

Commonwealth of Pennsylvania
Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER: 2003023		REPORT FILED ON BEHALF OF: Committee	
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: Annual			
NAME OF OFFICE SOUGHT BY CANDIDATE:			
DISTRICT CODE: Statewide	PARTY CODE: REP		
DATE OF ELECTION: 11/5/2013			
DATES OF REPORTING PERIOD: 11/26/2013 TO 12/31/2013			
AMENDMENT REPORT?: NO	TERMINATION REPORT?: NO		
CASH BALANCE AT THE END OF REPORTING PERIOD: 2512.33			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: 32000.00			

RECEIVED
 2014 JAN 17 AM 10:55
 OFFICE OF
 VOTER SERVICE
 MONTG. CO. PA

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS January day of 14 20 14

[Signature]
 SIGNATURE

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

ROSS WEISS
 PRINTED NAME

MY COMMISSION EXPIRES 6 MO. 22 DAY 2015 YR.

(610) 941-2361
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 January day of 16 20 14

[Signature]
 SIGNATURE

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

BRUCE L. CASTOR, JR.
 PRINTED NAME

MY COMMISSION EXPIRES 6 MO. 22 DAY 2015 YR.

(610) 649-1880
 AREA CODE DAYTIME TELEPHONE NUMBER

Department of State . Bureau of Commissions, Elections and Legislation
 210 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280

1/15/2014 10:55:47 AM

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

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