



Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | | | |
|--|-------------------|----------------------------------|--------------------------|------------------|-------------------------------------|------------------|--------------------------|-----------------|--------------------------|
| Filer Identification Number | 2003023 | Report Filed By (Mark X) | <input type="checkbox"/> | Candidate | <input checked="" type="checkbox"/> | Committee | <input type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Castor, Bruce Friends of, Inc. | | | | | | | |
| Street Address | | PO Box 800 | | | | | | | |
| City | West Conshohocken | State | PA | Zip Code | 19428-0800 | | | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---|-------------------------------|--|---|--------------------------------|-------------------------------------|---|-------------------------------------|
| 1- 6th Tuesday Pre-Primary | 2- 2nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6th Tuesday Pre- Election | 5- 2nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 11/03/2015 | Year | 2015 | Amendment Report | <input type="checkbox"/> | Termination Report | <input checked="" type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only | |
|---|------------|------------|---------------------|--|
| | 11/24/2015 | 12/31/2015 | | |
| A. Amount Brought Forward From Last Report | \$ | 27,347.83 | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 50.00 | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 27,397.83 | | |
| D. Total Expenditures (From Schedule III) | \$ | 27,397.83 | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 0.00 | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0.00 | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0.00 | | |

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 8 day of August 2016

Beverly Green Signature

Ross Weiss Signature of Person Submitting report
Printed Name

610 Area Code 941-2361 Daytime Telephone Number

My Commission expires 6 22 2019 MO. DAY YR.

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO:320) as amended.

Sworn to and subscribed before me this 8 day of August 2016

Beverly Green Signature

Bruce L. Castor, Jr. Signature of Candidate
Printed Name

610 Area Code 285-7338 Daytime Telephone Number

My Commission expires 6 22 2019 MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Beverly Green, Notary Public
West Conshohocken Boro, Montgomery County
My commission expires June 22, 2019

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Beverly Green, Notary Public
West Conshohocken Boro, Montgomery County
My commission expires June 22, 2019

DIANE S. CASTOR
4640 Logan Court
Schwenksville, PA 19473

December 21, 2015

Ross Weiss, Treasurer
Friends of Bruce Castor, Inc.
PO Box 800
West Conshohocken, PA 19428

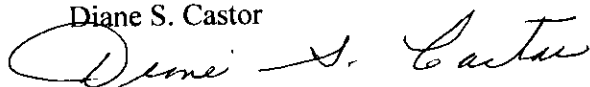
RE: DEBT FORGIVENESS

Dear Mr. Weiss:

This letter is formal notice to you that I am forgiving the \$9,444.11 balance of the loan I made to Friends of Bruce Castor, Inc. in April, 2004.

Sincerely,

Diane S. Castor



cc: Bruce L. Castor, Jr.

Commonwealth of Pennsylvania



Campaign Finance Report

191093

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

| | | | | | | | | | | |
|--|--------------------------|-------------------|-------------------------|---|-----------------------|-----------|------------------------------|-------------------------------------|---------------------|-------------------------------------|
| Filer Identification Number : 2003023 | | Report Filed By : | CANDIDATE | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST | | | | | |
| Name of Filing Committee, Candidate or Lobbyist: CASTOR, BRUCE FRIENDS OF, INC | | | | | | | | | | |
| Street Address: P O BOX 800 | | | | | | | | | | |
| City: WEST CONSHOHOCKEN | | | State: PA | Zip Code: 19428-0800 | | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY POST- | 3. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION POST- | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. X | Year 2015 | FILING METHOD () CHECK ONE | | | PAPER | <input checked="" type="checkbox"/> | DISKETTE | <input type="checkbox"/> |
| Name of Office Sought by Candidate: | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | MO | DAY | YEAR | 38 | | REP | 46 |
| | | | | 11 | 3 | 2015 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | |
| | | 11 | 24 | 2015 | TO | 12 | 31 | 2015 | | |
| A. Amount Brought Forward From Last Report | | | | \$ | | 27,347.83 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ | | 50.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ | | 27,397.83 | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | | 27,397.83 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ | | 0.00 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | \$ | | 0.00 | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this
day of _____ 20 _____

