#### **Campaign Finance Report**

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

| Filer Identification 2006008 Report Filed By : |                          |            |           |           |        |            |                      |               |           | COMN         | 1ITTEE   | <b>✓</b> | LOBI               | BYIST                  |                |         |        |           |        |
|--|--------------------------|------------|-----------|-----------|--------|------------|----------------------|---------------|-----------|--------------|----------|----------|--------------------|------------------------|----------------|---------|--------|-----------|--------|
| Name of Filing C                               | ommittee,                | Candida    | te or Lo  | obbyist:  |        | FR:        | IEND                 | S OF          | FARN      | ESE          |          |          |                    |                        |                |         |        |           |        |
| Street Address:                                | C/O SI                   | EGAL &     | amp; D    | ROSSNI    | ER, P  | .C.,300    | ) YOF                | RKTO          | WN PI     | _AZ <i>A</i> | 4        |          |                    |                        |                |         |        |           |        |
| City:  | ELKINS                   | PARK       |           |           |        |            |                      |               | State     | e:           | PA       |          |                    | <b>Zip Code:</b> 19027 |                |         |        |           |        |
| TYPE OF<br>REPORT                              | 6TH TUESDA<br>PRE-PRIMAR |            | 1.        |           |        |            |                      |               | AY<br>ARY | Р            |          |          |                    | AMENDM<br>REPORT?      | Yes            |         | lo     | <b>\</b>  |        |
| (place X to<br>the right of                    |                          |            |           |           |        | 5.         | 30 DAY F<br>ELECTION |               |           | OST-         | 6.       |          | TERMINA<br>REPORT? |                        | Yes            | Ī       | lo     | <b>/</b>  |        |
| report type)                                   |                          |            |           |           |        |            |                      | IG ME<br>CHEC |           | _            |          |          | PAPER              |                        | $\checkmark$   | DIS     | ETTE   |           |        |
| Name of Office S                               | ought by C               | andidat    | e:        |           |        |            |                      |               | DAT       | E O          | F ELE    | CTIC     | ON                 | District<br>Number     | Office<br>Code | Par     | ty Coc | e Cou     |        |
| SENATOR IN TH                                  | HE CENEDA                | I ACCE     | MRIV      |           |        |            |                      |               | МО        |              | DAY      | Y        | EAR                | 1                      | STS            | DEN     | 1      | 51        |        |
| SENATOR IN TI                                  | IL GLIVLIVA              | IL ASSL    | .I·IDL1   |           |        |            |                      |               |           | 11           |          | 6        | 2012               |                        | (SEE INS       | TRUCTI  | ONS FO | R CODES   | 5)     |
| Summary of Expenditures                        |                          | and        | МО        | DAY       |        | EAR        | 4_                   | _             | МО        |              | DAY      | Y        | EAR                | FO                     | R OFFIC        | E USE   | ONL    | ′         |        |
|  |                          |            | 1         | 1         | 27     | 2012       | 2 <b>T</b>           | <u>о</u>      |           | 12           |          | 31       | 2012               |                        |                |         |        |           |        |
| A. Amount Bro                                  | ught Forwa               | rd From    | Last R    | eport     |        |            |                      | \$            |           |              |          |          | 062.53             |                        |                |         |        |           |        |
| B. Total Moneta                                | ary Contribu             | utions A   | and Rec   | eipts (Fi | rom S  | Schedul    | le I)                | \$            |           |              |          |          | 626.76             |                        |                |         |        |           |        |
| C. Total Funds                                 | Available (S             | Sum Of     | Lines A   | and B)    |        |            |                      | \$            |           |              |          | 76,      | 689.29             |                        |                |         |        |           |        |
| D. Total Expend                                | ditures (Fro             | om Sche    | dule II   | [)        |        |            |                      | \$            |           |              |          | 21,      | 602.30             |                        |                |         |        |           |        |
| E. Ending Cash                                 | Balance (S               | ubtract    | Line D    | From Lii  | ne C)  |            |                      | \$            |           |              |          | 55,0     | 086.99             |                        |                |         |        |           |        |
