



Reset Form

Print Form

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 type="checkbox"/>	Committee	<input checked="" 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	2016 JAN 11 PM 9:51 2016 JAN 11 PM 9:51
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 January 2016

Beverly Green
Signature

Ross Weiss
Signature of Person Submitting report

Ross Weiss
Printed Name

My Commission expires 6 22 2019
MO. DAY YR.

610 941-2361
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 8 day of January 2016

Beverly Green
Signature

Bruce L. Castor, Jr.
Signature of Candidate

Bruce L. Castor, Jr.
Printed Name

My Commission expires 6 22 2019
MO. DAY YR.

610 285-7338
Area Code Daytime Telephone Number

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

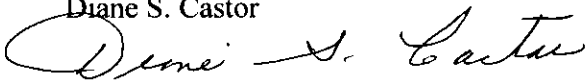
RE: DEBT FORGIVENESS

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

A handwritten signature in cursive script that reads "Diane S. Castor". The signature is written in dark ink and is positioned below the typed name.

cc: Bruce L. Castor, Jr.



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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	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		
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		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

My Commission Expires _____
MO DAY YR

Signature of Person Submitting Report

Printed Name

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

My Commission Expires _____
MO DAY YR

Signature of Candidate

Printed Name

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
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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			MO	DAY	YEAR	\$ 50.00
Lynne Lechter			12	17	2015	
Mailing Address 21507 Valley Forge Circle						
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
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:

	DATE			AMOUNT
Full Name of Contributor	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 11/24/2015 To: 12/31/2015

			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