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

Part II - If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this
day of _____ 20 _____

Signature of Candidate

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | | |
|--|--------------------------------|------------------------------|
| Name of Filing Committee or Candidate | Reporting Period | |
| CASTOR, BRUCE FRIENDS OF, INC | From: <u>11/24/2015</u> | To: <u>12/31/2015</u> |

| | | |
|--|------------|----------------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | |
| TOTAL for the Reporting Period | (1) | \$ 0.00 |

| | | |
|--|------------|-----------------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | |
| Contributions Received From Political Committees (Part A) | | \$ 0.00 |
| All Other Contributions (Part B) | | \$ 50.00 |
| TOTAL for the Reporting Period | (2) | \$ 50.00 |

| | | |
|---|------------|----------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | |
| Contributions Received From Political Committees (Part C) | | \$ 0.00 |
| All Other Contributions (Part D) | | \$ 0.00 |
| TOTAL for the Reporting Period | (3) | \$ 0.00 |

| | | |
|---|------------|----------------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | |
| TOTAL for the Reporting Period | (4) | \$ 0.00 |

| | | |
|---|--|-----------------|
| 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 Page1, Report Cover Page, Item B.) | | \$ 50.00 |
|---|--|-----------------|

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.

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: To: |
| DATE AMOUNT | |

| Full Name of Contributing Committee | MO | DAY | YEAR | |
|-------------------------------------|-------|-------------------|------|---------|
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 CASTOR, BRUCE FRIENDS OF, INC | Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u> |
|---|--|

| | | | | DATE | AMOUNT | | |
|--|--------------------|-----------------------------------|--|-----------|------------|-------------|----------|
| Full Name of Contributor Lynne Lechter | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 21507 Valley Forge Circle | | | | 12 | 17 | 2015 | |
| City King of Prussia | State PA | Zip Code (Plus 4) 19406 | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 50.00 |

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 Candidate | Reporting Period |
| | From: _____ To: _____ |

| | DATE | | | AMOUNT | | | |
|---|--------------|--------------------------|--------------------------|---------|--|--|--|
| Full Name of Contributing Committee | MO | DAY | YEAR | | | | |
| Mailing Address | | | | \$ 0.00 | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">City</td> <td style="width: 20%; padding: 2px;">State</td> <td style="width: 50%; padding: 2px;">Zip Code (Plus 4)</td> </tr> </table> | City | State | Zip Code (Plus 4) | | | | |
| City | State | Zip Code (Plus 4) | | | | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

**PART D
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 | Reporting Period |
| | From: To: |

| Full Name of Contributor | DATE | | | AMOUNT |
|--|------------|-------------------|-------------------|---------|
| | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code (Plus 4) | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

**PART E
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 or Candidate | Reporting Period | |
| | From: | To: |

| Full Name | DATE | | | AMOUNT |
|---------------------|-------|-------------------|------|---------|
| | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Receipt Description | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 CASTOR, BRUCE FRIENDS OF, INC | Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | |
| TOTAL for the Reporting Period (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | |
| TOTAL for the Reporting Period (3) | \$ 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | \$ 0.00 |

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

| | |
|--|-------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: _____ To: _____ |

| | | | DATE | AMOUNT |
|--|--------------|--------------------------|------|------------------------------|
| 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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | PAGE TOTAL \$ 0.00 |

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

| | |
|--|-------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: _____ To: _____ |

| | | | | DATE | AMOUNT |
|--|-------|------------------|------------------|------------------------------------|---------------------------|
| Full Name of Contributor | MO | DAY | YEAR | | |
| Mailing Address | | | | \$ | 0.00 |
| City | State | Zip Code(Plus 4) | | | |
| Employer of Contributor | | | | Occupation | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code(Plus 4) | Description of Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | PAGE TOTAL 0.00 |

