

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Kerith

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21332.09	21729.09
(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)).....	21332.09	21729.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6158.41	12567.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6158.41	12567.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18463.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	20000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Kerith

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16613.09	16613.09
(ii) Unitemized.....	4719.00	4969.00
(iii) TOTAL of contributions from individuals ▶	21332.09	21582.09
(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))..	21332.09	21729.09
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)..... ▶	21332.09	21800.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6158.41	12567.05
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) ►	6158.41	12567.05

III. CASH SUMMARY

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

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

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

FOR LINE NUMBER: PAGE 5 OF 19
(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)
John Austin

Mailing Address 942 E. McCormick Ave.

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6429

Amount of Each Receipt this Period
500.00

Donation

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

Mailing Address 26 Stonehenge Cir.

City State Zip Code
Brookville PA 15825

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.6416

Amount of Each Receipt this Period
2600.00

Donation

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

Mailing Address 26 Stonehenge Cir.

City State Zip Code
Brookville PA 15825

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11AI.6450

Amount of Each Receipt this Period
100.00

Donation

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

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

Mailing Address 2443 Hickory Hill Dr.

City State Zip Code
State College PA 16803

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

Name of Employer Occupation
n/a Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6438

Amount of Each Receipt this Period
250.00

Donation

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

Mailing Address 2443 Hickory Hill Dr.

City State Zip Code
State College PA 16803

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

Name of Employer Occupation
n/a Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.6475

Amount of Each Receipt this Period
100.00

Donation

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

Mailing Address 2748 Buffalo Run Rd

City State Zip Code
Bellefonte PA 16823

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6434

Amount of Each Receipt this Period
250.00

Donation

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

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

600.00

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

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

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NAME OF COMMITTEE (In Full)
Friends of Kerith

Full Name (Last, First, Middle Initial) Walter Ebaugh		Date of Receipt MM / DD / YYYY 06 / 05 / 2015
Mailing Address 107 Redwood Ln		Transaction ID : SA11AI.6427
City State College	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Retired	Occupation Retired	Donation
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) David Hunter		Date of Receipt MM / DD / YYYY 06 / 26 / 2015
Mailing Address 504 McCormick Ave.		Transaction ID : SA11AI.6424
City State College	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Penn State University	Occupation Professor	Donation
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Brad Koplinski		Date of Receipt MM / DD / YYYY 05 / 26 / 2015
Mailing Address 267 Sassafras St.		Transaction ID : SA11AI.6419
City Harrisburg	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Attorney	Donation
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 19
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Elaine Kunze

Mailing Address 204 Academy St.

City Boalsburg State PA Zip Code 16827

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
 05 / 27 / 2015

Transaction ID : SA11AI.6417

Amount of Each Receipt this Period
 1500.00

Donation

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

Mailing Address 204 Academy St.

City Boalsburg State PA Zip Code 16827

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
 06 / 26 / 2015

Transaction ID : SA11AI.6426

Amount of Each Receipt this Period
 1000.00

Donation

C. Full Name (Last, First, Middle Initial)
Merry Jil McAleer

Mailing Address PO Box 467

City Franklin State PA Zip Code 16323

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
 06 / 05 / 2015

Transaction ID : SA11AI.6436

Amount of Each Receipt this Period
 250.00

Donation

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

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

2750.00

**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 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

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

Mailing Address 1011 Evergreen Rd.

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6428

Amount of Each Receipt this Period
500.00

Donation

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

Mailing Address PO Box 230

City State Zip Code
Sligo PA 16255

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6418

Amount of Each Receipt this Period
1000.00

Donation

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

Mailing Address PO Box 232

City State Zip Code
Boalsburg PA 16827

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

Name of Employer Occupation
Penn State University Research Technician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6437

Amount of Each Receipt this Period
250.00

Donation

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 10 OF 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Kerith

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

Mailing Address 1129A S. Main St.

City State Zip Code
Dubois PA 15801

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.6432

Amount of Each Receipt this Period
400.00

Donation

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

Mailing Address 209 Chadwick Trail

City State Zip Code
Cranberry Township PA 16066

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

Name of Employer Occupation
Self-employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6421

Amount of Each Receipt this Period
1000.00

Donation

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

Mailing Address 1647 N. Cherry Hill Rd.

