

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.X	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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2015		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	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		3	31	2015		5	4	2015			
A. Amount Brought Forward From Last Report					\$ 5,147.79						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 29,000.05						
C. Total Funds Available (Sum Of Lines A and B)					\$ 34,147.84						
D. Total Expenditures (From Schedule III)					\$ 5,770.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 28,377.84						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 35,150.00						
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
FRIENDS OF FARNESE	From: <u>3/31/2015</u> To: <u>5/4/2015</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)	\$ 27,000.00
All Other Contributions (Part D)	\$ 2,000.00
TOTAL for the Reporting Period (3)	\$ 29,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.05

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.)	\$ 29,000.05
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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
	From: To:

					DATE			AMOUNT	
Full Name of Contributor					MO	DAY	YEAR	\$ 0.00	
Mailing Address									
City		State		Zip Code (Plus 4)					

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 FRIENDS OF FARNESE	Reporting Period From: <u>3/31/2015</u> To: <u>5/4/2015</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee HIGHMARK HEALTH PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 1800 CENTER STREET				4	4	2015	
City CAMP HILL	State PA	Zip Code (Plus 4) 170890089					
Full Name of Contributing Committee HEALTH PARTNERS OF PHILADELPHIA PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 901 MARKET STREET SUITE 500				4	4	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107					
Full Name of Contributing Committee DUANE MORRIS GOVT COMMITTEE STATE & LOCAL FUND				MO	DAY	YEAR	\$ 500.00
Mailing Address 30 SOUTH 17TH STREET				4	4	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee IBC PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 1901 MARKET STREET				4	4	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee APARTMENT ASSOC. OF PENNSYLVANIA PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address ONE BALA PLAZA SUITE 515				4	4	2015	
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004					

Full Name of Contributing Committee PENNSYLVANIA BANKERS PUBLIC AFFAIRS COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address 3897 NORTH FRONT STREET			4	4	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Full Name of Contributing Committee STATE STREET ADVISORS PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address STATE STREET BUILDING 500 N. THIRD ST., 11TH FL			4	4	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee CUPAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 4309 NORTH FRONT STREET			4	4	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17106				
Full Name of Contributing Committee LAWPAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 800 NORTH THIRD STREET			4	4	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				
Full Name of Contributing Committee CITIZENS FOR A BETTER COMMONWEALTH			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 12090			4	27	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee PREIT STATE PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 200 SOUTH BROAD STREET			4	27	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 20,000.00
CARPENTERS PAC OF PHILA & VICINITY						
Mailing Address			4	27	2015	
1803 SPRING GARDEN STREET						
City	PHILADELPHIA	State				
		PA				
		Zip Code (Plus 4)				
		19130				

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

PAGE TOTAL
\$ 27,000.00

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>3/31/2015</u> To: <u>5/4/2015</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
MELISSA HELLER							
Mailing Address 351 WINDING WAY				4	27	2015	\$ 1,000.00
City MERION	State PA	Zip Code (Plus 4) 19066					
Employer Name COMMONWEALTH STRATEGIES, INC.				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 351 WINDING WAY			City MERION		State PA	Zip Code (Plus 4) 19066	

Full Name of Contributor				MO	DAY	YEAR	
MALADY & WOOTEN, LLP							
Mailing Address 604 NORTH THIRD STREET				4	27	2015	\$ 1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
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
\$ 2,000.00

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 FRIENDS OF FARNESE	Reporting Period From: <u>3/31/2015</u> To: <u>5/4/2015</u>
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				DATE	AMOUNT	
Full Name	MO	DAY	YEAR			
HYPERION BANK						
Mailing Address 199 WEST GIRARD AVENUE				4	30	2015
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123				
Receipt Description INTEREST INCOME						\$ 0.02

Full Name	MO	DAY	YEAR			
HYPERION BANK						
Mailing Address 199 WEST GIRARD AVENUE				3	31	2015
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123				
Receipt Description INTEREST INCOME						\$ 0.03

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

PAGE TOTAL
\$ 0.05

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>3/31/2015</u> To: <u>5/4/2015</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)	\$ 35,150.00
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.)			\$ 35,150.00

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 II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
FRIENDS OF FARNESE				From: <u>3/31/2015</u> To: <u>5/4/2015</u>			

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 35,150.00
Mailing Address 1845 WALNUT STREET 15TH FLOOR				4	30	2015	
City PHILADELPHIA	State PA	Zip Code(Plus 4) 19103					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution			
				CANCELLATION OF DEBT FOR LEGAL FEES INCURRED			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 35,150.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF FARNESE	From <u>3/31/2015</u> To: <u>5/4/2015</u>

DATE				AMOUNT		
To Whom Paid WILLIAMS FOR MAYOR			MO	DAY	YEAR	\$ 3,500.00
Mailing Address P.O. BOX 34845			4	2	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101	Description of Expenditure DONATION			
To Whom Paid WECHT 2015			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 2221			4	2	2015	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure DONATION			
To Whom Paid KEVIN DOUGHERTY FOR PENNSYLVANIA			MO	DAY	YEAR	\$ 500.00
Mailing Address 8566 BUSTLETON AVENUE			4	2	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19152	Description of Expenditure DONATION			
To Whom Paid CARDMEMBER SERVICE			MO	DAY	YEAR	\$ 1,500.00
Mailing Address P.O. BOX 790408			4	29	2015	
City ST. LOUIS	State MO	Zip Code (Plus 4) 63179	Description of Expenditure CREDIT CARD			
To Whom Paid HYPERION BANK			MO	DAY	YEAR	\$ 10.00
Mailing Address 199 WEST GIRARD AVENUE			4	30	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure BANK CHARGE			

To Whom Paid HYPERION BANK			MO	DAY	YEAR	\$ 10.00
Mailing Address 199 WEST GIRARD AVENUE			3	31	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure BANK CHARGE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 5,770.00