| F. Value Of In-                                | Kind Contri              | butions    | Receive   | ed (Fron  | n Sch  | edule I    | (I)                  | \$            |           |              |          |          | 0.00               |                        |                |         |        |           |        |
| G. Unpaid Debt                                 | s And Oblig              | gations    | (From S   | chedule   | iV)    |            |                      | \$            |           |              |          | 35,      | 150.00             |                        | ,              |         |        |           |        |
|  |                          |            |           |           | A      | ٩FFID      | AVI                  | T SE          | CTIC      | NC           |          |          |                    |                        |                |         |        |           |        |
| PART I - If this is                            | a Committ                | tee repo   | rt, trea  | surer si  | gn he  | re. If t   | his is               | a Car         | ndidat    | e re         | port, c  | andi     | date sig           | ın here.               |                |         |        |           |        |
| I swear (or affirm)<br>correct and comple      |                          | ort, inclu | uding the | attached  | l sche | dules file | ed on                | paper         | or by e   | electr       | onic m   | ediun    | ı, are to t        | he best o              | f my knov      | /ledge  | and be | lief , tr | ue     |
| Sworn to and subs                              | cribed before<br>day of  | e me this  |           | 20        |        |            |                      |               |           |              |          | :        | Signature          | of Perso               | 1 Submitt      | ing Rep | ort    |           | _      |
|  |                          | Signatur   | e         | _         |        |            |                      | -<br>-        |           | •            |          |          |                    | Prin                   | ted Name       |         |        |           | _      |
| My Commission Ex                               | pires                    |            |           |           |        |            |                      | _             |           |              |          |          |                    | Emai                   | il             |         |        |           |        |
|  | МС                       | 0          | D/        | ΑY        |        | YR         |                      |               |           |              | Are      | ea Co    | de                 | Daytim                 | e Teleph       | one Nu  | mber   |           | $\Box$ |
| Part II- If this is                            | a report of              | f a cand   | idate's   | authoriz  | zed Co | ommitt     | ee, C                | andid         | ate sl    | nall s       | sign he  | ere.     |                    |                        |                |         |        |           |        |
| I swear (or affirm)<br>No 320) as amende       |                          | best of m  | y knowle  | edge and  | belief | this pol   | litical              | comm          | ittee h   | as no        | ot viola | ted aı   | ny provisi         | ions of the            | e act of Ju    | ine 3,1 | 937 (F | .L. 133   | з,     |
| Sworn to and subsc                             | ribed before of          | me this    |           | 20        |        |            |                      |               |           |              |          |          | Si                 | ignature o             | f Candida      | te      |        |           | _      |
|  |                          |            |           |           |        |            |                      | -             |           |              |          |          |                    | Printe                 | d Name         |         |        |           | -      |
| My Commission Exp                              | _                        | nature     |           |           |        |            |                      | -             |           | -            |          |          |                    | Ema                    | il             |         |        |           | - $ $  |
| , commission exp                               |                          |            |           |           |        |            |                      | _             |           |              |          |          |                    |                        |                |         |        |           | _      |
|  |                          | МО         | DA        | AY        |        | YR         |                      |               |           |              | Area     | Code     |                    | Da                     | ytime Te       | lephor  | e Nun  | ber       |        |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| -  |           |           |              |            |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
| FRIENDS OF FARNESE   | From:     | 11/27/201 | <u>2</u> To: | 12/31/2012 |
| 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)   |           |           | \$           | 100.00     |
| TOTAL for the Reporting  | Period    | (2)       | \$           | 100.00     |
| 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)   |           |           | \$           | 500.00     |
| TOTAL for the Reporting  | Period    | (3)       | \$           | 500.00     |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (4)       | \$           | 26.76      |
|  |           |           |              |            |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |           | \$           | 626.76     |

