

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Report F					Ort File	ed Ru	Ca	ndida	te		Committe	3e		Lobbyist		
Filer identification	JII		40396			Mark X)					X				-	
Number Name of Filing C	`om-	ittee Co	adidate o	- 												
Lobbyist	-umn	nuee, Ca	uate 0	`	Bruce	Bruce L. Castor, Jr.										
Street Address]	PO Box 430					r a. · = ·						
City		Lederach						Sti	ate	PA		Zip Code	19450			
Type of Report (Place	x under i	eport typ	e)												
			3- 30 Da		4-6	n Tueso	lay	5- 2 nd Fr	riday	6- 30 L	Day Post	7- Annua	1 7	-	Special 30 D	
Pre-Primary		Primary	Primary	. 1		Electio	1 1	Pre- Ele	_		_		Pre-Elect	ion	Post-Electic	on
Date Of Election				104-	Yea	r		301-		Amen			Terminat	tion		
(MM/DD/YYYY) 11/03/2015			4 015			_	2015		Report	T		Report				
Summary of Receipts and From Date				ate		Tol	Date			T		F	or Office Use	Only		
Expenditures			11/2	4/2015	_		12/3	31/2015		1						
A. Amount Brou	ught F	orward F	rom Last	Report	t	\$		0			·					
B. Total Monetary Contributions and Receip			eceipts	-+	\$		00 FF		1							
(From Schedule I)						6	89.66		1	-						
C. Total Funds Available				T	\$		89.66							∳sc S face ≥2		
(Sum of Lines A and B)				\perp				<u> </u>	1					12		
D. Total Expenditures					\$	6	589.66		1					<u></u>		
(From Schedule III)				+	\$				1							
E. Ending Cash Balance (Subtract Line D from Line C)					۲		0									
F. Value of In-Ki			ons Receiv	/ed	+	\$				1				. * *		
(From Schedule	: II)					1		0	_	1					1.1	
G. Unpaid Debt	s and	Obligation	ons		\top	\$		0		1						
(From Schedule						1.				<u> </u>						
									lavit Se							
Part 1- If this is a (Comm	ittee repo	rt, treasure	r sign h	ere. If	this is	a Cano	nanor '-	port, c	andidate	sign here.	age and holis	of trafe abrenet	and comme	7 2 3	
Sworn to and sub				are atta	ciieQ .	JUICUUI	.cs UN	µaµ€1, 15	. w trit	117	KIROWIE	Sec and delic	1/		F S Sign	() 10년 10년
Sworn to and sub:	bb.		ne this	<u>_</u>					/	T >	}~~~	wy	pl//	7//	F PENNSYLVA AL SEAL Motary Public	in Montgonery
day of	19	VI.	100-						/_			of Person Su	bmitting repor	t /		Coro, Montgoria espites trere
1 Deven	SIRINA		wa		_		٢		(<u>}</u>	/uce/L. g/a:	stor, Jr.	Printed N	ame		ALTHO Frankl Green	
My Commission e	yniros	1.	22	30	19	•	•		6	10			85-7338		TALTHOT OIL-AIMI OGONDA	
, ,,,y commission e	p11 25	MO.	DAY	YR.					_	Area Code	3	_	Daytime Teleph	none Numbe		
Part II- If this is a r	report	of a Candi	date's Aut	horized	Com	nittee.	candic	date shall	l sign l	iere.					- 21 = 4	2 4
I swear (or affirm)) that i	to the best	of my know	wledge	and b	elief thi	is polit	tical com	mittee	has not v	riolated an	ny provisions	of the Act of Ju	ine 3, 1937	(P.L. 1983, NO.	320) as
amended.																
Sworn to and sub	scribe	d before n	ne this													
day of			20			•	ŀ		_		Sig	nature of Ca	ndidate			
																
Signature Printed Name																
My Commission e	expires		DAY	YR.	_				-	Area Code	<u>.</u>	<u> </u>	Daytime Teleph	one Numbe	'r	
		MO.	WAT	ı A.							_		., rerepii	_ ,		

SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	40396	
	40350	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	<u> </u>	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	689.66
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	689.66

