Reset Form



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

Filer Identification				ort musi rt Filed B		Candid			Committee		Lobbyist	
Number	i	40396	(Mark X)									
Name of Filing Comp Lobbyist	Bruce I	Castor, Ji	г.						· · · · · · · · · · · · · · · · · · ·			
Street Address PO				x 430					·			
City	Lederach					State	PA		Zip Code	19450	····	
Type of Report (Plac										1	Le	
	2 nd Friday -Primary	3- 30 Day Post Primary		Tuesday i lection		d Friday Election		Day Post on	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Da Post-Election	•
									X			
Date Of Election (MM/DD/YYYY)		11/03/2015	Year		2	2015	Amen Repor	dment		Termination Report	X	
Summary of Receip	ts and	From Date		To Date	e				For	Office Use Only		
Expenditures		11/24/2015		12	2/31/20)15						
A. Amount Brought					0		_					
B. Total Monetary ((From Schedule I)		ons and Receipts			689.66	5						
(Sum of Lines A and	C. Total Funds Available (Sum of Lines A and B)			\$ 689.66			ent of factors factors					
D. Total Expenditures (From Schedule III)				\$ 689.66			<u> </u>					
E. Ending Cash Balance \$ (Subtract Line D from Line C)				0		, vi n						
F. Value of In-Kind Contributions Received (From Schedule II)			- 5	<u></u>	0							
G. Unpaid Debts an (From Schedule IV)		ons	,	,	0						· · · · · · · · · · · · · · · · · · ·	
Part 1- If this is a Com		et troacurer sign	ere If	this is a Ca		Affidavit e report		sign here.		171	4 2	5 9
I swear (or affirm) tha Sworn to and subscrip	t this report ed before n	, including the atta	eched s	chedules c	on pape	er, is to ti	ne been of	my knowle	of Person Sub	umitting report	AI TH OF PENNSYLVA T. (RIAL SEAL Green, Natery Public	in the Mangamery Carl
My Commission expir	es <u> L </u>	22 30 DAY YR	<u>97</u> 7 -			610 Area Cod	de		5-7338 aytime Telephone Num	<u> </u>		
Part II- If this is a repo I swear (or affirm) the amended. Sworn to and subscrit	it to the bes	t of my knowledge	Comr and b	nittee , can elief this po	didate olitical	shall sign committ	here. ee has not	violated a	ny provisions a	f the Act of June 3, 193	(P.L. 1338, NO.3	20) as
day of20												
Signature Printed Name												
My Commission expir	res MO.	DAY YR.					Area Co	ode	Di	aytime Telephone Numt	per	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number 40396	
And the second s	
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)	
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	\$ 690 66

Cover Page, Item B)

689.66

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.)

Flar identification	40396			
Fall Name of Ca	nik dikutor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ny ibutor		n, standed	Date [MM/DD/YYYY] \$
Rouse #	Street Address			Date [MM/DD/YYYY] \$
Ch		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	meributor		the same of the sa	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City .	pupu ka kaputika J	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	intributor		Established	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ontributor	<u> </u>		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY) \$
Aut Name of C	ontributor			Date (MM/00/77Y)
House #	Street Address			Date (MM/DD/YYY) \$
Clsy	to the example of the first of	State	Zip Code	Date (MM/DD/YYYY) \$

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	n Number: 40396				
Full Name of Contributing Co				Date [MM/DD/YYY]	
House #	Streat Address			Date [MM/DD/YYYY]	S
City	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
Clty	10.0 (State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	and the control of th		11.0475.75.75.1	Date [MM/DD/YYYY]	**
House #	Street Address	, , , , , , , , , , , , , , , , , , ,	L.	Date [MM/DD/YYYY]	*
City	11 (4.17.4.600) 14	State	Zip Code	Date [MM/DD/YYYY]	. 5
Full Name of Contributing Co	synnilitae	i		Date [MM/DD/YYYY]	
House #	Street Address	,		Date [MM/DD/YYYY]	\$
GW		State	Zip Code	Date [MM/DD/YYYY]	\$
Pull Name of Contributing C			The second second	Date [MM/DD/YYYY]	3
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Edit Name of Contributing C		Miner Act & L.		Dave (WW/20/2007)	
House #	Sirver Address			Date [MM/DD/YYYY]	
City		State	ZIp Gode.	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)

Filer Identificatio	n Number: 40396				
Full Name of Co	intributor	······································		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$,
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	·
Employer Maili Principal Place					
Full Name of C				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
9.7		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	The state of the s			Occupation	
Employer Mail Principal Place	ing Address / of Business				
Full Name of G	ent Plautor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Say	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	\$150.700.000.000.000			Occupation	
Employer Mail Principal Place	ing Address / of Business	-100-57-77-3			
Full Name of C				Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
GRy .		State	Zip Code	Date [MM/DD/YYYY] 5	
Employer Nam				Occupation	
Employer Mail Principal Place	ing Addrass / of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identification Numb	er:	40396								
Fuil Name		Friends of Bruce Castor, In	c.							
House #	Stre	et Atidress PO Box 800								
.		West Conshahacken	State	PA	Zip Code	19428	Date [MM/DD/YYYY] \$ 248.13			
Receipt Description		Reimbursement for Dinner	with Camp	aign Tean	1	1				
Full Name		Friends of Bruce Castor, In	riends of Bruce Castor, inc.							
House #	Stre	et Address PO Box 800								
		West Conshohocken	State	PA	Zip Code	19428	Date [MM/DD/YYYY] \$ 441.53			
Receipt Description		Reimbursement for Fundr	aiser Host G	ifts and U	ber rides to	from Ardmore/Pi	nitadelphia			
Full Name										
House #	Stre	et Address					1.0			
Oly		34.00g est (State		Zip Code		Date [MM/DD/YYYY] \$			
Receipt Description				J						
Full Name						· · · · · · · · · · · · · · · · · · ·				
House #	Stri	set Address								
GD .			State		Zip Code		Date [MM/DD/YYYY] \$			
Receipt Description			<u></u>	<u>-</u>		<u> </u>				
Auli Name	arana Marana									
House #	Str	eet Address								
Cty			State		Zip Code		Date [MM/DD/YYYY] \$			
Receipt Description				_1	F	•3				
Full Name	19.4					-				
House !	Str	set Address	· · ·							
aw .			State		Zip Code		Date (MM/DD/YYYY) \$			
Receipt Description										