#### **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 Co | andidate | R                 | eporting | Period |      |    |        |
|--------------------------------|----------|-------------------|----------|--------|------|----|--------|
|                                |          | F                 | rom:     |        | То   | :  |        |
|                                |          | ·                 |          | DATE   |      |    | AMOUNT |
| Full Name of Contributing Comm | ittee    |                   | МО       | DAY    | YEAR |    |        |
| Mailing Address                |          |                   |          |        |      | \$ | 0.00   |
| City                           | State    | Zip Code (Plus 4) |          |        |      |    |        |

PAGE TOTAL
0.00

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

### 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** 

FRIENDS OF FARNESE

From: 11

DATE

<u>11/27/2012</u> **To:** 

12/31/2012

AMOUNT

|        | ame of Contributor<br>ELL N. MEDDIN | МО    | DAY               | YEAR |    |      |                  |
|--------|-------------------------------------|-------|-------------------|------|----|------|------------------|
| Mailin | ng Address 2118 RACE STREE          | T     |                   |      |    |      | <b>\$</b> 100.00 |
| City   | PHILADELPHIA                        | State | Zip Code (Plus 4) | 12   | 20 | 2012 |                  |
|        |                                     | PA    | 19103             |      |    |      |                  |

**PAGE TOTAL \$** 100.00

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

#### **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:       |        |     | То:  |               |         |             |
|                                       |                      |          |             | DA     | TE  |      | A             | AMOUNT  |             |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |               |         | 0.00        |
| Mailing Address                       |                      |          |             |        |     |      | <b>-</b>   \$ |         | 0.00        |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |               |         |             |
|                                       |                      |          |             |        |     |      |               | PAGE TO | Γ <b>AL</b> |
| Enter Grand Total of Part C on Scheo  | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3.   |     |      | \$            |         | 0.00        |

### 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         |                     |                | Rep     | orting Pe | riod    |               |       |              |
|---|---------------------|----------------|---------|-----------|---------|---------------|-------|--------------|
| FRIENDS OF FARNESE                            |                     |                | Fron    | n:        | 11/27/2 | <u>012</u> To | ):    | 12/31/2012   |
|   |                     |                |         | D/        | ATE     |               |       | AMOUNT       |
| Full Name of Contributor PEGGY S. FITZPATRICK |                     |                |         | мо        | DAY     | YEAR          | \$    | 500.00       |
| Mailing Address 220 WEST RITTENH              | OUSE SQUIARE AP     | T 18A          |         | 12        | 20      | 2012          |       |              |
| City PHILADELPHIA                             | State               | Zip Code (Plus | 4)      | ]         |         |               |       |              |
|   | PA                  | 19103          |         |           |         |               |       |              |
| Employer Name                                 |                     |                |         | Occupat   | ion     |               |       |              |
| Employer Mailing Address/Principal Plac       | e of Business       | City           |         |           | State   |               | Zip C | ode (Plus 4) |
|   |                     |                |         |           | PA      |               |       |              |
| Enter Grand Total of Part C on Scheo          | dule I, Detailed Su | ımmary Page,   | Section | on 3.     |         |               |       | PAGE TOTAL   |
|   |                     |                |         |           |         | :             | \$    | 500.00       |

### 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 |                     |            | Report  | ing Perio | d                |              |    |            |
|---------------------------------------|---------------------|------------|---------|-----------|------------------|--------------|----|------------|
| FRIENDS OF FARNESE                    |                     |            | From:   |           | <u>11/27/201</u> | <u>2</u> To: |    | 12/31/2012 |
|                                       |                     |            |         | D         | ATE              |              |    | AMOUNT     |
| Full Name                             |                     |            |         | мо        | DAY              | YEAR         |    | 12.16      |
| HYPERION BANK                         |                     |            |         | MO        | DAT              | TEAR         | \$ | 13.16      |
| Mailing Address 199 WEST GIRARD AV    | /ENUE               |            |         | 11        | 30               | 2012         | 7  |            |
| City PHILADELPHIA                     | State               | Zip Code ( | Plus 4) |           |                  | 2012         |    |            |
|                                       | PA                  | 19123      |         |           |                  |              |    |            |
| Receipt Description INTEREST INCOM    | 1E                  | •          |         |           |                  |              |    |            |
| Full Name                             |                     |            |         |           | 5.00             | V=45         | ١. |            |
| HYPERION BANK                         |                     |            |         | МО        | DAY              | YEAR         | \$ | 13.60      |
| Mailing Address 199 WEST GIRARD AV    | /ENUE               |            |         | 12        | 31               | 2012         | 1  |            |
| City PHILADELPHIA                     | State               | Zip Code ( | Plus 4) | 12        | 31               | 2012         |    |            |
|                                       | PA                  | 19123      |         |           |                  |              |    |            |
| Receipt Description INTEREST INCOM    | 1E                  |            |         |           |                  |              |    |            |
| Enter Grand Total of Part E on Schedu | le I, Detailed Sumn | nary Page, | Section | 4.        |                  |              |    | PAGE TOTAL |