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

1			40396								
											Amount
Full Nan Commit	me of Contribut ttee	ting						Date [MM/DD/	/YYYY]	\$	
]							here:		
House #	#	Street A	lddress			-		Date (MM/DD/	/YYYY]	\$	
City		1		State	Zip Coo	de		Date [MM/DD/	/ YYYY]	\$	
Full Na-	me of Contribut	ting						Date [MM/DD/	//////	\$	
Commit	ttee							-		1	
House #	#	Street A	\ddress		. <u></u> -			Date [MM/DD/	/YYYY]	\$	
City	1	4		State	Zip Cod	de		Date [MM/DD/	<u>/YYYY]</u>	\$	
Full Nar	me of Contribu	ting			<u>\</u>			Date [MM/DD/	/YYYY]	\$	1
Commit	ittee										
House #	#	Street A	Address					Date [MM/DD/		\$	
City		***************************************	-	State	Zip Co	de		Date [MM/DD/	/YYYY]	\$	
Full Nar Commit	me of Contribu ittee	ting			· · · · · · · · · · · · · · · · · · ·			Date [MM/DD/	/YYYY]	\$	
House #	#	Street A	Address				1	Date [MM/DD/	<u>/үүүү]</u>	\$	
City				State	Zip Cod	de		Date [MM/DD/	<u>/YYYY]</u>	\$	
Endl Ma	me of Contribu	ting						Date [MM/DD/	/үүүү1	\$	
Full Nar Commit		.cort						Pare Innai, DO	<u>, , , , , , , , , , , , , , , , , , , </u>	3	
House #	#	Street A	Address					Date [MM/DD/	<u>/YYYY]</u>	\$	
City				State	Zip Co	ode		Date [MM/DD/	/YYYY]	\$	
Full Na	me of Contribu	ting					+	Date [MM/DD/	/YYYY]	\$	
Commi		ا	l							٦ ๋ ,	
House	#	Street A	Address		W-W-			Date [MM/DD/	/YYYY]	\$	
City		<u> </u>		State	Zip Co	de	Ţ	Date [MM/DD/	/YYYY]	\$	+
						ŀ					

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

Filer identification N	Number: 40396				
Pull-Name of Conf	te la tou			Date [MM/DD/YYYY]	
	CANANTA CONTROL OF THE CONTROL OF TH			Date [MM/DD/YYYY]	3
House #	Street Address			Para (MIM/DD/TYTT)	
City		State	Zip Code	Date [MM/DD/YYYY]	S .
	Control of the Contro			Company of Section 2015	7.7.1 T. 3.1
Full Name of Cont	wibutor.			Date [MM/DD/YYYY]	
Hibiate #	Street Address			Date [MM/DD/YYYY]	5
William Control					
	1-10-1-10-1-1	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Con	bributor	les de la	P. Artici China	Date [MM/DD/YYYY]	
				Many Manager Target Tar	4
House #	Street Address			Date [MM/DD/YYYY]	\$
City	+ 200522 to 65000	State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Con	tributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
		Cont.	Tin Code	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DU/YYYY]	<u>.</u> S
Full Name of Con	tributor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	5
	15 A 16 B 14 A				
City	<u>, , , , , , , , , , , , , , , , , , , </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Rull Name of Con	tributor	Egypet 761	144 CONTRACTOR STATE	SCHOOL (MIN/OD/AYXX)	
House #	Street Address			Date [MM/DD/YYYY]	
A SHOP A COLUMN TO THE PARTY OF	Benefit and the control of 1979			1	1 1

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 over \$250.00 in the reporting period.

Filer Identification	Number					
	40396					
3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	o, esta e e e e e e e e e e e e e e e e e e e					
Full Name of				Date [MM/DD/YYYY]	ş	
Contributing Co	milimitee				\$1.5°	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		1.00				
Pull Name of Contributing Co	orinittee			Date [MM/DD/YYYY]		
Fours #	Street Address		· · ·	Date [MM/DD/YYYY]	\$	
City	Mary record (Medical System)	State	Zip Code	Date [MM/DD/YYYY]	\$	
			Karana mindi umi Pindira kan ma			
Full Name of Contributing Co	vmnktee			Date [MM/DD/YYYY]	[8 5]	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	wallties	<u> </u>		Date [MM/DD/YYYY]	Ş	
House #	Street Address			Date [MM/DD/YYYY]	\$	
Clay		State	Zip Code	Date [MM/DD/YYYY]		
Pull Name of Contributing Co	ommittee	<u> </u>	No de resultante de la companya della companya della companya de la companya della companya dell	Date [MM/DD/YYYY]		
House #	Street Address			Date [MM/DD/YYYY]	\$,
City		State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contributing Co	in nittee	As the first of the second		Date (GURV/SO/SYSSI		·
House #	Street Address			Date [MN/DD/YYYY]		
		State		Date (MM/DD/YYYY)		

