

# 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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00555458

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Matt Ryan

Signature of Treasurer Matt Ryan

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Friends of Kerith**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12288.82	79822.07
(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)).....	12288.82	79822.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	12088.00	77487.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12088.00	77487.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11635.84	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9584.82	54801.07
(ii) Unitemized .....	2704.00	24874.00
(iii) TOTAL of contributions from individuals .....	12288.82	79675.07
(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))..	12288.82	79822.07
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	71.28
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	12288.82	79893.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12088.00	77487.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	12088.00	77487.69

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11435.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12288.82
25. SUBTOTAL (add Line 23 and Line 24).....	23723.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12088.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11635.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2016
Mailing Address 366 Summer St.		<b>Transaction ID : SA11A1.7211</b>
City Somerville	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 353.00	

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016
Mailing Address 366 Summer St.		<b>Transaction ID : SA11A1.7159</b>
City Somerville	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 547.14
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.14	

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016
Mailing Address 366 Summer St.		<b>Transaction ID : SA11A1.7160</b>
City Somerville	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 562.68
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1462.82	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1179.82
<b>TOTAL</b> 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 6 OF 21
	<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)  
**Jesse Barlow**

Mailing Address 1427 S. Pugh 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  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : SA11A1.7184**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jesse Barlow**

Mailing Address 1427 S. Pugh 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  
275.00

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

**Transaction ID : SA11A1.7183**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jesse Barlow**

Mailing Address 1427 S. Pugh 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  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

**Transaction ID : SA11A1.7181**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

150.00

**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 21
	<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)  
**Maryellen Bonavita**

Mailing Address 2319 Caldwell Corners Rd.

City: Brookville State: PA Zip Code: 15825

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

Name of Employer: Self-employed Occupation: Chef

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 325.00

Date of Receipt: 04 / 22 / 2016

**Transaction ID : SA11AI.7186**

Amount of Each Receipt this Period: 50.00

Memo Item

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

Mailing Address 2319 Caldwell Corners Rd.

City: Brookville State: PA Zip Code: 15825

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

Name of Employer: Self-employed Occupation: Chef

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 375.00

Date of Receipt: 06 / 20 / 2016

**Transaction ID : SA11AI.7182**

Amount of Each Receipt this Period: 50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen Dahlkemper**

Mailing Address 530 Seminole Dr.

City: Erie State: PA Zip Code: 16505

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

Name of Employer: Erie County Occupation: County Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 06 / 27 / 2016

**Transaction ID : SA11AI.7162**

Amount of Each Receipt this Period: 250.00

Memo Item

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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. Deep Blue PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 754  
 City State Zip Code  
 Media PA 19063  
 FEC ID number of contributing federal political committee. **C** C00455741  
 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  
 06 / 20 / 2016  
**Transaction ID : SA11AI.7143**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. George Downsbrough**  
 Full Name (Last, First, Middle Initial)  
 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  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2016  
**Transaction ID : SA11AI.7170**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Fetterman for Senate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address POBox F  
 Braddock Ave  
 City State Zip Code  
 Braddock PA 15104  
 FEC ID number of contributing federal political committee. **C** C00586578  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016  
**Transaction ID : SA11AI.7197**  
 Amount of Each Receipt this Period  
 230.00  
 Memo Item

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

980.00

**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 21  
(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)  
**Kelleann Foster**

Mailing Address 210 Hartswick Ave.

City State Zip Code  
State College PA 16803

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Penn State University Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7171**

Amount of Each Receipt this Period

Memo Item

**B.** 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.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7196**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Friends of John Morgan**

Mailing Address 1604 Biebel Ave

City State Zip Code  
Erie PA 16509

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7145**

Amount of Each Receipt this Period

Memo Item

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

**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 10 OF 21  
(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)  
**Jodie Golier**

Mailing Address 1274 Hunts Run Road

City State Zip Code  
Brookville PA 15825

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

Name of Employer Occupation  
KSM Energy Inc. Accountant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11AI.7174**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Pat Kennedy**

Mailing Address 8663 Maplecrest Dr.

City State Zip Code  
McKean PA 16426

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

Name of Employer Occupation  
Erie County Public Def. Office Chief Public Defender

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 / 27 / 2016

**Transaction ID : SA11AI.7161**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Lezzer**

Mailing Address 70 Grandview Rd

City State Zip Code  
Curwensville PA 16833

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

Name of Employer Occupation  
Lezzer Lumber Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2016

**Transaction ID : SA11AI.7165**

Amount of Each Receipt this Period  
 250.00

Memo Item

**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 11 OF 21
	<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)  
**Brent McNeil**

Mailing Address 17 W. Main St.

