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 2	0060	80				Repor Filed E		CA	NDII	DATE		СОМИ	ITTEE	✓	LOB	BYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF FARNESE																			
Street Address:	C/O SIEGAL & DROSSNER, P.C.,300 YORKTOWN PLAZA																		
City:	ELKINS PA	ARK							State	e:	PA			Zip Cod	ie: 19	027			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	l.	2ND I PRIM		PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND I		PRE-	5. X	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)									_			PAPER		\	DISK	ETTE			
Name of Office S	ought by Cand	didate):					_	DAT	ΈO	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Code	
SENATOR IN TH	HE GENERAL A	ASSEN	MBLY						МО		DAY	Y	EAR	1	STS	DE	1	51	
										11		4	2014		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of Expenditures		d	МО	DA		YEAR			МО		DAY		/EAR	FO	R OFFIC	E USE	ONLY		
				9	16	20:	14	O		10		20	2014						
A. Amount Bro						Schod	ulo T\	\$,026.61 ,800.00						
						Scrieur	uie 1)	\$											
C. Total Funds					5)			\$,826.61						
D. Total Expend					lina C	.,		\$,441.13						
F. Value Of In-	•							\$				29,	0.00						
G. Unpaid Debt								<u>\$</u> \$				35.	.150.00	!					
-						AFFI	DAVI)N		,		I					
PART I - If this is	a Committee	repoi	rt, trea	surer	sign h						port, c	cand	lidate sig	ın here.					
I swear (or affirm) correct and comple		, inclu	ding the	attacl	ned sch	edules f	iled on	paper	or by e	electr	onic m	ediur	n, are to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me	e this		20									Signature	of Perso	n Submitt	ing Re _l	oort		_
		nature	1	_				<u>-</u>						Prin	ted Name				_
My Commission Ex	-							_		-				Ema	il				
	мо		DA	λY		YR					Arc	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	autho	rized	Commi	ttee, C	andid	ate sl	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	edge ar	nd belie	ef this p	olitical	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me day of	this		20									S	ignature o	of Candida	ite			_
	<u> </u>			20 -				_						Printe	d Name				- $ $
My Commission Exp	Signat	ure						-		-				Ema	il				-
,								_											_
	МО)	DA	AY		YR					Area	Code	1	Da	aytime Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF FARNESE	From:	9/16/2014	<u>1</u> To:	10/20/2014
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)			\$	16,800.00
All Other Contributions (Part D)			\$	3,000.00
TOTAL for the Reporting	Period	(3)	\$	19,800.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	19,800.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 Candid	ate		Rep Fro	oorting P	eriod	To	o:	
					DATE		AN	4OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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			
FRIENDS OF FARNESE			From:	9/1	6/2014	То:	10/20/2014
		·		DA	TE		AMOUNT
Full Name of Contributing Committee HEALTH PARTNERS OF PHILADELPHIA	PAC			МО	DAY	YEAR	
Mailing Address 901 MARKET STREET	SUITE 500						\$ 500.00
City PHILADELPHIA	State PA	Zip Code (I	Plus 4)	10	17	2014	
Full Name of Contributing Committee CAPITAL BLUE PAC				мо	DAY	YEAR	
Mailing Address P.O. BOX 60710 City HARRISBURG	State PA	Zip Code (I 17106	Plus 4)	10	17	2014	\$ 500.00
Full Name of Contributing Committee VALUE DRUG COMPANY VALUE PAC				мо	DAY	YEAR	
Mailing Address 1 GOLFVIEW DRIVE							\$ 500.00
City ALTOONA	State PA	Zip Code (1 16601931		10	17	2014	
Full Name of Contributing Committee CENTURYLINK EMPLOYEES' PAC OF PER	NNSYLVANIA			МО	DAY	YEAR	
Mailing Address 240 NORTH 3RD STE City HARRISBURG	State PA	Zip Code (I 17101	Plus 4)	10	17	2014	\$ 500.00
Full Name of Contributing Committee PFT COMMITTEE TO SUPPORT PUBLIC I	EDUCATION			МО	DAY	YEAR	
Mailing Address 1816 CHESTNUT STR	REET						\$ 1,000.00
City PHILADELPHIA	State PA	Zip Code (I	Plus 4)	10	17	2014	

