

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report should be clear and legible. It should be typed)

er identification Tiber	Repoi (Mar		Sy Cano	lidate	Comn	nittee		Lobbyist	
me of Filing Committee, Candidate of boyist	Friends	of Bruce	Castor, Inc.						
eet Address	РО Вох	800							
West Conshohocken	<u> </u>		Stat	<b>9</b> a pA	Zip C	o <b>de</b> 1 19428-0	800		
pe of Report (Place x to the right of report t	ype)								-11
Tuesday C** Tuesday 2** Friday e-Primary Pre-Primary		ilday .	30 Day po Primary	st" " 30 Day Po Election	st⊛. Annu		l 2 <sup>00</sup> Friday ection	Special 3 Post-Ele	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Election:	Elect	lon :				1			
ate Of Election 11/05/2013	Year	A Section 1	X 2013	Amendme Report		Termi	nation t		
ummary of Receipts and From Date		To Da	<b>Ç</b>			For Office L	lse Only	A Later Control	
penditures 5/7/2011	3	6/1	10/2013		en esteni Jakos den		A CONTRACTOR		
Amount Brought Forward From Last Repo		6,	811.46	:			- E	HUL	5
Total:Monetary Contributions and Receip	<b>(s</b> \$		0.00				このこ	8	ੈਨ ਜਵੇਂ Same g ≱ g
Total Funds Available Sum of Unes A and B	\$		811.46				250	) <del>~</del>	i delinia Seria
Total Expenditures			295.27				RES	<del></del>	
rom Schedule III) Ending Cash Balance		\$	516.19				G,	<del>1</del> 2	t est
Subtract Line D from Line C) , Value of In-Kind Contributions Received	To the second	\$	0.00	·					
From Schedule II)		\$ (/	,000.00				`		
From Schedule IV)	( ) 對		Affida	evit Section				7	
Part 1- If this is a committee report, treasurer sign swear (or affirm) that this report, including the a	here. If	this is a c	andidate repo	ort, candidate sign	hare.	d belief true cor	rectand comp	olete. Sworn	to and
swear (or affirm) that this report, including the a subscribed before me this	ttached :	schedules	s on paper, is	to the best of his	CITOWIE OBC DIV			/	$\overline{}$
12 day of Nune 20 13		٠,		-		ron Submitting	enorte		
Brown Meen	<del>,</del>	ŀ	<b>-</b>	Ross Weiss		son Submitting r			HOFPEN
Signature		١ .		610	- FII	nted Name 941-2361	West Con	ERLY OR	EN NA
My Commission expires 6 22 30 Mo. Day Y	7.5 R.			Area Code	_	Daytime 1	West Con	THISSION E	Boro., Mon
Part II- If this is a report of a Candidates Authorize	d Comm	nittee, car	ndidate shall :	sign here.					
Part II- If this is a report of a Candidates Authorize I swear (or affirm) that to the best of my knowled amended.	ge and b	elief this	political com	mittee has not vio	lated any prov	visions of the Act	of June 3, 10	37 (P.L. 1333	, NO.320) as
Sworn to and subscribed before me this				16	And	Vit	16		
17 day of June 20/3		. 1		117	Signatur	e of Candidate			
Good Juen	<u>_</u>		•	Bruce L. Casti	or, Jr.	ted Name			
My Commission expires 6 22 20	15		1	215	<u>.</u> _	977-1000		<u></u> _	
MIV LOMMISSION EXPIRES				Area Code		Doubles Tol	ephone Numb	ner .	