26.76

#### **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  | Reporting Per | iod                          |                   |
|--|---------------|------------------------------|-------------------|
| FRIENDS OF FARNESE   | From:         | <u>11/27/2012</u> <b>To:</b> | <u>12/31/2012</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO | R                            |                   |
| TOTAL for the Reporting Pe   | eriod (1)     | \$                           | 0.00              |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)          |                              |                   |
| TOTAL for the Reporting Pe   | eriod (2)     | \$                           | 0.00              |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |               |                              |                   |
| TOTAL for the Reporting Pe   | eriod (3)     | \$                           | 0.00              |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |               | \$                           | 0.00              |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate | lame of Filing Committee or Candidate Re |                      |          |          | Reporting Period |             |           |      |  |  |
|---------------------------------------|--|----------------------|----------|----------|------------------|-------------|-----------|------|--|--|
|                                       |  |                      | From:    |          |                  | To:         |           |      |  |  |
|                                       |  |                      |          | DATE     |                  |             | AMOUNT    |      |  |  |
| Full Name of Contributor              |  |                      | МО       | DAY      | YEAR             |             |           |      |  |  |
| Mailing Address                       |  |                      |          |          |                  | <b>7</b> \$ |           | 0.00 |  |  |
| City                                  | State                                    | Zip Code (Plus 4)    |          |          |                  |             |           |      |  |  |
| Description of Contribution:          | -  | <b>-</b>             | •        | •        | •                |             |           |      |  |  |
|                                       |  |                      |          |          |                  |             |           |      |  |  |
| Enter Grand Total of Part F on Sche   | dule II, In-Kind                         | d Contributions Deta | iled Sum | mary Pag | ge,              |             | PAGE TOTA | L    |  |  |
| Section 2.                            |  |                      |          |          |                  | \$          |           | 0.00 |  |  |

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

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

|  |                  |     |                  | FIO    | m:     |              | 10:    |          |                    |
|--|------------------|-----|------------------|--------|--------|--------------|--------|----------|--------------------|
|  |                  |     |                  |        |        | DATE         |        |          | AMOUNT             |
| Full Name of Contributor                                     |                  |     |                  |        | мо     | DAY          | YEAR   |          |                    |
| Mailing Address  |                  |     |                  |        |        |              |        | \$       | 0.00               |
| City   | State            |     | Zip Code(Plus 4) |        |        |              |        |          |                    |
| Employer of Contributor                                      | <b>_</b>         |     | 1                |        | Occupa | ation        |        |          |                    |
| Employer Mailing Address/Principal F                         | lace of Business | Ci  | ty               | State  | Zip    | Code(Plus 4) | Descri | ption of | Contribution       |
| Enter Grand Total of Part G on S<br>Summary Page, Section 3. | chedule II, In-K | ind | Contributions Do | etaile | d      |              |        |          | PAGE TOTAL<br>0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting | Period     |     |            |
|---------------------------------------|-----------|------------|-----|------------|
| FRIENDS OF FARNESE                    | From      | 11/27/2012 | То: | 12/31/2012 |