				PAGE 6	
Full Name of Contributing Committee	МО	DAY	YEAR		
BIKE PAC	1-10	JA!	TEAR		
Mailing Address PO BOX 564				\$ 50	00.00
City MECHANICSBURG State Zip Code (Plus 4	4) 10	17	2014		
PA 17055					
Full Name of Contributing Committee BLUE CROSS VOICE	МО	DAY	YEAR		
Mailing Address 19 NORTH MAIN				 \$ 50	00.00
City WILKES BARRE State Zip Code (Plus 4	10	17	2014	Ψ 30	70.00
City WILKES-BARRE State Zip Code (Plus 4	,				
10/11					
Full Name of Contributing Committee POLITICAL LABOR ACTION-NOW P.L.A.N.	МО	DAY	YEAR		
Mailing Address 904 N. 2ND STREET				\$ 50	00.00
		17	2014		
City HARRISBURG State Zip Code (Plus	4) 10	1			
City HARRISBURG State PA 17102	10	1,			
HARRISBURG	мо	DAY	YEAR		
Full Name of Contributing Committee	4)		YEAR	\$ 50	00.00
Full Name of Contributing Committee VISION COMMITTEE	мо		YEAR 2014	\$ 50)0.00
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE	мо	DAY		\$ 50)0.00
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE City HARRISBURG State Zip Code (Plus 4)	мо	DAY		\$ 50	00.00
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE City HARRISBURG State PA 17101 Full Name of Contributing Committee	MO 10	DAY 17	2014		00.00
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE City HARRISBURG State PA 17101 Full Name of Contributing Committee KINSER GROUP PAC Mailing Address 200 S. BROAD STREET SUITE 912	MO 10	DAY 17	2014		
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE City HARRISBURG State PA 17101 Full Name of Contributing Committee KINSER GROUP PAC Mailing Address 200 S. BROAD STREET SUITE 912	MO 10	DAY 17	2014 YEAR		
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE City HARRISBURG State PA 17101 Full Name of Contributing Committee KINSER GROUP PAC Mailing Address 200 S. BROAD STREET SUITE 912 City PHILADELPHIA State Zip Code (Plus 4)	MO 10 MO 10	DAY 17	2014 YEAR 2014		
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE City HARRISBURG State PA 17101 Full Name of Contributing Committee KINSER GROUP PAC Mailing Address 200 S. BROAD STREET SUITE 912 City PHILADELPHIA State PA 191023850	MO 10	DAY 17	2014 YEAR		
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE City HARRISBURG State PA 17101 Full Name of Contributing Committee KINSER GROUP PAC Mailing Address 200 S. BROAD STREET SUITE 912 City PHILADELPHIA State PA 191023850 Full Name of Contributing Committee	MO 10 MO MO	DAY 17 DAY 17	2014 YEAR 2014 YEAR	\$ 50	
Full Name of Contributing Committee VISION COMMITTEE Mailing Address 2205 STRAWBERRY SQUARE City HARRISBURG State PA 17101 Full Name of Contributing Committee KINSER GROUP PAC Mailing Address 200 S. BROAD STREET SUITE 912 City PHILADELPHIA State PA 191023850 Full Name of Contributing Committee CITIZENS FOR A BETTER COMMONWEALTH	MO 10 MO 10	DAY 17	2014 YEAR 2014	\$ 50	00.00