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Full Name of Cor					
	htributer			Date [MM/DD/YYYY]) \$
	i				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Principal Place o					
Feli Name of S	11000 4000000 00 000000			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Principal Place o	g Address /				
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Gly	F # 757 4 54 4545	State	Zip Code	Date [MM/DD/YYYY]	\$
			Occupation		
Employer Name	725-272-302-705				
Employer Name Employer Mailin Principal Place o	ng Address /				
Employer Mailin Principal Place o	ng Address / if Business			Date [MM/DD/YYYY]	181
Employer Mailin Principal Place o	ng Address / if Business				
Employer Mailin Principal Place of Full Name of Co	ng Address / if Business				\$
Employer Mailin Principal Place of Full Name of Co	g Address / of Business entributor Struct Address			Date [MM/DD/YYYY]	
Employer Mailin Principal Place of Full Name of Co House #	g Address / if Business intributor	State	Zip Code	Date [MM/DD/YYYY]	
Employer Mailin Principal Place of Full Name of Co	g Address / of Business entributor Struct Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	.
Employer Mellin Principal Place of Full Name of Co	g Address / of Business ntributor Street Address	State		Date [MM/DD/YYYY] Date [MM/DD/YYYY]	3

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer identification Number:

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

	40396							
Full Name	Friends	of Bruce Castor, I	Inc.					
House #		PO Box 800				·		7/2-1-1-1-1
Chy		nshohocken	State	PA	Zip Code	19428	Date [MM/DD/YYYY] 12/17/2015	248.13
Receipt Description	Reimbur	sement for Dinn	er with Camp	il Iaign Teal	<u> </u>			
Full Name	Friends	of Bruce Castor, I	Inc.					· ·
House #	8(v):11148 A	Address PO Box 800						
Gey		nshohocken	State	PA	Zip Code	19428	Date [MM/DD/YYYY] 12/14/2015	441.53
Bacaror Bascriptic	Reimbur	sement for Fund	Iraiser Host G	ifts and U	Jber rides to/	from Ardmor	e/Philadelphia	
Full Name 3/3			•					
House #	Street Addr	95 \$					The state of the s	
ON		:-	State		Zip Code	-	Date [MM/DD/YYYY]	\$
Receipt Description	20		<u> </u>	1		.l		.l
Full Name	7							
House #	Street Addr	ess						
• 30			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description	on .		k			•	•	
Full Name				100				
House #	Street Addr	ess						
City		ini i	State		Zip Code		Date [MM/DD/YYYY]	, 5
Receipt Description	on l		<u> </u>		e contra anno de ce			
Full Name :						·		
House #	Street Addit				- 1			
Chy		. N. d. of B	State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description	200			1				<u> </u>

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 40396			
1. UNITEMIZED IN-KIND CONTRI	OUTIONS RECEIVED WAL	JE OE SEO OO OB LEES BEB CONTRI	
TOTAL for the reporting period	(1)	\$	
2 IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECI	EVED-VALUE OVER \$250	00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		4 ' 1	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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EXCHERIORATION CANONICALIANDER (CANONICALIANDER)		
Filer Identification Number: 40396		
10000		
The control of the co		

Full Name of Cont	(buyer			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	:
City		State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Con	tribution	<u> </u>			
Full Name of Cont	dbutor	-1		Date [MM/DD/YYYY]	\$
House &	Street Address			Date [MM/DD/YYYY]	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Con	tribution				
Pull Name of Cont	ribusor			Date [MM/DD/YYYY]	**** ****
House #	Street Address			Date [MM/DD/YYYY]	\$
City	I see the test of	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cor	ntribution				[··.]
Full Name of Cont	ibutor	!		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
Gty		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cor	tribution				4
full Name of Cont	ributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
		No.			
City		State	Ap Code	Data [MM/DD/YYYY]	
Description of Cor	itribution		Esperator especial de Col		Lini Aika

