

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	40396	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Bruce L. Castor, Jr.						
Street Address		PO Box 430						
City	Lederach	State	PA	Zip Code	19450			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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	\$	0						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	689.66						
C. Total Funds Available (Sum of Lines A and B)	\$	689.66						
D. Total Expenditures (From Schedule III)	\$	689.66						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0						

## 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  
 Signature of Person Submitting report  
 Signature

Signature of Person Submitting report  
Bruce L. Castor, Jr.

Printed Name

My Commission expires 6 22 2019  
MO. DAY YR.

610

Area Code

285-7338

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. 1938, NO. 320) as amended.

Sworn to and subscribed before me this

day of 20  
 Signature

Signature of Candidate

Printed Name

My Commission expires  
MO. DAY YR.

Area Code

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Robert Green, Notary Public  
 My Commission Expires June 22, 2019

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	40396	
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 689.66
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 689.66

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.

<b>Filer Identification Number</b>	40396
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							Amount
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
						<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
						<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
						<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
						<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
						<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
						<b>Date [MM/DD/YYYY]</b>	\$

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.)

Filer Identification Number:	40396
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	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.

<b>Filer Identification Number:</b>	40396
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$

**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)

<b>Filer Identification Number:</b>	40396
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>						

**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.

<b>Filer Identification Number:</b>	40396
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<b>Full Name</b>	Friends of Bruce Castor, Inc.						
<b>House #</b>		<b>Street Address</b>	PO Box 800				
<b>City</b>	West Conshohocken	<b>State</b>	PA	<b>Zip Code</b>	19428	<b>Date [MM/DD/YYYY]</b>	\$ 248.13
<b>Receipt Description</b>	Reimbursement for Dinner with Campaign Team						
<b>Full Name</b>	Friends of Bruce Castor, Inc.						
<b>House #</b>		<b>Street Address</b>	PO Box 800				
<b>City</b>	West Conshohocken	<b>State</b>	PA	<b>Zip Code</b>	19428	<b>Date [MM/DD/YYYY]</b>	\$ 441.53
<b>Receipt Description</b>	Reimbursement for Fundraiser Host Gifts and Uber rides to/from Ardmore/Philadelphia						
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							

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

<b>Filer Identification Number:</b>	40396
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	
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**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period	(2)	\$	
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	
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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, Report Cover Page, Item F)		\$	
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SCHEDULE II  
PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	40396
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Description of Contribution</b>						

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	40396
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	40396
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<b>To Whom Paid</b>		The Farmers Daughter			<b>Date [MM/DD/YYYY]</b>	\$
					12/17/2015	
<b>House #</b>	<b>Street Address</b>	1431 Morris Road			<b>Description of Expenditure</b>	
<b>City</b>	Blue Bell	<b>State</b>	PA	<b>Zip Code</b>	19422	Dinner with Campaign Team
<b>To Whom Paid</b>		Specialty Wines & Liquors, Inc.			<b>Date [MM/DD/YYYY]</b>	\$
					12/14/2015	
<b>House #</b>	<b>Street Address</b>	Penilyn Blue Bell Pike, Floor B			<b>Description of Expenditure</b>	
<b>City</b>	Blue Bell	<b>State</b>	PA	<b>Zip Code</b>	19422	Fundraiser Host Gifts
<b>To Whom Paid</b>		Uber			<b>Date [MM/DD/YYYY]</b>	\$ 102.53
					12/14/2015	
<b>House #</b>	<b>Street Address</b>	Bartram Avenue			<b>Description of Expenditure</b>	
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19153	Uber rides to/from Philadelphia/Ardmore
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		

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.

File Identification Number:	40396
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						



January 8, 2016

**VIA FEDER 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: 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 O'CONNOR

By: Ross Weiss

RW/ngd  
Enclosure

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