|  |          |                   | DATE                       |                       |           |    | AMOUNT   |  |
|--|----------|-------------------|----------------------------|-----------------------|-----------|----|----------|--|
| To Whom Paid   |          |                   | мо                         | DAY                   | YEAR      |    |          |  |
| STRATEGIC AFFAIRS CONSULTING   | 3        |                   | М                          |                       | 1 Z / LIK |    |          |  |
| Mailing Address 2424 E. YORK STREET SUITE 239                            |          |                   | 11                         | 28                    | 2012      | \$ | 7,718.00 |  |
| City     PHILADELPHIA     State     Zip Code (Plus 4)       PA     19125 |          |                   | Descrip                    | tion of Exp           | enditure  |    |          |  |
|  |          |                   | CONSULTING                 |                       |           |    |          |  |
| To Whom Paid   |          |                   | мо                         | DAY                   | YEAR      |    |          |  |
| SIEGAL & DROSSNER  |          |                   |                            |                       |           |    |          |  |
| Mailing Address 300 YORKTOWN PLAZA                                       |          |                   | 12                         | 5                     | 2012      | \$ | 1,000.00 |  |
| City     ELKINS PARK     State     Zip Code (Plus 4)       PA     19027  |          |                   | Description of Expenditure |                       |           |    |          |  |
|  |          |                   | ACCOUNTING                 |                       |           |    |          |  |
| To Whom Paid   |          |                   | МО                         | DAY                   | YEAR      |    |          |  |
| WS GROUP, LLC  |          |                   | 1-10                       |                       | 1 Z / LIK |    |          |  |
| Mailing Address P.O. BOX 391   |          |                   | 12                         | 5                     | 2012      | \$ | 970.64   |  |
| City     HARRISBURG     State     Zip Code (Plus 4)       PA     17101   |          |                   | Description of Expenditure |                       |           |    |          |  |
|  |          |                   | EXPENSES FOR FUNDRAISER    |                       |           |    |          |  |
| To Whom Paid   |          |                   | мо                         | DAY                   | YEAR      |    |          |  |
| LARRY FARNESE  |          |                   | МО                         |                       | ILAK      |    |          |  |
| Mailing Address 1420 LOCUST STREET APT 29D                               |          |                   | 12                         | 8                     | 2012      | \$ | 404.82   |  |
| City PHILADELPHIA State Zip Code (Plus 4)                                |          |                   | Description of Expenditure |                       |           |    |          |  |
|  | PA 19103 |                   |                            | EXPENSE REIMBURSEMENT |           |    |          |  |
| To Whom Paid   |          |                   | мо                         | DAY                   | YEAR      |    |          |  |
| CARDMEMBER SERVICE   |          |                   | МО                         |                       | ILAK      |    |          |  |
| Mailing Address P.O. BOX 1529  | 8        |                   | 12                         | 10                    | 2012      | \$ | 1,448.70 |  |
| City WILMINGTON  | State    | Zip Code (Plus 4) | Descrip                    | tion of Exp           | enditure  |    |          |  |
|  | DE       | 19850             | CREDIT CARD                |                       |           |    |          |  |
| To Whom Paid   |          |                   | МО                         | DAY                   | YEAR      |    |          |  |
| TED MUCELLIN   |          |                   | МО                         | DAI                   | ILAK      |    |          |  |
| Mailing Address 2424 E. YORK STREET SUITE 316                            |          |                   | 12                         | 10                    | 2012      | \$ | 225.00   |  |
| City PHILADELPHIA State Zip Code (Plus 4) PA 19125                       |          |                   | Description of Expenditure |                       |           |    |          |  |
|  |          |                   | EXPENSE REIMBURSEMENT      |                       |           |    |          |  |
|  | -        |                   |                            |                       |           |    |          |  |

