# **Campaign Finance Report**

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

Filer Identificat	ion	Report		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST						
Number : Name of Filing	Committee.	Candida	ate or Lo	obbvist:		Filed B	-	FRANK F	ARRY								
Street Address:	PO BO																
City:	LANGH	IORNE						State: PA Zip C					ode: 19047				
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDAY PRE- 2. PRIMARY				AY F ARY	POST- 3.		AMENDN REPORT		Yes	Nc	· •		
(place X to	6TH TUESD PRE-ELECTI	AY	4.						POST- 6. <b>X</b>		TERMIN REPORT	ATION	Yes	No	· •		
the right of report type)	ANNUAL R	EPORT	7.	<b>Year</b> 2012				NG METHO CHECK OI		<u> </u>		PAPER		$\checkmark$	DISKE	TTE	
Name of Office	⊥ Sought by C	andidat	e:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County	
								мо	DAY	YE	AR	Number	coue			coue	
			11		6	2012		(SEE IN	STRUCTI	ONS FOR	CODES)						
Summary of		and	мо	DAY	YEAR	2		мо	DAY	Y	EAR	FC	DR OFFIC	CE USE	ONLY		
Expenditure	s from:		1	.0 23	2	012 <b>T</b>	0	11	2	26	2012						
A. Amount Bro	ought Forwa	rd From	ı Last Ro	eport			\$			64,2	238.45						
B. Total Monet	tary Contrib	utions A	nd Rece	eipts (From	Sche	dule I)	\$	\$ 8,304.00									
C. Total Funds	Available (	Sum Of	Lines A	and B)			\$			72,5	542.45						
D. Total Exper	nditures (Fro	om Sche	dule III	:)			\$			12,5	575.40						
E. Ending Cash	h Balance (S	Subtract	Line D	From Line	C)		\$			59,9	67.05	-					
F. Value Of In-	-Kind Contri	butions	Receive	ed (From S	chedu	le II)	\$			2,3	01.00	-					
G. Unpaid Deb	ts And Oblig	gations (	(From S	chedule IV	)		\$				0.00						
					AFF	IDAVI	SE	CTION									
PART I - If this i I swear (or affirm		-	•	-					• •		-		f my know	vladaa	and holi	of true	
correct and comp		port, mete	ang tie	attached sci	leaule	s meu on p	ареі	or by elect		saram	, are to	life best o	n niy kho	vieuge		er, true	
Sworn to and sub	scribed before day of	e me this		20						S	Gignature	e of Perso	n Submitt	ting Rep	oort		
		Signatur	e				•					Prin	ted Name	•			
My Commission E	xpires						-					Ema	il				
	M	0	DA	Y	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	s a report o	f a cand	idate's a	authorized	Comn	nittee, Ca	ndid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend		best of m	y knowle	dge and beli	ef this	political	comm	ittee has n	ot violat	ed an	y provis	ions of th	e act of J	une 3,1	937 (P.L	1333,	
Sworn to and subs	cribed before day of	me this		20							s	ignature	of Candida	ate			
Printed Name																	
My Commission Ex	_	gnature										Ema	il				
,																	
		мо	DA	Y	YR				Area (	Code		D	aytime To	elephon	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF FRANK FARRY From: <u>10/23/2012</u> **To:** 11/26/2012 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 900.00 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 900.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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# 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			Re	porting I	Period			
F				From: To				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

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 Candidat	e		Rep Froi	orting P	eriod	Το	):		
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
		•						PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	e, Se	ection 2	<u>.</u>		\$	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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

### 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			Report	ing Perio	d				
Fro			From:	From: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	Section				\$		0.00

### SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

### E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Perio	od	
FRIENDS OF FRANK FARRY	From:	<u>10/23/2012</u> <b>To:</b>	<u>11/26/2012</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Re			Reporting	g Period			
	From:	То:					
				DATE		АМО	UNT
Full Name of Contributor			мо	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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rej	oorting P	eriod			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From						
		DATE			AMOUNT		
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)			Descrij	otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
	Jil Page 1, Report C	over Page, Item I				\$	0.00