

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 : | | 2006008 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF FARNESE | | | | | | | | | | | | |
| Street Address: C/O SD ASSOCIATES, P.C., 300 YORKTOWN PLAZA | | | | | | | | | | | | |
| City: ELKINS PARK | | | | | | State: PA | | | Zip Code: 19027 | | | |
| 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. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. X | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. | Year 2014 | 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 |
| SENATOR IN THE GENERAL ASSEMBLY | | | | | | MO | DAY | YEAR | 1 | STS | DEM | 51 |
| | | | | | | 11 | 4 | 2014 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 10 | 21 | 2014 | | 11 | 24 | 2014 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 29,385.48 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 6,500.10 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 35,885.58 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 22,049.32 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 13,836.26 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 0.00 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 35,150.00 | | | | | | |

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 |
| FRIENDS OF FARNESE | From: <u>10/21/2014</u> To: <u>11/24/2014</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) | \$ 250.00 |
| All Other Contributions (Part B) | \$ 250.00 |
| TOTAL for the Reporting Period (2) | \$ 500.00 |

| | |
|---|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 5,500.00 |
| All Other Contributions (Part D) | \$ 500.00 |
| TOTAL for the Reporting Period (3) | \$ 6,000.00 |

| | |
|--|---------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 0.10 |

| | |
|---|-------------|
| 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.) | \$ 6,500.10 |
|---|-------------|

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 FRIENDS OF FARNESE | Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u> | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">DATE</td> <td style="width: 40%;">AMOUNT</td> </tr> </table> | | DATE | AMOUNT |
| DATE | AMOUNT | | |

| | | | | | | |
|--|------------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee COMMONWEALTH ASSOC. OF SCH. ADMINISTRATORS TEAMSTERS 1 | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 2813 BROWN STREET | | | 11 | 11 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19130 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 250.00 |

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 Candidate | Reporting Period |
| FRIENDS OF FARNESE | From: <u>10/21/2014</u> To: <u>11/24/2014</u> |

| DATE | | | | AMOUNT |
|--|-----------------|--------------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 250.00 |
| DAVID DUNPHY | | | | |
| Mailing Address 1315 E. MONTGOMERY AVENUE | | | | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19125 | 11 11 2014 | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 250.00 |

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 FRIENDS OF FARNESE | Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u> |
|--|--|

| | | | | DATE | | AMOUNT | |
|--|----------|-----------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee LAWPAC | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 800 NORTH THIRD STREET | | | | 11 | 11 | 2014 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | | | | | |
| Full Name of Contributing Committee THE GLAXOSMITHKLINE POLITICAL ACTION COMMITTEE | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address FIVE MOORE DRIVE | | | | 11 | 11 | 2014 | |
| City RESEARCH TRIANGLE PARK | State NC | Zip Code (Plus 4) 27709 | | | | | |
| Full Name of Contributing Committee AFSCME COUNCIL 13 | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 4031 EXECUTIVE PARK DRIVE | | | | 11 | 11 | 2014 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171111599 | | | | | |
| Full Name of Contributing Committee WINDSTREAM POLITICAL ACTION COMMITTEE | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 4001 RODNEY PARHAM ROAD | | | | 11 | 11 | 2014 | |
| City LITTLE ROCK | State AK | Zip Code (Plus 4) 72212 | | | | | |
| Full Name of Contributing Committee BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 PA/DE PAC | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 2706 BLACK LAKE PLACE | | | | 11 | 11 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19154 | | | | | |

| | | | | | | |
|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee HIGHMARK HEALTH PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 1800 CENTER STREET | | | 11 | 11 | 2014 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170890089 | | | | |
| Full Name of Contributing Committee PENNSYLVANIA BANKERS PUBLIC AFFAIRS COMMITTEE | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 3897 NORTH FRONT STREET | | | 11 | 11 | 2014 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17110 | | | | |
| Full Name of Contributing Committee PENN NATIONAL INSURANCE/INSERVCO PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 2 NORTH 2ND STREET 14TH FLOOR | | | 11 | 11 | 2014 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171012361 | | | | |
| Full Name of Contributing Committee APARTMENT ASSOC. OF PENNSYLVANIA PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address ONE BALA PLAZA SUITE 515 | | | 11 | 11 | 2014 | |
| City BALA CYNWYD | State PA | Zip Code (Plus 4) 19004 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 5,500.00 |

