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			Repor Filed I		CA	NDI	DATE		COM	AITTEE	Y	LUB	D1131	
Name of Filing C	ommittee, Candida	ate or L	obbyist:		FRIEND	S OF	BERN	IIE (D'NEILI	_						
Street Address:	50 DORSETT (CIRCLE														
City:	WARMINSTER						State	e:	PA			Zip Co	de: 18	3974		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		F	POST-	6. X		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2014				NG ME					PAPER		V	DISKE	TTE
Name of Office S	ought by Candidat	e:	-		-		DAT	ΈO	F ELE	стіо	N	District Number	Office Code	Pa	rty Code	County Code
							МО		DAY	YE	AR					
								11		4	2014		(SEE IN	STRUCT	ONS FOR (CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
			10 21	. 20	014 T	О		11	2	24	2014					
A. Amount Bro	ught Forward Fron	ı Last R	eport			\$					923.73					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I)	\$					500.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				36,4	123.73					
D. Total Expend	ditures (From Sche	edule II	I)			\$				1,6	12.22					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				34,8	11.51					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$					0.00					
				AFF	IDAVI	T SE	CTI	NC								
I swear (or affirm)	that this report, incl		_						-		_		f my kno	wledge	and beli	ef , true
correct and comple	ete. cribed before me this											-f D	- Cbit	D.		
	day of		20			_					ignature	of Perso	n Submit	ting Ke	port	
	Signatu	·e				_						Prin	ted Name	•		
My Commission Ex						_						Ema				
	МО		AY	YR						a Cod	le	Daytin	ie Teleph	none Nu	ımber	
I swear (or affirm)	a report of a cand that to the best of m				•						y provis	ions of th	e act of J	une 3,1	.937 (P.L	. 1333,
No 320) as amende Sworn to and subsc	ed. ribed before me this															
	day of		20									ignature (ot Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires											Ema	il			
	мо	D	AY	YR		-			Area	Code		D	aytime T	elepho	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BERNIE O'NEILL	From:	10/21/2014	<u>4</u> То:	11/24/2014
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)			\$	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)			\$	500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	500.00

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 Candida	e	R	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)					

PAGE TOTAL
0.00

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

PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from

Name of Filing Commit	tee or Candidate		Reporting	Period			
			From:		To	o:	
		I		DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)			İ	ĺ	

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 P	Period		
FRIENDS OF BERNIE O'NEILL	From:	10/21/2014	То:	11/24/2014

DATE AMOUNT

Full Name of Contributing Committee			мо	DAY	YEAR	
PA BANKERS PAC				DA!	ILAK	\$ 500.00
Mailing Address 3897 NORTH FRONT STREET			11	3	2014	, , , , , , , , , , , , , , , , , , , ,
City HARRISBURG	State	Zip Code (Plus 4)			201.	
	PA	17110				

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

PAGE TOTAL \$ 500.00

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			
			Fron	n:		т	o:	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Peri	od	
FRIENDS OF BERNIE O'NEILL	From:	<u>10/21/2014</u> To:	11/24/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
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 Car	ndidate		Reportin	g 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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period			
FRIENDS OF BERNIE O'NEILL			From	10/2	L/2014	То:	11/24/2014
				DATE			AMOUNT
To Whom Paid WARMINSTER REPUBLICAN COMMITTEE	<u> </u>		мо	DAY	YEAR		
Mailing Address P.O. BOX 3151			10	26	2014	\$	300.00
City WARMINSTER	State PA	Zip Code (Plus 4) 18974	Descript	tion of Exp	enditure		
	FA	10974	L	I			
To Whom Paid VFW POST 6493			МО	DAY	YEAR		
Mailing Address LOUIS DR			11	4	2014	\$	110.00
City WARMINSTER	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	PA	18974	ELECTIO	ON EXP.			
To Whom Paid PAGE PRINTING L.L.C.			МО	DAY	YEAR		
Mailing Address 945 WASHINGTON A	AVE		11	10	2014	\$	826.80
City CROYDON	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	PA	19021	SIGNS				
To Whom Paid SUSAN'S HALLMARK SHOP			МО	DAY	YEAR		
Mailing Address 468 SECOND STREE	T PIKE		11	14	2014	<u> </u> \$	375.42

Zip Code (Plus 4)

18966

Description of Expenditure

CARDS

State

PA

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

City

SOUTHAMPTON

7/13/2025	12:19:24 PM

PAGE TOTAL

1,612.22

\$