



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report should 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	Friends of Bruce Castor, Inc.								
Street Address	PO Box 800								
City	West Conshohocken	State	PA	ZIP Code	19428-0800				

Type of Report (Place x to the right of report type)

6 th Tuesday Pre-Primary	6 th Tuesday Pre-Election	2 nd Friday Pre-Primary	2 nd Friday Pre-Election	30 Day post Primary	30 Day Post-Election	Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
				X					
Date Of Election (MM/DD/YYYY)	11/05/2013		Year	2013		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
A. Amount Brought Forward From Last Report	5/7/2013	6/10/2013
B. Total Monetary Contributions and Receipts (From Schedule II)		\$ 6,811.46
C. Total Funds Available (Sum of Lines A and B)		\$ 6,811.46
D. Total Expenditures (From Schedule III)		\$ 4,295.27
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 2,516.19
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0.00
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 64,000.00

For Office Use Only

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941-2361

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

17 day of June 20 13
 Signature: *Beverly Green*
 My Commission expires 6 22 2015
 Mo. Day YR.

Signature of Person Submitting report: *Ross Weiss*
 Printed Name: Ross Weiss
 Area Code: 810
 Daytime Telephone: 941-2361

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

Part II - If this is a report of a Candidates 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
 17 day of June 20 13
 Signature: *Beverly Green*
 My Commission expires 6 22 2015
 Mo. Day YR.

Signature of Candidate: *Bruce L. Castor, Jr.*
 Printed Name: Bruce L. Castor, Jr.
 Area Code: 215
 Daytime Telephone Number: 977-1000

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



Campaign Finance Report

(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 <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: Friends of Bruce Castor, Inc.								
Street Address: PO Box 800								
City: West Conshohocken				State: PA		Zip Code: 19428--800		
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. X	AMENDMENT REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2013	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	
				MO	DAY	YEAR	Office Code	
				11	5	2013	Party Code	
							County Code	
							REP 46	
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR
		5	7	2013		6	10	2013
A. Amount Brought Forward From Last Report						\$ 6811.46		
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00		
C. Total Funds Available (Sum Of Lines A and B)						\$ 6811.46		
D. Total Expenditures (From Schedule III)						\$ 4295.27		
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 2516.19		
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00		
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 64000.00		

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	
Friends of Bruce Castor, Inc.	From: <u>5/7/2013</u>	To: <u>6/10/2013</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)	\$	0.00
TOTAL for the Reporting Period (2)	\$	0.00

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.)	\$	0.00
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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
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Full Name of Contributing Committee	MO	DAY	YEAR	AMOUNT
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	Reporting Period	
	From:	To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
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 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:

Full Name of Contributing Committee	DATE			AMOUNT
	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: _____
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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 Friends of Bruce Castor, Inc.	Reporting Period From: <u>5/7/2013</u> To: <u>6/10/2013</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.)	
TOTAL for the Reporting Period	\$ 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 Friends of Bruce Castor, Inc.	Reporting Period From <u>5/7/2013</u> To: <u>6/10/2013</u>
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			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	
Bruce L. Castor, Jr.						
Mailing Address PO Box 800			5	13	2013	\$ 232.77
City West Conshohocken	State PA	Zip Code (Plus 4) 19428	Description of Expenditure Reimbursement for trip to Harrisburg 5/6/13			
To Whom Paid Friends of Jenny Brown						
Mailing Address PO Box 800			5	24	2013	\$ 500.00
City West Conshohocken	State PA	Zip Code (Plus 4) 19428	Description of Expenditure Contribution			
To Whom Paid Morganelli Designs						
Mailing Address 205 South Seventh Street			5	24	2013	\$ 562.50
City Easton	State PA	Zip Code (Plus 4) 18017	Description of Expenditure Web Design and Maintenance			
To Whom Paid Bruce L. Castor, Sr.						
Mailing Address 4640 Logan Court			5	22	2013	\$ 1000.00
City Schwenksville	State PA	Zip Code (Plus 4) 19473	Description of Expenditure Loan Payment			
To Whom Paid Coggins for Judge						
Mailing Address 509 Swede Street			5	22	2013	\$ 1000.00
City Norristown	State PA	Zip Code (Plus 4) 19401	Description of Expenditure Contribution			

To Whom Paid Sharon Giamporcaro for Judge			MO	DAY	YEAR	
Mailing Address 40 East Main Street			5	22	2013	\$ 1000.00
City Norristown	State PA	Zip Code (Plus 4) 19401	Description of Expenditure Contribution			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4295.27

SCHEDULE IV
STATEMENT OF UNPAID DEBTS
 Use this Section to itemize all unpaid debts and obligations
 which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Friends of Bruce Castor, Inc.				Reporting Period From: <u>5/7/2013</u> To: <u>6/10/2013</u>			
						DATE	Outstanding Balance of Debt
Name of Creditor Bruce L. Castor, Sr.				MO	DAY	YEAR	
Mailing Address 4640 Logan Court				5	13	2013	\$ 27500.00
City Schwenksville	State PA		Zip Code (Plus 4) 19473		Description of Debt Loan to Campaign Committee (April 2004)		
						DATE	Outstanding Balance of Debt
Name of Creditor Diane S. Castor				MO	DAY	YEAR	
Mailing Address 4640 Logan Court				5	13	2013	\$ 36500.00
City Schwenksville	State PA		Zip Code (Plus 4) 19473		Description of Debt Loan to Campaign Committee (April 2004)		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL	\$ 64000.00



June 17, 2013

VIA UPS NEXT DAY AIR

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
Filer ID No. 2003023**

Dear Sir/Madam:

Enclosed please find the signed and notarized Campaign Finance Report Cover Sheet (Affidavit) for the Campaign Committee, the Report for which was filed on-line.

Very truly yours,

COZEN O'CONNOR

By: Ross Weiss 

RW/ingd
Enclosure

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

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OFFICE OF
VOTER SERVICES
MONTG. CO. PA

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