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 FRIENDS OF FARNESE | Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|---|--------------------|-----------------------------------|-------------|--------------------|--------------------------|------|----------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| DILWORTH PAXSON LLP | | | | | | | |
| Mailing Address 1500 MARKET STREET SUITE 3500E | | | | 11 | 11 | 2014 | \$ 500.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19102 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State PA | Zip Code (Plus 4) | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 500.00 |

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 FRIENDS OF FARNESE | Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u> |
|--|--|

| | | | | DATE | AMOUNT | |
|---|--------------------|-----------------------------------|----|------|--------|---------|
| Full Name | | | MO | DAY | YEAR | |
| HYPERION BANK | | | | | | |
| Mailing Address 199 WEST GIRARD AVENUE | | | 10 | 31 | 2014 | \$ 0.10 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19123 | | | | |
| Receipt Description INTEREST INCOME | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.10 |

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 FARNESE | | From: <u>10/21/2014</u> To: <u>11/24/2014</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) | \$ 0.00 |
| 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.) | | | \$ 0.00 |

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: |
|---------------------------------------|--|

| | | | 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 III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF FARNESE | From <u>10/21/2014</u> To: <u>11/24/2014</u> |

| DATE | | | | AMOUNT | | |
|---|----------|-------------------------|--|--------|------|-------------|
| To Whom Paid HYPERION BANK | | | MO | DAY | YEAR | \$ 20.00 |
| Mailing Address 199 WEST GIRARD AVENUE | | | 10 | 31 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19123 | Description of Expenditure BANK CHARGES | | | |
| To Whom Paid PA SDCC | | | MO | DAY | YEAR | \$ 2,500.00 |
| Mailing Address P.O. BOX 58939 | | | 10 | 21 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19102 | Description of Expenditure DONATION | | | |
| To Whom Paid 39 B WARD EXECUTIVE COMMITTEE | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 2429 SOUTH 5TH STREET | | | 10 | 28 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19148 | Description of Expenditure DONATION | | | |
| To Whom Paid CARDMEMBER SERVICE | | | MO | DAY | YEAR | \$ 3,819.09 |
| Mailing Address P.O. BOX 790408 | | | 10 | 29 | 2014 | |
| City ST. LOUIS | State MO | Zip Code (Plus 4) 63179 | Description of Expenditure CREDIT CARD | | | |
| To Whom Paid PUBLIC SERVICE PAC | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 3218 PIETRO WAY | | | 10 | 31 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19145 | Description of Expenditure DONATION | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|-------------|
| To Whom Paid SEVEN POINTS CONSULTING, LLC | | | MO | DAY | YEAR | \$ 3,784.74 |
| Mailing Address P.O. BOX 391 | | | 11 | 12 | 2014 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure CONSULTING FEE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|-------------|
| To Whom Paid STRATEGIC AFFAIRS CONSULTING | | | MO | DAY | YEAR | \$ 5,812.50 |
| Mailing Address 1130 MARLBOROUGH STREET | | | 11 | 12 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19125 | Description of Expenditure CONSULTING FEE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|-------------|
| To Whom Paid FRIENDS OF RITTENHOUSE SQUARE | | | MO | DAY | YEAR | \$ 2,000.00 |
| Mailing Address 210 WEST RITTENHOUSE SQUARE BOX 1308 | | | 11 | 12 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19103 | Description of Expenditure DONATION | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|-------------|
| To Whom Paid 8TH WARD DEMOCRATIC EXECUTIVE COMMITTEE | | | MO | DAY | YEAR | \$ 1,500.00 |
| Mailing Address 1420 LOCUST STREET APT. 15K | | | 11 | 19 | 2014 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19102 | Description of Expenditure DONATION | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|-------------|
| To Whom Paid CARDMEMBER SERVICE | | | MO | DAY | YEAR | \$ 1,412.99 |
| Mailing Address P.O. BOX 790408 | | | 11 | 21 | 2014 | |
| City ST. LOUIS | State MO | Zip Code (Plus 4) 63179 | Description of Expenditure CREDIT CARD | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 22,049.32 |

SCHEDULE IV

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 FRIENDS OF FARNESE | | | Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u> | |
| | | | | Outstanding Balance of Debt |
| | | | DATE | |
| Name of Creditor CAROSELLI BEACHLER MCTIERNAN & CONBOY | | | MO | DAY |
| | | | YEAR | |
| Mailing Address 1845 WALNUT STREET 15TH FLOOR | | | 9 | 7 |
| | | | 2012 | \$ 35,150.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19103 | Description of Debt LEGAL FEES PENDING OUTCOME OF FEE AWARD APPEAL | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | PAGE TOTAL \$ 35,150.00 |