zip Code 17055	Purpose of Disbursement Printer fee Candidate Name Category/Type 006	
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).....	3040.72
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 29 OF 31	
	<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)		Date of Disbursement											
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		29		2015
M M	/	D D	/	Y Y Y Y									
08		29		2015									
Mailing Address White St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Brookville</td> <td>PA</td> <td>15825</td> </tr> </table>		City	State	Zip Code	Brookville	PA	15825	<table border="1"> <tr> <td>294.00</td> </tr> </table>		294.00			
City	State	Zip Code											
Brookville	PA	15825											
294.00													
Purpose of Disbursement Stamps/Postage		Transaction ID : SB17.6707											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<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. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>16</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		16		2015
M M	/	D D	/	Y Y Y Y									
09		16		2015									
Mailing Address White St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Brookville</td> <td>PA</td> <td>15825</td> </tr> </table>		City	State	Zip Code	Brookville	PA	15825	<table border="1"> <tr> <td>55.24</td> </tr> </table>		55.24			
City	State	Zip Code											
Brookville	PA	15825											
55.24													
Purpose of Disbursement Postage		Transaction ID : SB17.6708											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<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.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		City	State	Zip Code				<table border="1"> <tr> <td></td> </tr> </table>					
City	State	Zip Code											
Purpose of Disbursement		Category/Type											
Candidate Name													
Office Sought:		Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	349.24
TOTAL This Period (last page this line number only).....	19019.42

SCHEDULE C (FEC Form 3)
LOANS

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

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
340 Main Street

City State ZIP Code
 Brookville PA 15825

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

TERMS

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

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

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

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

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

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

NAME OF COMMITTEE (In Full)
Friends of Kerith

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 -1000.00	Transaction ID : SD10.4816	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 1500.00	Transaction ID : SD10.4819	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

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