**SCHEDULE III
STATEMENT OF EXPENDITURES**

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| CASTOR, BRUCE FRIENDS OF, INC | From <u>11/24/2015</u> To: <u>12/31/2015</u> |

| | | | DATE | AMOUNT |
|--|-----------------|--------------------------------|---|-------------|
| To Whom Paid | MO | DAY | YEAR | |
| Bruce L. Castor, Sr. | 12 | 23 | 2015 | \$ 9,250.00 |
| Mailing Address 4640 Logan Court | | | | |
| City Schwenksville | State PA | Zip Code (Plus 4) 19473 | Description of Expenditure Repayment of Loan | |
| To Whom Paid Diane S. Castor | 12 | 23 | 2015 | \$ 8,805.89 |
| Mailing Address 4640 Logan Court | | | | |
| City Schwenksville | State PA | Zip Code (Plus 4) 19473 | Description of Expenditure Repayment of Loan | |
| To Whom Paid Bruce L. Castor, Jr. | 12 | 17 | 2015 | \$ 248.13 |
| Mailing Address PO Box 800 | | | | |
| City West Conshohocken | State PA | Zip Code (Plus 4) 19428 | Description of Expenditure Dinner Election Night | |
| To Whom Paid Bruce L. Castor, Jr. | 12 | 14 | 2015 | \$ 441.53 |
| Mailing Address PO Box 800 | | | | |
| City West Conshohocken | State PA | Zip Code (Plus 4) 19428 | Description of Expenditure Fundraiser Host Gifts / Uber Rides to/from Phila | |
| To Whom Paid Sunday | 12 | 14 | 2015 | \$ 300.00 |
| Mailing Address 613 West Cheltenham Ave | | | | |
| City Elkins Park | State PA | Zip Code (Plus 4) 19027 | Description of Expenditure Campaign Ad | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|-----------------------------------|
| To Whom Paid Brian Miles | | | MO | DAY | YEAR | |
| Mailing Address 1130 Longhorn Circle | | | 11 | 30 | 2015 | |
| City Blue Bell | State PA | Zip Code (Plus 4) 19422 | Description of Expenditure Dinner with Bruce Castor and Campaign Staff | | | |
| To Whom Paid Comcast | | | MO | DAY | YEAR | |
| Mailing Address PO Box 3002 | | | 11 | 30 | 2015 | |
| City Southeastern | State PA | Zip Code (Plus 4) 19398 | Description of Expenditure Campaign Telephone/Internet Service | | | |
| To Whom Paid CLC Group LLC | | | MO | DAY | YEAR | |
| Mailing Address 630 N. 3rd Street #78 | | | 11 | 30 | 2015 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19123 | Description of Expenditure Consulting Fee | | | |
| To Whom Paid Chase Card Services | | | MO | DAY | YEAR | |
| Mailing Address PO Box 15153 | | | 11 | 30 | 2015 | |
| City Wilmington | State DE | Zip Code (Plus 4) 19886 | Description of Expenditure Campaign Credit Card | | | |
| To Whom Paid Facebook | | | MO | DAY | YEAR | |
| Mailing Address 1 Hacker Way | | | 11 | 30 | 2015 | |
| City Menlo Park | State CA | Zip Code (Plus 4) 94025 | Description of Expenditure Facebook Ads | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 27,397.83 |



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: Friends of Bruce Castor, Inc.
Filer ID No. 2003023**

Dear Sir/Madam:

Enclosed please find the signed and notarized Campaign Finance Report (Affidavit) for the Campaign Committee. This report was filed electronically on Friday, January 8, 2016. Please note this is a termination report and a debt forgiveness letter is included. Thank you.

Very truly yours,

COZEN O'CONNOR

By:  Ross Weiss

RW/ngd
Enclosure

cc: Bureau of Elections, Montgomery County
Bruce L. Castor, Jr.