				PAGE 7
Full Name of Contributing Committee		DAY	VEAD	
THE PENNSYLVANIA INSURANCE PAC	МО	DAY	YEAR	
Mailing Address 1600 MARKET STREET SUITE 1720				\$ 500.00
City PHILADELPHIA State Zip Code (Plus 4)	10	17	2014	
PA 19103				
Full Name of Contributing Committee	МО	DAY	YEAR	
CITIZENS FOR A GROWING ECONOMY	МО	DAT	TEAR	
Mailing Address P.O. BOX 308				\$ 500.00
City HARRISBURG State Zip Code (Plus 4)	10	17	2014	
PA 17108				
Full Name of Contributing Committee PA CABLE PAC	МО	DAY	YEAR	
Mailing Address 127 STATE STREET				\$ 500.00
City HARRISBURG State Zip Code (Plus 4)	10	17	2014	
PA 17101				
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC.	МО	DAY	YEAR	
Full Name of Contributing Committee	МО		YEAR	\$ 500.00
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC.	10	DAY 17	YEAR 2014	\$ 500.00
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD	10			\$ 500.00
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD City MECHANICSBURG State Zip Code (Plus 4)	10			\$ 500.00
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD City MECHANICSBURG State PA 17055 Full Name of Contributing Committee	10 MO	17 DAY	2014 YEAR	\$ 5,000.00
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD City MECHANICSBURG State PA 17055 Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 ELECTION POLITICAL ACTION FU	10 MO	17	2014	
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD City MECHANICSBURG State PA 17055 Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 ELECTION POLITICAL ACTION FU Mailing Address 2791 SOUTHAMPTON ROAD	10 MO	17 DAY	2014 YEAR	
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD City MECHANICSBURG State PA 17055 Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 ELECTION POLITICAL ACTION FU Mailing Address 2791 SOUTHAMPTON ROAD City PHILADELPHIA State Zip Code (Plus 4)	10 MO	17 DAY	2014 YEAR 2014	
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD City MECHANICSBURG State PA 17055 Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 ELECTION POLITICAL ACTION FU Mailing Address 2791 SOUTHAMPTON ROAD City PHILADELPHIA State PA 19154	10 MO	17 DAY	2014 YEAR	
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD City MECHANICSBURG State PA 17055 Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 ELECTION POLITICAL ACTION FU Mailing Address 2791 SOUTHAMPTON ROAD City PHILADELPHIA State PA 19154 Full Name of Contributing Committee	10 MO	17 DAY 17	2014 YEAR 2014 YEAR	
Full Name of Contributing Committee INSURANCE AGENTS & BROKERS OF PA, INC. Mailing Address 5050 RITTER ROAD City MECHANICSBURG State PA 17055 Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 ELECTION POLITICAL ACTION FU Mailing Address 2791 SOUTHAMPTON ROAD City PHILADELPHIA State PA 19154 Full Name of Contributing Committee CARPENTERS PAC OF PHILA & VICINITY	10 MO	17 DAY	2014 YEAR 2014	\$ 5,000.00

Full Name of Contributing Committee ZARWIN BAUM GOOD GOVERNMENT F	МО	DAY	YEAR			
Mailing Address 1818 MARKET STREET 13TH FLOOR						\$ 1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	10	17	2014	
Full Name of Contributing Committee PAMIC PAC			МО	DAY	YEAR	
Mailing Address C/O STEVEN ELLIO	TRES 1017 MUMMA	ROAD SUITE 103				\$ 300.00
City WORMLEYSBURG	State PA	Zip Code (Plus 4) 17043	10	17	2014	
Full Name of Contributing Committee EXELONPAC			МО	DAY	YEAR	
Mailing Address P.O. BOX 805379						\$ 500.00
City CHICAGO	State IL	Zip Code (Plus 4) 60680	10	17	2014	

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

PAGE TOTAL \$ 16,800.00

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					Reporting Period						
FRIENDS OF FARNESE				Fron	n:	<u>9/16/2</u>	<u>014</u> T o	To: <u>10/20/2014</u>			
					D/	ATE			AMOUN	IT	
Full Name of Contributor HOWARD FISCHER					МО	DAY	YEAR				
Mailing 1420 LOCUST STREET Address	APT. 22K							\$		1,000.00	
City PHILADELPHIA	State PA		Code (Plus	s 4)	10	17	2014				
Employer Name HOWARD FISCHER ASSOCIATES				Occupat	tion	WNER					
Employer Mailing Address/Principal Place	e of		City			State		Zip C	ode (Pl	us 4)	
1800 KENNEDY BOULEVARDSUITE 700			PHILADE	LPHIA		PA		191	.03		
Full Name of Contributor SEAN M. REILLY					МО	DAY	YEAR				
Mailing Address 826 KERPER STREET								\$		1,000.00	
City PHILADELPHIA	State PA		Code (Plus	s 4)	10	17	2014	1			
Employer Name ROSCOMMON INTERN	ATIONAL				Occupat	t ion	RESIDI	ENT			
Employer Mailing Address/Principal Place Business	e of		City			State		Zip C	ode (Pl	us 4)	
TWO BALA PLAZASUITE 300			BALA CYI	NWYD		PA		190	05		
Full Name of Contributor SCOTT E. DIAMOND					МО	DAY	YEAR				
Mailing 2134 PINE STREET U	NIT #4							\$		1,000.00	
City PHILADELPHIA	State PA		Code (Plus	s 4)	10	17	2014				
Employer Name SACKS, WESTON, PET	RELLI, DIAMOND &	MIL	LSTEIN, LL	 C	Occupat	tion A	TTORN	EY			
Employer Mailing Address/Principal Plac Business	e of		City		•	State		Zip C	ode (Pl	us 4)	
1818 MARKET STREET #1700			PHILADE	LPHIA		PA		191	.03		

