## Commonwealth of Pennsylvania

## **Campaign Finance Statement**



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

ILER IDENTIFICATION NUMBER:	200302	3	REPORT FILED	ON BEHALF OF:	
AME OF FILING COMMITTEE, CANDIDA	ATE OR LOBBYI	ST	Friends of Bruce	Castor, Inc.	
TREET ADDRESS PO Box 800					
CITY West Conshohocken		STATE	PA	ZIP CODE 194	28800
TYPE OF REPORT Annual					
NAME OF OFFICE SOUGHT BY CAN	DIDATE				
DISTRICT CODE Statewide			PARTY	CODE REP	
DATE OF ELECTION	11/5/2013			40124/2012	For Office Use Only
DATES OF REPORTING PERIOD	11,	/26/2013	TO	12/31/2013	2
AMENDMENT REPORT?	NO	TERM	INATION REPOR	RT7 NO	
CASH BALANCE AT THE END OF PERIOD:  TOTAL AMOUNT OF FILER'S OU DEBTS OR LIABILITIES AT THE	TSTANDING		2512.33 32000.00		JAN 17 A
REPORTING PERIOD:	-				
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Department of State . Bureau of Commissions, Elections and Legislation 210 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280

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