City State Zip Code  
Clarion PA 16214

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
299.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2016

**Transaction ID : SA11A1.7175**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** 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  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

**Transaction ID : SA11A1.7140**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 333 S. Patterson St.

City State Zip Code  
State College PA 16801

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : SA11A1.7142**

Amount of Each Receipt this Period  
750.00

Memo Item

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

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

2850.00

**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 21
	<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) <b>Lynn Myers</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2016
Mailing Address 333 S. Patterson St.		<b>Transaction ID : SA11A1.7141</b>
City State College	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer n/a	Occupation Homemaker	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>Paula Ralph</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016
Mailing Address PO Box 232		<b>Transaction ID : SA11A1.7133</b>
City Boalsburg	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 Research Technician	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>John Sughrue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2016
Mailing Address 225 E. Market St		<b>Transaction ID : SA11A1.7163</b>
City Clearfield	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 13 OF 21
	<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) <b>Ritchie Tabachnick</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2016
Mailing Address 111 Grandview Ave.		<b>Transaction ID : SA11A1.7169</b>
City Pittsburgh	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Equipment & Controls Africa	Occupation President	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00	

Full Name (Last, First, Middle Initial) <b>Margaret Watts</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2016
Mailing Address 12663 Forrest Dr.		<b>Transaction ID : SA11A1.7144</b>
City Edinboro	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation N/A	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>Charles Wilkinson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2016
Mailing Address 2321 Bristol Ave		<b>Transaction ID : SA11A1.7167</b>
City State College	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	9584.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Joseph Agovino</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 <input type="checkbox"/> Memo Item
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll	Transaction ID : <b>SB17.7150</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joseph Agovino</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2016
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 1600.00 <input type="checkbox"/> Memo Item
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll	Transaction ID : <b>SB17.7151</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Joseph Agovino</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2016
Mailing Address 388 Twin Lane South		Amount of Each Disbursement this Period 8000.00 <input type="checkbox"/> Memo Item
City Wantaugh	State NY	
Zip Code 11793	Purpose of Disbursement Payroll - payment of prior due	Transaction ID : <b>SB17.7158</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21			
	<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) <b>A. David Diano</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016		
Mailing Address 236 Cornerstone Dr.			Amount of Each Disbursement this Period 250.00		
City Newtown Square	State PA	Zip Code 19073	Memo Item <input type="checkbox"/>		
Purpose of Disbursement VoterWeb		Category/ Type 001	Transaction ID : <b>SB17.7152</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. David Diano</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016		
Mailing Address 236 Cornerstone Dr.			Amount of Each Disbursement this Period 250.00		
City Newtown Square	State PA	Zip Code 19073	Memo Item <input type="checkbox"/>		
Purpose of Disbursement VoterWeb		Category/ Type 001	Transaction ID : <b>SB17.7153</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. David Diano</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2016		
Mailing Address 236 Cornerstone Dr.			Amount of Each Disbursement this Period 250.00		
City Newtown Square	State PA	Zip Code 19073	Memo Item <input type="checkbox"/>		
Purpose of Disbursement VoterWeb		Category/ Type 001	Transaction ID : <b>SB17.7154</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21			
	<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											
<b>A. USPS</b>		<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>05</td> <td></td> <td>26</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		26		2016
M M	/	D D	/	Y Y Y Y									
05		26		2016									
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>138.00</td> </tr> </table>		138.00			
City	State	Zip Code											
Brookville	PA	15825											
138.00													
Purpose of Disbursement POBox Renewal		<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.7155</b>											
Candidate Name		<table border="1"> <tr> <td>001</td> </tr> </table>		001									
001													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B.</b>		<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		<input type="checkbox"/> Memo Item											
Candidate Name		<table border="1"> <tr> <td></td> </tr> </table>											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:											
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C.</b>		<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		<input type="checkbox"/> Memo Item											
Candidate Name		<table border="1"> <tr> <td></td> </tr> </table>											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:											
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.00
<b>TOTAL</b> This Period (last page this line number only).....	12088.00

**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)  Memo Item Election:  Primary  General  Other (specify) ▼  
**Kerith Strano Taylor**

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 0.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 09 / D 26 / Y 2014 Y	Date Due M M / D D / Y Y Y Y On demand	Interest Rate 5.25 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	-------------------------------	--

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ] 0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5256

(Current loan amount of 20000.00 from a balance of 20000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7149	
Amount Incurred This Period -8000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -8000.00

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

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

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Friends of Kerith**

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

Mailing Address 2006 Carlton Dr.

City State Zip Code  
 Lebanon PA 17042

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

Outstanding Balance Beginning This Period **Transaction ID : SD10.4815**

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

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

Mailing Address 2006 Carlton Dr.

City State Zip Code  
 Lebanon PA 17042

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

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

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

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

Mailing Address 2006 Carlton Dr.

City State Zip Code  
 Lebanon PA 17042

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>