City State Zip Code
State College PA 16803

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

Name of Employer Occupation
Penn State University Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6422

Amount of Each Receipt this Period
1000.00

Donation

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

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

2400.00

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Kerith

A. Full Name (Last, First, Middle Initial)
Jamie Stello

Mailing Address 103 N. Gilpin St.

City State Zip Code
Punxsutawney PA 15767

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6430

Amount of Each Receipt this Period
500.00

Donation

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

Mailing Address 111 Grandview Ave.
Apt. 701

City State Zip Code
Pittsburgh PA 15211

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

Name of Employer Occupation
Self-employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2015

Transaction ID : SA11AI.6423

Amount of Each Receipt this Period
1000.00

Donation

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

Mailing Address 111 Grandview Ave.

City State Zip Code
Pittsburgh PA 15211

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

Name of Employer Occupation
Equipment & Controls Africa President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6420

Amount of Each Receipt this Period
1000.00

Donation

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

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)
Friends of Kerith

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

Mailing Address 340 Main Street

City Brookville State PA Zip Code 15825

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

Name of Employer Taylor Law Firm Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
245.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2015

Transaction ID : SA11AI.6513

Amount of Each Receipt this Period
49.00

In-kind - Nationbuilder

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

Mailing Address 340 Main Street

City Brookville State PA Zip Code 15825

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

Name of Employer Taylor Law Firm Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
294.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11AI.6514

Amount of Each Receipt this Period
49.00

In-kind - Nationbuilder

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

Mailing Address 340 Main Street

City Brookville State PA Zip Code 15825

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

Name of Employer Taylor Law Firm Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
426.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2015

Transaction ID : SA11AI.6511

Amount of Each Receipt this Period
132.09

In-kind - Hotel

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

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

230.09

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

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

FOR LINE NUMBER: PAGE 13 OF 19
(check only one)
 11a 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)
Kerith Strano Taylor

Mailing Address 340 Main Street

City State Zip Code
Brookville PA 15825

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

Name of Employer Occupation
Taylor Law Firm Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
509.09

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

Transaction ID : SA11AI.6515

Amount of Each Receipt this Period
33.55

In-kind - Verizon

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

Mailing Address 340 Main Street

City State Zip Code
Brookville PA 15825

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

Name of Employer Occupation
Taylor Law Firm Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
475.54

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

Transaction ID : SA11AI.6516

Amount of Each Receipt this Period
40.00

In-kind - Verizon Wireless

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

Mailing Address 340 Main Street

City State Zip Code
Brookville PA 15825

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

Name of Employer Occupation
Taylor Law Firm Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
435.54

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

Transaction ID : SA11AI.6517

Amount of Each Receipt this Period
9.45

In-kind - Verizon

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

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

83.00

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Kerith

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

Mailing Address **816 Cliff Rd.**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11A1.6431

Amount of Each Receipt this Period
500.00

Donation

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

16613.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

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

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

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

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Kerith

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

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

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

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Kerith

Full Name (Last, First, Middle Initial) A. Kerith Strano Taylor		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 340 Main Street		Amount of Each Disbursement this Period 9.45 Transaction ID : SB17.6519
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement In-kind - Verizon	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

Full Name (Last, First, Middle Initial) B. Kerith Strano Taylor		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 340 Main Street		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.6520
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement In-kind - Verizon Wireless	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

Full Name (Last, First, Middle Initial) c. Kerith Strano Taylor		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 340 Main Street		Amount of Each Disbursement this Period 33.55 Transaction ID : SB17.6521
City Brookville	State PA	
Zip Code 15825	Purpose of Disbursement In-kind - Verizon	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 05	

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Kerith

Transaction ID : SC/10.5256

LOAN SOURCE Full Name (Last, First, Middle Initial)

Kerith Strano Taylor

Election:

Primary
 General
 Other (specify) ▼

Mailing Address
340 Main Street

City State ZIP Code
Brookville PA 15825

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

TERMS

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

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

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

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

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

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

NAME OF COMMITTEE (In Full)
Friends of Kerith

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

Outstanding Balance Beginning This Period -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) ▶	