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 40396				
			/ 1 10 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Full Name of C	Contributor			Date [MM/DD/YYYY] \$
				<u> </u>
House #	Street Address			Date [MM/DD/YYYY] \$
Marie J.				1 A
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam				Occupation
	ling Address / Principal			Description
Place of Busine	#18 ·			of Contribution
Full Name of C	onvibutor) 		Date [MM/DD/YYYY] \$
Mouse #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Same a				
Employer Nam	IC		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Occupation
	ling Address / Principal			Description
Place of Busine	JBS .			of Contribution
Full Name of C	Ontributor			Date (MM/DD/YYYY) \$
				Parameter Principle Manual S. P.
House #	Street Address			Date [MM/DD/YYYY] \$
				The second section of the second section of the second section
d _{ty}		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	10			Occupation
	ling Address / Principal			Description
Place of Busine				
				Contribution
Full Name of Co	ORDINGE			Date [MM/DD/YYYY] S
House #				In his alone Paradist
	Street Address			Date [MM/DD/YYYY] \$
City		State	7ip Cote	Date [MM/DD/YYYY] \$
		State		
Employer Name	ie i laka sa kara		75.24	Cocupation
	ling Address / Principal			Description
Place of Busine				of
	The state of the s			Contribution

Statement of Expenditures

Challed to take the control of the c	
ier identification Number:	
The second secon	
O-4 (2)	
<u> </u>	

To Whom Pald	The Fermiss Develop					Date [MM/DD/YYYY] \$	
	The Farmers Daughte					12/17/2015	
House #	Street Address 1431 Morris Road					Description of Expenditure	
Slue Bell	State	PA	Zip Code	19422	Dinner with Campaign Team		
To Whom Paid	Specialty Wines & Liqu	Jors. Inc.				Date [MM/DD/YYYY] \$	
						12/14/2015	
House # 860	Street Address Pe	rest Address Pentlyn Blue Bell Pike, Floor B			Description of Expenditure		
City Blue Bell State PA Zip Code 19422					Fundraiser Host Gifts		
To Whom Peld	Uber		· · · · ·			Date [MM/DD/YYYY] \$	
					12/14/2015		
7821	Street Address Bar	tram Aven	ue			Description of Expenditure	
Philadelphia	1	State	PA	Zip Code	19153	Uber rides to/from Philadelphia/Ardmore	
To Whom Paid						Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City	<u> </u>	State		Zip Code			
To Whom Pald						Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
Gly		State		Zip Code			
To Whom Paid					-	Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
Chy		State		Zip Code	<i>a</i> .		
To Whom Paid						Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expanditure	
Ghy	- 1 x	State		Zip Code			
To Whom Pald	XX 			4 - 34 - 54 - 34 - 34 - 34 - 34 - 34 - 3	and a second	Diffe (MM/DD/YYY)	
House #	Street Address					Description of Expanditure	
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding

Play Specialization	Hon Number: 40396	Vib alla obligationi	rare outstanding at the	end of the reporting period.
Name of Cred				Outstanding Belance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
Gly		State	Zip Code	
Description of Name of Credit				
House &	Ströet Addréss		DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt.
City Description of		State	Zip. Code	
Name of credit				Outstanding Salance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of (State	Zip Code	
Name of Cradit				Outstanding Balance of Debt
(former)	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	- Similar of Date
City Description of D		State	Zip Code	
Name of Credity				Outstanding Balance of Debt
House 9	Street Address	F 1/2	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of D		State	Zip Code	
Name of Cradito				Outstanding Balance of Seat
House #	Street Address	*	DATE DEBT INCURRED [MM/DD/YYYY]	
City	A STATE OF THE STA	State	Zip	

Description of Debt



January 8, 2016

VIA FEDERA EXPRESS

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: Bruce L. Castor, Jr.

Filer ID No. 40396

Dear Sir/Madam:

Enclosed please find the signed and notarized Candidate's Report (Affidavit) for Bruce L. Castor, Jr. Please note this is a termination report. Thank you.

Very truly yours,

COZEN & CONNOR

By: Ross Weiss

RW/ngd Enclosure

cc: Bureau of Elections, Montgomery County

Bruce L. Castor, Jr.