PAGE 10

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

PAGE TOTAL

3,000.00

\$

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 Co	ame of Filing Committee or Candidate			ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r 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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
FRIENDS OF FARNESE	From:	<u>9/16/2014</u> To:	<u>10/20/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candid	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				DATE			AMOUNT		
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		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						
				From:			To:	То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupation				•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00			
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

No										
No	Name of Filing Committee or Candidate			Reporting Period						
Mo	FRIENDS OF FARNESE			From	10/20/2014					
Mailing Address 1130 MARLBOROUGH STREET 9 16 2014 \$ 6,600.00			DATE							
City PHILADELPHIA State PA 2ip Code (Plus 4) 19125 To Whom Paid SEVEN POINTS CONSULTING, LLC Mailing Address P.O. BOX 391 City HARRISBURG State PA 2ip Code (Plus 4) 17108 City HARRISBURG State PA 2ip Code (Plus 4) 17108 Description of Expenditure CONSULTING FEES To Whom Paid CARDMEMBER SERVICE Mailing Address P.O. BOX 790408 State PA 2ip Code (Plus 4) 17108 Day YEAR All Paid Paid Paid Paid Paid Paid Paid Paid				МО	DAY	YEAR				
To Whom Paid SEVEN POINTS CONSULTING, LLC Mailing Address P.O. BOX 391 City HARRISBURG State PA 17108 To Whom Paid CARDMEMBER SERVICE Mo DAY VEAR To Whom Paid CARDMEMBER SERVICE Mo DAY VEAR To Whom Paid CARDMEMBER SERVICE Mo DAY VEAR Mo DAY VEAR To Whom Paid CARDMEMBER SERVICE Mo DAY VEAR State MO DAY VEAR Mo DAY VEAR To Whom Paid CARDMEMBER SERVICE Mo DAY VEAR State MO DAY VEAR To Whom Paid CARDMEMBER SERVICE Mo DAY VEAR To Whom Paid CARDMEMBER SERVICE Mo DAY VEAR To Whom Paid CARDMEMBER SERVICE Mo DAY VEAR Mo DAY VEAR Mo DAY VEAR Mo DAY VEAR City PHILADELPHIA State PA 19103 City PHILADELPHIA State PA 19103 Mo DAY VEAR Description of Expenditure EXPENSE REIMBURSEMENT To Whom Paid	Mailing Address 1130 MARLBOROUGH STREET			9	16	2014	\$	6,600.00		
PA	City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Ext	enditure				
SEVEN POINTS CONSULTING, LLC		PA	19125							