|  |           |                   |                            |               |          | PAC | DE 12    |  |  |
|--|-----------|-------------------|----------------------------|---------------|----------|-----|----------|--|--|
| To Whom Paid   |           |                   |                            | DAY           | YEAR     |     |          |  |  |
| MAGISTERIAL DISTRICT   |           |                   | МО                         |               | 12/11    |     |          |  |  |
| Mailing Address  |           |                   | 12                         | 10            | 2012     | \$  | 78.45    |  |  |
| City State Zip Code (Plus 4)   |           |                   | Description of Expenditure |               |          |     |          |  |  |
| РА   |           |                   | PARKING                    |               |          |     |          |  |  |
| To Whom Paid   |           |                   | мо                         | DAY           | YEAR     |     |          |  |  |
| 8TH WARD DEMOCRATIC EXECUTIVE  | COMMITTEE |                   | MO                         | DAT           | TEAR     |     |          |  |  |
| Mailing Address 250 S. 17TH STRI   | ET, #701  |                   | 12                         | 10            | 2012     | \$  | 1,250.00 |  |  |
| City PHILADELPHIA State Zip Code (Plus 4)                                |           |                   | Description of Expenditure |               |          |     |          |  |  |
| PA 19103   |           |                   | DONATION                   |               |          |     |          |  |  |
| To Whom Paid   |           |                   | МО                         | DAY           | YEAR     |     |          |  |  |
| FATHER & amp; SONS OF ST. MONIC.   | A'S       |                   | МО                         | DAT           | TEAK     |     |          |  |  |
| Mailing Address 2422 SOUTH 17TI  | 1 STREET  |                   | 12                         | 11            | 2012     | \$  | 100.00   |  |  |
| City PHILADELPHIA  | State     | Zip Code (Plus 4) | Description of Expenditure |               |          |     |          |  |  |
|  | PA        | 19145             | DONATION                   |               |          |     |          |  |  |
| To Whom Paid   |           |                   |                            | DAY           | VEAD     |     |          |  |  |
| 3RD POLICE DISTRICT ADVISORY CO  | UNCIL     |                   | МО                         | DAY           | YEAR     |     |          |  |  |
| Mailing Address 1300 S. 11TH STE   | REET      |                   | 12                         | 11            | 2012     | \$  | 100.00   |  |  |
| City PHILADELPHIA  | State     | Zip Code (Plus 4) | Description of Expenditure |               |          |     |          |  |  |
|  | PA        | 19147             | DONATION                   |               |          |     |          |  |  |
| To Whom Paid   |           |                   | МО                         | DAY           | YEAR     |     |          |  |  |
| THE PUBLIC RECORD  |           |                   | MO                         | DAT           | TEAR     |     |          |  |  |
| Mailing Address 1323 S. BROAD S  | TREET     |                   | 12                         | 11            | 2012     | \$  | 175.00   |  |  |
| City PHILADELPHIA  | State     | Zip Code (Plus 4) | Descrip                    | tion of Exp   | enditure |     |          |  |  |
|  | PA        | 19147             | ADVERTISING                |               |          |     |          |  |  |
| To Whom Paid   |           |                   | мо                         | DAY           | YEAR     |     |          |  |  |
| THE ARTS EMPOWERMENT PROJECT   | PROGRAM   |                   | М                          |               | ILAK     |     |          |  |  |
| Mailing Address 1130 BAINBRIDG   | STREET    |                   | 12                         | 11            | 2012     | \$  | 140.00   |  |  |
| City PHILADELPHIA  | State     | Zip Code (Plus 4) | Descrip                    | tion of Exp   | enditure |     |          |  |  |
| PA 19147   |           |                   | DONATION                   |               |          |     |          |  |  |
| To Whom Paid   |           |                   | МО                         | DAY           | YEAR     |     |          |  |  |
| MAUREEN CALLAHAN   |           |                   |                            |               |          |     |          |  |  |
| Mailing Address 201 SOUTH 18TH STREET APT 2509                           |           |                   | 12                         | 13            | 2012     | \$  | 320.78   |  |  |
| City PHILADELPHIA State Zip Code (Plus 4) PA 19103                       |           |                   | Description of Expenditure |               |          |     |          |  |  |
|  |           |                   | EXPENSE REIMBURSEMENT      |               |          |     |          |  |  |
| To Whom Paid   |           |                   | мо                         | DAY           | YEAR     |     | ·        |  |  |
| BILL KUEHN   |           |                   |                            |               |          |     |          |  |  |
| Mailing Address 202 SOUTH 13 STREET                                      |           |                   | 12                         | 15            | 2012     | \$  | 200.00   |  |  |
| City     PHILADELPHIA     State     Zip Code (Plus 4)       PA     19107 |           |                   | Descrip                    | tion of Exp   | enditure |     |          |  |  |
|  |           |                   | TRANSPORTATION             |               |          |     |          |  |  |
|  | 1         |                   |                            | HAMOLOKIATION |          |     |          |  |  |