NOTARIAL SEAL
BEVERLY GREEN, Notery Public
West Conshohocken Boro., Montgomery Co.
My Commission Frances June 22, 2015



## **Campaign Finance Report**

123264

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2003	3023		Repor Filed I		CANDIDA	VIE.	соин	JTTEE	✓ .	LOBB	(IST	
Name of Filing (	Committee, Candid	late or Lobb	yist:	Friends	of Br	uce Castor,	Inc.						
Street Address:	PO Box 800			-								······································	]
City:	West Consho	hocken				State: P.	Ά		Zip Cod	e: 194	4288	00	
TYPE OF REPORT	GTH TUESDAY PRE-PRIMARY		D FRIDAY E-PRIMARY	2.	30 D POS	ay r-primary	3. <b>X</b>		AMENDM REPORT?		Yes	No	M
(place X to the right of	ÖTH TÜESDÄY PRE:ELECTION		D'FRIDAY E-ELECTION	5.	30 D POS	AY I-ELECTION	6.		TERMINA REPORT?		Yes	No	凶
report type)	ANNUAL REPORT	7. <b>Ye</b>	ar 2013			NG METHOD CHECK ONE		) 13	PAPER			DISKETT	E
Name of Office	Sought by Candida	ite:				DATE OF	A CONTRACTOR OF THE CONTRACTOR	AR 2013	District Number	Office Code	REP	y Code Co Co 46	de
Summary of Expenditure	Receipts and s from:	5	7 2	2013	го	<b>Me</b> 6	10	Av 2013	i de Ligaz	É DEPIG	iiisi **	onives.	r P
A. Amount Bro	ought Forward Fro	m Last Repo	ort			\$ <u> </u>	68	311.46					- 1
B. Total Mone	tary Contributions	And Receip	ts (From Scho	edule I)	9	\$		0.00					
C. Total Funds	Available (Sum O	of Lines A an	d B)			\$	68	811.46					
D. Total Expe	nditures (From Sch	hedule III)			!	\$	42	295.27 ———	4				
E. Ending Cas	h Balance (Subtra	ct Line D Fro	om Line C)			\$	25	16.19	4				
F. Value Of In	-Kind Contribution	s Received	(From Schedu	ule II)		\$		0.00	4				
G. Unpaid Del	ots And Obligation	s (From Sch	edule IV)			\$	640	00.00		•••			
					_	ECTION		and the second	7 m	a to an advantage	· · ,     y     .		
PART I + If this	la a Committee re	port, treasu	rar sign here.	If this	(s a C	andidate rep	iort, candi	date si	gn here.	d my knou	ulados	and helief	true
I swear (or affirm correct and comp	n) that this report, in plete.	cluding the at	tached schedule	es filed o	праре	r or by electro	mic meatur	i, aie to	tile best c	, thy know		and Beller	
Sworn to and sut	day of	nis 20	0			-		Signatur	e of Perso	n Submitt	ting Rep	ort	
	Signat	ure			<b>-</b>	_			Prin	ited Name	•		
My Commission	Expires				_	_			Ema				
	МО	DAY	Yi		Admir Vice		Area Co		Daytin	ne Teleph	one Nu	mber	enstwich St
	s a feportiof a cap a) that to the best of ded.									ne act of J			1333,
Sworn to and sub	scribed before me thi day of		0			•			Signature	of Candid	ate		
					_	•			Print	ed Name			
My Commission E	Signature xpires	e				_	<u></u>		Em	ail		·	
	МО	DAY	Y	/R	_	•	Area Code	)		Paytime T	'elepho	e Number	,

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	) Period	-	
Friends of Bruce Castor, Inc.	From:	5/7/201	<u>3</u> To:	6/10/2013
1. Unitemized Contilibutions Received \$ 50.00 or Less Per Contributor				e de la companya de
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contribution: Received = \$50.01 To \$250.00 (From Part Asind Part B)	AA.	olever ver v		
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part Cand Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)		,	\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4: Other Receipts: Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page 1, Report Cover Page 1, Report Cover Page 2, Report Cover Page 3, Report Cover	nd enter am age, Item B	oount .)	\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees

	ith an aggregate val				
Name of Filing Committe	ee or Candidate		Reporting Perio	d	
			From:	То:	
			DA	\TE	AMOUNT
Full Name of Contributing	Committee		мо БА	YEAR	
Mailing Address					\$ 0.00
City	State	Zip Code (Plus 4	)		
	-				
	· · · · · · · · · · · · · · · · · · ·				PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