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. UNITENIZED IN-KIND	CONTRIBUTIONS RECEIVED-VAL	JJE OF \$50.00 OR LESS PEI	R CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTI	ONS RECEIVED-VALUE OF \$50.01	LTO \$250.00 (FROM PART	F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTE	ON RECEIVED-VALUE OVER \$250	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
	TRIBUTIONS DURING THIS REPOR t totals from boxes 1, 2, and 3; al ltem F)		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

uli Name of Co				Date [MM/DD/YYYY]	\$
un riante of Lo					
House #	Street Address			Date [MM/DD/YYYY]	\$
	Judge Add and				ett i den en e
dry	11 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]	\$
			A me of the control o		
Jescription of	Contribution	4			
uli Name of C	andibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
				Dete (8484/DD (8777))	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of	Contribution				
		*		L benefit to brook	W-16
Full Name of C	entributor			Date [MM/DD/YYYY]	
				Date [MM/DD/YYYY]	\$
House #	Street Address			mare friend and i a 1 of	*
Gty	The Control of the Co	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of	Contribution	:			
Full Name of C	ontributor.	- 'I	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
MOUSE W					
	L	State	Zip Code	Date [MM/DD/YYYY]	\$
~	<u></u>		b. 0.4.409 8075 Min. 14	I	t I
	Contribution				201
City Description of				Spece (MM/nn/www)	
				Date [MM/DD/YYYY]	
City Description of	Contributor			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	
City Description of	Contributor Street Address				
City Description of	Contributor	State			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 40396	
Fidi Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Co	atributor			Date [MM/DD/YYYY] \$
House #	Street Address	.,		Date [MM/DD/YYYY] \$
Gity		5tate	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
	ng Address / Principal		<u></u>	Description
Place of Busine				of Contribution
Full Name of Co	and the latest and th			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Gly		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		<u>l</u>		Occupation
Employer Maili Place of Busine	ing Address / Principal iss		*	Description of Contribution
Full Name of C	gntributor			Date [MIM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	•			Occupation
Employer Mail Place of Busine	ing Address / Principal			Description of Contribution
Full Name of C	ontifibutor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Sty		State	Zip Code	Date [MM/DD/YYYY] 5
Employer Nam	19	1	アンテンとを終める大きな場	Occupation
Employer Mail Place of Busin	ling Addréss / Principal ess			Description of Contribution

Statement of Expenditures

Filer Identification Number: 40396		
40396		
2017、1918、1918、1919、新新新加州的1918、1918、1918、1918、1918、1918、1918、1918		

To Whom Pald				Date [MM/DD/YYYY] \$		
	The Farmers Daught	er	12/17/2015			
House #	Street Address 1	.431 Morris Road		Description of Expenditure		
Blue Bell	<u> </u>	State PA	Dinner with Campaign Team			
To Whom Paid	Specialty Wines & Li	quore Inc	Date [MM/DD/YYYY] \$			
	Specialty wines & Li	quora, me.	12/14/2015			
House # 860	Street Address	Penllyn Biue Bell Pike, F	loor B	Description of Expenditure		
Blue Bell		State PA	Zip Code 19422	Fundraiser Host Gifts		
To Whom Paid			Date [MM/DD/YYYY] \$ 102.53			
	Uber		12/14/2015			
House # 7821	Street Address	Bartram Avenue		Description of Expenditure		
Philadelph	iia	State PA	Zip Code 19153	Uber rides to/from Philadelphia/Ardmore		
to Whom Paid		r. i estado.		Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
Clty	<u> </u>	State	Zip Code			
Ta Whem Peld				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City	1 12 12 12 13 13 13 1	State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City	<u> </u>	State	Zip Code			
To Whom Paid			والمستون والم والمستون والمستون والمستون والمستون والمستون والمستون والمستو	Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
TW		State	Zip Code	TO A THE STATE OF		
To Whom Paid		100 · 1		Date (MIM/DD/117/)		
House #	Street Address			Description of Expenditure		
City	The second of	State	Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Filer Glentin Carlor	(Number: 40396			
Name of Credit				Outstanding Balance of Debt
iouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
.		State	Zip Code	
escription of C	Pebit Pebit			
iame of Cradit	of			Outstanding Balance of Debt.
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
ely:		State	Zip Code	
Description of (* ***	<u>من استخدم دین در می</u>		
Name of Credit			····	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	1
Сву		State	Zip Code	
Description of I	Debt	No.		
Name of Cardi				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
dy		State	Zip Code	1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (
Description of	Debt			
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
Ely		State	Zip Code	
Description of	PAR			
Nene of Sedi	36.			Outstanding Balance of Gate.
House #	Street Address		DATE DEBT INCURRED	

Description of Debt



Direct Phone 610-941-2361 Direct Fax 877-295-6883

Ross Weiss

rweiss@cozen.com

January 8, 2016

VIA FEDERA EXPRESS

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

₿y: Ross Weise

RW/ngd Enclosure

cc: Bu

Bureau of Elections, Montgomery County

Bruce L. Castor, Jr.