

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 :		2008205		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FARRY, FRANK FRIENDS OF												
Street Address: PO BOX 231												
City: LANGHORNE						State: PA		Zip Code: 19047-0221				
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	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2013	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	-1		REP	09
						11	5	2013	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	FOR OFFICE USE ONLY					
				5	7	2013	TO	MO	DAY	YEAR		
								6	10	2013		
A. Amount Brought Forward From Last Report						\$ 62,192.17						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,000.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 63,192.17						
D. Total Expenditures (From Schedule III)						\$ 293.78						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 62,898.39						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 600.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FARRY, FRANK FRIENDS OF	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)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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.)	\$ 1,000.00
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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:

			DATE			AMOUNT
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 FARRY, FRANK FRIENDS OF	Reporting Period From: <u>5/7/2013</u> To: <u>6/10/2013</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Russell S. Dunleavy, III					\$ 1,000.00
Mailing Address 5068 Ryan Road					
City Pipersville	6	3	2013		
State PA					
Zip Code (Plus 4) 18947					
Employer Name Gilmore & Associates	Occupation Civil Engineer				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)		
65 East Butler Avenue	New Britain	PA	18901		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,000.00

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:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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		Reporting Period	
FARRY, FRANK FRIENDS OF		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)	\$ 600.00
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.)			\$ 600.00

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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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
FARRY, FRANK FRIENDS OF	From: <u>5/7/2013</u> To: <u>6/10/2013</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 600.00
Four Lanes End				6	1	2013	
Mailing Address		106 Maple Avenue					
City	Langhorne	State	PA	Zip Code(Plus 4)	19047		
Employer of Contributor				n/a			
Employer Mailing Address/Principal Place of Business				City	State	Zip Code(Plus 4)	Description of Contribution
n/a				n/a	PA	19047	rent
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL
							600.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FARRY, FRANK FRIENDS OF	From <u>5/7/2013</u> To: <u>6/10/2013</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
The Temperance House				
Mailing Address 5 South State Street	5	15	2013	\$ 100.00
City Newtown	State PA	Zip Code (Plus 4) 18940	Description of Expenditure dining	
To Whom Paid	MO	DAY	YEAR	
Langhorne Hotel				
Mailing Address 100 West Maple Avenue	5	15	2013	\$ 50.75
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure dining	
To Whom Paid	MO	DAY	YEAR	
Carmellas Trattoria				
Mailing Address 17 North 2nd Street	5	15	2013	\$ 35.50
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure dining	
To Whom Paid	MO	DAY	YEAR	
OfficeMax				
Mailing Address 1045 Bustleton Pike	5	15	2013	\$ 47.68
City Feasterville	State PA	Zip Code (Plus 4) 19047	Description of Expenditure office supplies	
To Whom Paid	MO	DAY	YEAR	
Federal Express				
Mailing Address 3610 Hacks Cross Road	5	15	2013	\$ 21.34
City Memphis	State TN	Zip Code (Plus 4) 38116	Description of Expenditure mailing	
To Whom Paid	MO	DAY	YEAR	
American Express				
Mailing Address Po Box 1270	5	15	2013	\$ 38.51
City Newark	State NJ	Zip Code (Plus 4) 07101	Description of Expenditure fees	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 293.78