#### **PART B ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or	Candidate		Reporting Perlod			
		· ·	From:	То	:	
			DATE		А	MOUNT
Full Name of Contributor			MO DAY	YEAR		
Mailing Address					\$	0.00
City	State	Zìp Code (Plus 4)				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

#### PART C

## **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candida	te		Reportin	g Period				
			From:			To:		
				D#	\TE		A	MOUNT
Full Name of Contributing Committee	•			MG		<b>M</b> åt.		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sc	hedule I, Detail	led Summary Pa	age, Section	on 3.			\$	0.00

## ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or	Candidate	Re	porting Pe	eriod			
		Fr	om:		То	:	
		•	D	ATE		АМО	UNT
Full Name of Contributor			МО	DAY	YEAR		· · · · · · · · · · · · · · · · · · ·
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name		•	Occupa	etion	<del>. I</del>		
Employer Mailing Address/Pr Business	incipal Place of	City		State		Zip Code (	Plus 4)
Enter Grand Total of Part	C on Schedule I, Detai	led Summary Page, Sect	tion 3.			PAG	E TOTAL
					4	•	0.00

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee o	r Candidate		Report	ing Perio	d				,
			From:			To:			
	-			Di	ATE			AMOUN'	т
Full Name	•			NO.	PAY	YEAR	2. 2.		
Mailing Address		-					\$		0.00
City	State	Zip Code (P	lus 4)			į			
Receipt Description		I				<u>l</u>	<u> </u>	<u></u>	
Enter Grand Total of Part E	on Schodula I. Dataila	d Summary Dago	Section	л				PAGE TO	)TAL
inter Grand Total of Part E	on Schedule 1, Detaile	u Summal y Faye, s	36611011	٦.			\$		0.00

#### SCHEDULE II

## **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Report	ing Period		
Friends of Bruce Castor, Inc.	From:	5/	7/2013 To:	6/10/2013
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50,00 OR LESS I	ER CONTI	цвитоп		
TOTAL for the Reporting Po	eriod	(1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)			
TOTAL for the Reporting P	eriod	(2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)		***		
TOTAL for the Reporting P	eriod	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	(Add and o Item F.)	enter	\$	0.00

#### SCHEDULE II PART F

## **IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Cand	idate	j	Reporting	Period			
			From:			То:	
				DATE		A	MOUNT
Full Name of Contributor			MO.	DAY	YEAR		
Mailing Address						*	0.00
City	State	Zip Code (Plus 4)				:	
Description of Contribution:							
Enter Grand Total of Part F on Section 2.	Schedule II, In-Kir	nd Contributions Deta	iled Sumi	mary Pag	е,	P/	AGE TOTAL
Section 2.					•	;	0.00

## SCHEDULE II PART G

## **IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	•				Reporti	ing Po	eriod			
					From:			To:		
<u> </u>							DATE			AMOUNT
Full Name of Contributor					MC	10 20 3 942 6 545 6	DAY	YEAR		
Mailing Address								2.00.5	\$	0.00
City	State		Zip Code(Pi	lus 4)						
Employer of Contributor	<u> </u>		1		Occ	cupati	ion		<u> </u>	
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip (	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II,	l In-Kind	Contributio	ns De	tailed	<u> </u>	<del></del>			PAGE TOTAL 0.00
·										

