Campaign Finance Report

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

Filer Identificati Number :	on 2002	880			Repo Filed		:	CAN	ונטו	DATE		COMMITTEE			LO	DDI	151	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIEN	NDS (OF I	BERNI	ΕC	NEILL								
Street Address:	50 DORSETT	CIRCLE																
City:	WARMINSTER							State:		PA			Zip Code: 18974					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	ND FRIDAY PRE- 2. 30 RIMARY PRI					POST- 3. X			AMENDMENT REPORT?		Yes	5	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		DA ECT	Y TON	Р	POST- 6.		TERMINATION REPORT?		Yes	5	No	\	
report type)	ANNUAL REPORT	7.	Year 2014				FILING METHOD () CHECK ONE						PAPER		V	/ º	ISKET	TE
Name of Office Sought by Candidate:						-		DATE	0	F ELE	стіо	N	District Number	Office Code	P	arty	Code	County Code
								МО		DAY	YE	AR		•				
									11		4	2014		(SEE IN	STRUC	TION	S FOR CO	DDES)
	Receipts and	МО	DAY	YEAR	l			МО		DAY	YE	AR	FC	R OFFI	CE US	SE O	NLY	
Expenditures	from:		5 6	2	014	то			6		9	2014						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				32,3	333.73						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I	()	\$				7	700.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				33,0	33.73						
D. Total Expend	ditures (From Scho	edule II	I)				\$				7	'50.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		_	\$				32,2	83.73						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$					0.00			'			
								CTIO										
I swear (or affirm)	that this report, incl	*	_									_		f my kno	wledg	je an	ıd beliet	f , true
correct and comple	ete. cribed before me this	i										·:	of Daves	- Chi	Aina F			
	day of		20								5	ignature	of Perso	n Submit	ting K	керо	rt	
	Signatu	re											Prin	ted Nam	е			
My Commission Ex	rpires								•				Ema	il				
	МО	D.	AY	YR						Are	a Cod	le	Daytin	e Telepi	none I	Num	ber	
	a report of a cand									_								4000
No 320) as amende		iy knowi	eage and bei	ier tnis	politic	ai coi	mmı	ittee na	S N	ot violai	ea an	y provis	ions of th	e act or J	une 3	,193	7 (P.L.	1333,
SWORN TO AND SUBSC	ribed before me this day of		20									s	ignature (of Candid	ate			
	<u> </u>												Printe	d Name				-
My Commission Exp	Signature ires								•				Ema	il				— <u> </u>
	мо	D	AY	YR		_				Area	Code		Daytime Telephone Number					

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BERNIE ONEILL	From:	5/6/201	<u>4</u> То:	6/9/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	200.00
TOTAL for the Reporting	g Period	(2)	\$	200.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	700.00

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 Candidate Re				eporting Period						
		F	rom:		То	:				
				DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

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

PAGE TOTAL
0.00

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

DATE

FRIENDS OF BERNIE ONEILL

From:

<u>5/6/2014</u> **To:**

6/9/2014

AMOUNT

Full Name of Contributor TIMOTHY M. BLOCK, JOAN M BLOCK	МО	DAY	YEAR			
Mailing Address 90 FOYCROFT DR						\$ 200.00
City DOYLESTOWN	State	Zip Code (Plus 4)	6	6	2014	
	PA	18901				

PAGE TOTAL \$ 200.00

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							
FRIENDS OF BERNIE ONEILL	From:	<u>5/6/2014</u>	То:	6/9/2014				

DATE AMOUNT

Full Name of Contributing Committee				DAY	YEAR	
PSEA PACE				DA!	ILAK	\$ 500.00
Mailing Address 400 NORTH THIRD STREET BOX 1724			5	14	2014	, , , , , , , , , , , , , , , , , , , ,
City HARRISBURG	State	Zip Code (Plus 4)			201.	
	PA	171051724				

PAGE TOTAL\$ 500.00

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

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			Re	eporting Pe	riod			
			Fr	om:		To) :	
				Di	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	us 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Pag	e, Sec	tion 3.			\$	PAGE TOTAL 0.00

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 Peri	od			
			From:			То:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (F	Plus 4)					
Receipt Description	.	.		•	•	•		
Enton Cuand Total of Doub	E on Cohodulo I. Dotailed	Summany Dazz	Costis :-	4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	Section	4.			\$	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		
FRIENDS OF BERNIE ONEILL	From:	<u>5/6/2014</u> To:	6/9/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	Reporting Period						
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
FRIENDS OF BERNIE ONEILL	From	5/6/2014	То:	6/9/2014		
		DATE		AMOUNT		
To Whom Paid						

		DATE			AMOUNT
To Whom Paid WARMINSTER REPUBLICAN CLUB	мо	DAY	YEAR		
Mailing Address P.O. BOX 2313	5	18	2014	\$	50.00
City WARMINSTER State Zip Code (Plus PA 18974	, l	Description of Expenditure DONATION			
To Whom Paid TWISTEIS C/O DAVE WHITMAN	МО	DAY	YEAR		
Mailing Address 106 BRYAN WAY	5	19	2014	\$	400.00
City LANSDALE State Zip Code (Plu	s 4) Descrip	Description of Expenditure SPONSORSHIP / AD			
PA 19446	SPONS				
To Whom Paid VFW POST 6493	мо	DAY	YEAR		
Mailing Address LOUIS DR	5	20	2014	\$	100.00
City WARMINSTER State Zip Code (Plu	s 4) Descrip	Description of Expenditure			
PA 18974	DONAT	DONATION / ELECTION DAY			
To Whom Paid HRCC	МО	DAY	YEAR		
Mailing Address P.O. BOX 11787	6	9	2014	\$	200.00
City HARRISBURG State Zip Code (Plu	s 4) Descrip	Description of Expenditure			
PA 17108	DONAT	DONATION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, It	em D				PAGE TOTAL
Linter Grand Total of Experientales on Page 1, Report Cover Page, 10	eiii <i>D</i> .			\$	750.00