City HARRISBURG State PA I7108 Description of Expenditure CONSULTING FEES To Whom Paid CARDMEMBER SERVICE Mailing Address P.O. BOX 790408 State MO DAY YEAR 2ip Code (Plus 4) PA 2ip Code (Plus 4) PA Description of Expenditure CONSULTING FEES MO DAY YEAR 2,440.59 City ST. LOUIS State MO DAY YEAR Description of Expenditure CREDIT CARD To Whom Paid LARRY FARNESE Mo DAY YEAR Mo DAY YEAR 291.30 City PHILADELPHIA State PA 19103 Description of Expenditure CREDIT CARD Description of Expenditure CREDIT CARD To Whom Paid LARRY FARNESE Mo DAY YEAR PA 19103 Description of Expenditure EXPENSE REIMBURSEMENT To Whom Paid				МО	DAY	YEAR				
TO Whom Paid CARDMEMBER SERVICE Mo DAY YEAR Mailing Address P.O. BOX 790408 State MO DAY YEAR City ST. LOUIS State MO DAY YEAR MO DAY YEAR Description of Expenditure CREDIT CARD To Whom Paid LARRY FARNESE Mo DAY YEAR State YEIP Code (Plus 4) 63179 For Whom Paid LARRY FARNESE Mo DAY YEAR Mo DAY YEAR State YEIP Code (Plus 4) 19103 Description of Expenditure EXPENSE REIMBURSEMENT To Whom Paid MO DAY YEAR MO DAY YEAR	Mailing Address P.O. BOX 391			9	23	2014	\$	3,819.28		
To Whom Paid CARDMEMBER SERVICE Mo DAY YEAR Mailing Address P.O. BOX 790408 State MO DAY YEAR City ST. LOUIS State MO DAY To Whom Paid LARRY FARNESE MO DAY MO	City HARRISBURG State Zip Code (Plus 4)			Description of Expenditure						
CARDMEMBER SERVICE Mailing Address P.O. BOX 790408 State MO BAY PEAR 9 23 2014 \$ 2,440.59 City ST. LOUIS State MO BAY PEAR P.O. BOX 790408 State MO BAY PEAR Description of Expenditure CREDIT CARD To Whom Paid LARRY FARNESE MO DAY PEAR MO DAY PEAR To Whom Paid LARRY FARNESE MO DAY PEAR PA State PA Description of Expenditure EXPENSE REIMBURSEMENT To Whom Paid Description of Expenditure EXPENSE REIMBURSEMENT To Whom Paid MO DAY PEAR PA	HARRISBORG									
City ST. LOUIS State MO STATE CREDIT CARD To Whom Paid LARRY FARNESE MO DAY YEAR Mo DAY YEAR Mo DAY YEAR City PHILADELPHIA State PA				МО	DAY	YEAR				
To Whom Paid LARRY FARNESE MO DAY YEAR Mo DAY YEAR Mo DAY	Mailing Address P.O. BOX 790408			9	23	2014	\$	2,440.55		
Mo DAY YEAR Mailing Address 1420 LOCUST STREET APT 29D City PHILADELPHIA PA State PA 19103 Description of Expenditure EXPENSE REIMBURSEMENT To Whom Paid MO DAY YEAR 1420 LOCUST STREET APT 29D 9 23 2014 \$ 291.30	31. L0015									
City PHILADELPHIA State PA PA PA PA Description of Expenditure EXPENSE REIMBURSEMENT To Whom Paid MO DAY YEAR			-	мо	DAY	YEAR				
To Whom Paid PA 19103 EXPENSE REIMBURSEMENT MO DAY YEAR	Mailing Address 1420 LOCUST STREET APT 29D			9	23	2014	\$	291.30		
To Whom Paid PA 19103 EXPENSE REIMBURSEMENT MO DAY YEAR	City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure)			
MO DAY YEAR	 ·	PA	19103	1	-					
	To Whom Paid SD ASSOCIATES, P.C.			МО	DAY	YEAR				
Mailing Address 300 YORKTOWN PLAZA 10 1 2014 \$ 500.00	Mailing Address	١٦٨		10	1	2014] _	F00.00		

Zip Code (Plus 4)