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporting	Period			
Friends of Bruce Castor, Inc.			From	5/7	//2013	То:	6/10/2013
				DATE			AMOUNT
To Whom Paid Bruce L. Castor, Jr.			MO (		YEAR		
Mailing Address PO Box 800			5	13	2013	\$	232.77
City West Conshohocken	State PA	<b>Zip Code (Plus 4)</b> 19428	<b>Descripti</b> Reimburs	_		Harrisbu	rg 5/6/13
To Whom Paid Friends of Jenny Brown			Ho		YEAR		
Mailing Address PO Box 800			5	24	2013	\$	500.00
City West Conshohocken	<b>State</b> PA	Zip Code (Plus 4) 19428	<b>Descripti</b> Contribut	_	enditure	B	
<b>To Whom Paid</b> Morganelli Designs			MÕ		YEAR		
Mailing Address 205 South Sevent	h Street		5	24	2013	\$	562.50
City Easton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017	<b>Descripti</b> Web Des				
To Whom Paid Bruce L. Castor, Sr.			MO.	WX.	YEAR		
Mailing Address 4640 Logan Court			5	22	2013	\$	1000.00
City Schwenksville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19473	Descripti Loan Pay	ion of Exp ment	oenditur	e	
To Whom Paid Coggins for Judge			Мо	XXX XX	YEAR		
Mailing Address 509 Swede Street	<del></del>		5	22	2013	\$	1000.00
<b>City</b> Norristown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19401	<b>Descript</b> Contribu	ion of Exp	penditur	e	

To Whom Paid Sharon Giamporcaro for Judge  Mailing Address 40 East Main Street			C. Palexis	DAY ,	YEAR		1000.00
			5	22	2013	\$	
City Norristown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19401	<b>Descript</b> Contribu	tion of Exp ution	enditure	-	
Enter Grand Total of Expe	aditures on Page 1 Pe	mont Cover Dago Item F					PAGE TOTAL
tar Grand Tatal of Evnes							
mer Grand Total Of Exper	nuitures on rage 1, Ne	port cover rage, item b	<b>,</b>		Į	*	4295.27
the Grand Total of Expen	iuitules on Page 1, Re	port Cover Page, Item b			į	\$	4295.27
enter Grand Total of Exper	iuitules on Page 1, Re	port Cover Page, Item b			į	*	4295.27
enter Grand Total of Exper	iuitules on Page 1, Re	port Cover Page, Item b				\$	4295.27

#### **SCHEDULE IV**

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate				Reporting Period					
Friends of Bruce Castor, Inc.			From:		5/7/2013	To:		6/10/2013	
					DATE			Outstanding Balance of Debt	
Name of Creditor			-	МО		YEAR			
Bruce L. Castor, Sr.					DAY				
Mailing Address 4640 Logan Court				5	13	2013	\$	27500.00	
City Schwenksville	State	Zip Code (Pl	us 4)	Descri	ption of Del	bt		•	
	PA	19473		Loan to Campaign Committee (April 2004)					
					DATE			Outstanding Balance of Debt	
Name of Creditor							<b>3</b> 0		
Name of Creditor Diane S. Castor				MÓ	DATE	YEAR			
		- Artifecture		<b>4.0</b>	DAY		53	Balance of Debt	
Diane S. Castor	State	Zip Code (Pl	us 4)	5		2013	 25	Balance of Debt	
Diane S. Castor  Mailing Address 4640 Logan Court	State PA	<b>Zip Code (Pl</b> 19473	us 4)	5 Descri	13	2013 ot	\$	Balance of Debt	
Diane S. Castor  Mailing Address 4640 Logan Court		-	us 4)	5 Descri	13	2013 ot	\$	36500.00	
Diane S. Castor  Mailing Address 4640 Logan Court	PA	19473		5  Description to	13	2013 ot	\$	36500.00 e (April 2004)	



June 17, 2013

#### **VIA UPS NEXT DAY AIR**

#### Ross Weiss

Direct Phone 610-941-2361 Direct Fax 877-295-6883 rweiss@cozen.com

Department of State Bureau of Commissions, Elections and Legislation 210 North Office Building Harrisburg, PA 17120

Re: Friends of Bruce Castor

Filer ID No. 2003023

Dear Sir/Madam:

Enclosed please find the signed and notarized Campaign Finance Report Cover Sheet (Affidavit) for the Campaign Committee, the Report for which was filed on-line.

Very truly yours,

COZEN O'CONNOR

Rv. Ross Weiss

RW/ngd Enclosure

cc: Bureau of Elections, Montgomery County

Bruce L. Castor, Jr.

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OFFICE OF VOTER SERVICES

2013 JUN 18 AM 9: 51