| To Whom Paid  |    |       |                            | DAY                        | YEAR      |            |          |  |  |
|---|----|-------|----------------------------|----------------------------|-----------|------------|----------|--|--|
| STRATEGIC AFFAIRS CONSULTING  |    |       |                            |                            | ILAK      |            |          |  |  |
| Mailing Address 2424 E. YORK STREET SUITE 239                           |    |       | 12                         | 20                         | 2012      | \$         | 6,500.00 |  |  |
| City PHILADELPHIA State Zip Code (Plus 4)                               |    |       | Description of Expenditure |                            |           |            |          |  |  |
| PA 19125  |    |       |                            | CONSULTING                 |           |            |          |  |  |
| To Whom Paid  |    |       |                            | DAY                        | YEAR      |            |          |  |  |
| LARRY FARNESE   |    |       | МО                         |                            |           |            |          |  |  |
| Mailing Address 1420 LOCUST STREET APT 29D                              |    |       | 12                         | 24                         | 2012      | \$         | 370.91   |  |  |
| City PHILADELPHIA State Zip Code (Plus 4)                               |    |       |                            | Description of Expenditure |           |            |          |  |  |
|   | PA | 19103 | EXPENSE REIMBURSEMEN       |                            |           | Γ          |          |  |  |
| To Whom Paid  |    |       | МО                         | DAY                        | YEAR      |            |          |  |  |
| LARRY FARNESE   |    |       |                            |                            | 12/11     |            |          |  |  |
| Mailing Address 1420 LOCUST STREET APT 29D                              |    |       | 12                         | 29                         | 2012      | \$         | 600.00   |  |  |
| City PHILADELPHIA State Zip Code (Plus 4)                               |    |       |                            | Description of Expenditure |           |            |          |  |  |
|   | PA | 19103 | EXPENSE REIMBURSEMENT      |                            |           |            |          |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |    |       |                            |                            | _         | PAGE TOTAL |          |  |  |
|   |    |       |                            | \$                         | 21,602.30 |            |          |  |  |

### 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                                   |       |             | Reporting Period                           |                              |     |      |                 |                                |  |
|---|-------|-------------|--|------------------------------|-----|------|-----------------|--------------------------------|--|
| FRIENDS OF FARNESE F  |       |             | From:                                      | <u>11/27/2012</u> <b>To:</b> |     |      | 12/31/2012      |                                |  |
|   |       |             |  | DATE                         |     |      |                 | Outstanding<br>Balance of Debt |  |
| Name of Creditor CAROSELLI BEACHLER MCTIERNAN & CONBOY                  |       |             |  |                              | DAY | YEAR |                 |                                |  |
| Mailing Address 1845 WALNUT STREET 15TH FLOOR                           |       |             |  | 9                            | 17  | 2012 | \$              | 35,150.00                      |  |
| City PHILADELPHIA   | State | Zip Code (P | lus 4)                                     | Description of Debt          |     |      |                 |                                |  |
|   | PA    | 19103       | LEGAL FEES PENDING OUTCOME OF FEE A APPEAL |                              |     |      | 1E OF FEE AWARD |                                |  |
|   |       |             |  |                              |     |      |                 | PAGE TOTAL                     |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |       |             |  |                              |     | \$   | 35,150.00       |                                |  |