19027

Description of Expenditure

ACCOUNTING FEES

State

PΑ

City

ELKINS PARK

To Whom Paid JOHN KANE FOR SENATE	МО	DAY	YEAR						
Mailing Address P.O. BOX 171	10	1	2014	\$		5,000.00			
City CLIFTON HEIGHTS State PA 2ip Code (Plus 4) 19018	1	Description of Expenditure DONATION							
To Whom Paid FRIENDS OF JUDY SCHWANK	МО	DAY	YEAR						
Mailing Address P.O. BOX 12424	10	8	2014	\$		1,000.00			
City READING State PA 2ip Code (Plus 4) 19612	Descrip DONAT	otion of Exp	penditure						
To Whom Paid STRATEGIC AFFAIRS CONSULTING	мо	DAY	YEAR						
Mailing Address 1130 MARLBOROUGH STREET	10	10	2014	\$		6,440.00			
City PHILADELPHIA State Zip Code (Plus 4)	Descrip	Description of Expenditure CONSULTING FEE							
PA 19125	CONSU								
	CONSU								
To Whom Paid		LTING FEE		\$		600.00			
To Whom Paid COOPER'S FERRY PARTNERSHIP	мо 10	DAY 10 ption of Exp	YEAR 2014	\$		600.00			
To Whom Paid COOPER'S FERRY PARTNERSHIP Mailing Address C/O SCUNGIO BORST 2 RIVERSIDE DRIVE, SUITE 500 City CAMDEN State Zip Code (Plus 4)	MO 10 Descrip	DAY 10 ption of Exp	YEAR 2014	\$		600.00			
To Whom Paid COOPER'S FERRY PARTNERSHIP Mailing Address C/O SCUNGIO BORST 2 RIVERSIDE DRIVE, SUITE 500 City CAMDEN State Zip Code (Plus 4) NJ 08103 To Whom Paid	MO 10 Description	DAY 10 ption of Exp	YEAR 2014 Denditure	\$		250.00			
To Whom Paid COOPER'S FERRY PARTNERSHIP Mailing Address C/O SCUNGIO BORST 2 RIVERSIDE DRIVE, SUITE 500 City CAMDEN State NJ D8103 To Whom Paid 30TH WARD EXECUTIVE COMMITTEE	MO 10 Description DONAT MO 10	DAY 10 ption of Exp ION DAY 16	YEAR 2014 Penditure YEAR 2014	\$					
To Whom Paid COOPER'S FERRY PARTNERSHIP Mailing Address C/O SCUNGIO BORST 2 RIVERSIDE DRIVE, SUITE 500 City CAMDEN State NJ 08103 To Whom Paid 30TH WARD EXECUTIVE COMMITTEE Mailing Address 1521 NAUDAIN STREET City PHILADELPHIA State Zip Code (Plus 4)	MO Descrip DONAT MO 10 Descrip	DAY 10 ption of Exp ION DAY 16	YEAR 2014 Penditure YEAR 2014	\$					
To Whom Paid COOPER'S FERRY PARTNERSHIP Mailing Address C/O SCUNGIO BORST 2 RIVERSIDE DRIVE, SUITE 500 City CAMDEN State Zip Code (Plus 4) NJ 08103 To Whom Paid 30TH WARD EXECUTIVE COMMITTEE Mailing Address 1521 NAUDAIN STREET City PHILADELPHIA State PA 19146 To Whom Paid	MO Description MO 10 Description Donat	DAY 10 DAY 16 Dition of Explication of Explicat	YEAR 2014 Penditure 2014 Penditure	\$					

To Whom Paid KENNEY FOR COUNCIL			МО	DAY	YEAR			
Mailing Address P.O. BOX 60065			10	17	2014	\$	1,000.00	
City PHILADELPHIA PA Zip Code (Plus 4) PA 19102			Description of Expenditure DONATION					
To Whom Paid EASTER SEALS OF SOUTHEASTE	RN PA		МО	DAY	YEAR			
Mailing Address C/O ZARWIN BAUM 1818 MARKET ST. 13TH FL			10	17	2014	\$	200.00	
City PHILADELPHIA State Zip Code (Plus 4) PA 19103				Description of Expenditure DONATION				
To Whom Paid DEMOCRATIC CAMPAIGN COMM:	ITTEE OF PHILA		МО	DAY	YEAR			
Mailing Address 219 SPRING	GARDEN STREET		10	20	2014	\$	1,000.00	
City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure PA 19123 DONATION								
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Linter Grand Total of Expendi	uies on Page 1, Re	sport cover Page, Item D				\$	29,441.13	

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			From:	<u>9/16/2014</u> To:				10/20/2014		
					DATE			Outstanding Balance of Debt		
Name of Creditor CAROSELLI BEACHLER MCTIERNAN & amp; CONBOY				мо	DAY	YEAR	1			
Mailing Address 1845 WALNUT STREET 15TH FLOOR			9	7	2012	2 \$	35,150.00			
City PHILADELPHIA State Zip Code (Plus 4)					Description of Debt					
PA 19103					LEGAL FEES PENDING OUTCOME OF FEE					
								PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item			G.			\$	35,150.00			