

# 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 :		2008205		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF FRANK FARRY													
Street Address: PO BOX 231													
City: LANGHORNE						State: PA			Zip Code: 19047				
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	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2015	FILING METHOD ( ) CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	3	2015					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						3	31	2015					
						5	4	2015					
A. Amount Brought Forward From Last Report						\$ 82,018.35							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 5,100.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 87,118.35							
D. Total Expenditures (From Schedule III)						\$ 2,049.12							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 85,069.23							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
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**

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

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 4,500.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 4,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 600.00

<b>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.)</b>	\$ 5,100.00
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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)					

<b>PAGE TOTAL</b>	
\$	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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF FRANK FARRY	<b>Reporting Period</b>  <b>From:</b> <u>3/31/2015</u> <b>To:</b> <u>5/4/2015</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee DISTRICT COUNCIL 21 PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2980 SOUTHAMPTON ROAD				4	28	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154					
Full Name of Contributing Committee IBEW PAC VOLUNTARY FUND				MO	DAY	YEAR	\$ 3,500.00
Mailing Address 900 SEVENTH STREET, N.W.				5	1	2015	
City WASHINGTON	State DC	Zip Code (Plus 4) 20001					

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

<b>PAGE TOTAL</b>  \$ 4,500.00
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**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	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

<b>PAGE TOTAL</b>
\$ 0.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF FRANK FARRY	<b>Reporting Period</b>  From: <u>3/31/2015</u> To: <u>5/4/2015</u>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
BCSHF						
<b>Mailing Address</b> PO BOX 741			4	1	2015	\$ 75.00
<b>City</b> NEWTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18940				
<b>Receipt Description</b> RETURNED CHECK #1251						

Full Name			MO	DAY	YEAR	
SOUTHAMPTON SOCCER ASSOCIATION						
<b>Mailing Address</b> PO BOX 1313			4	1	2015	\$ 525.00
<b>City</b> SOUTHAMPTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18966				
<b>Receipt Description</b> RETURNED CHECK #1568						

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

<b>PAGE TOTAL</b>
\$ 600.00

## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF FRANK FARRY		From: <u>3/31/2015</u> To: <u>5/4/2015</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 0.00

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# SCHEDULE III STATEMENT OF EXPENDITURES

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

DATE				AMOUNT		
To Whom Paid NESHAMINY N CLUB			MO	DAY	YEAR	\$ 225.00
Mailing Address PO BOX 548			4	22	2015	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			
To Whom Paid CONWELL-EGAN CATHOLIC			MO	DAY	YEAR	\$ 250.00
Mailing Address 611 WISTAR ROAD			4	22	2015	
City FAIRLESS HILLS	State PA	Zip Code (Plus 4) 19030	Description of Expenditure AD			
To Whom Paid MIDDLETOWN COMMUNITY FOUNDATION			MO	DAY	YEAR	\$ 150.00
Mailing Address PO BOX 1128			4	22	2015	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			
To Whom Paid ARCHBISHOP WOOD			MO	DAY	YEAR	\$ 100.00
Mailing Address 655 YORK ROAD			4	22	2015	
City WARMINSTER	State PA	Zip Code (Plus 4) 18974	Description of Expenditure AD			
To Whom Paid LOWER SOUTHAMPTON TOWNSHIP			MO	DAY	YEAR	\$ 200.00
Mailing Address 1500 DESIRE AVENUE			4	22	2015	
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19053	Description of Expenditure AD			

<b>To Whom Paid</b> TRI-COUNTY BAND, INC.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 60.00
<b>Mailing Address</b> 403 ELMWOOD AVENUE			4	22	2015	
<b>City</b> FEASTERVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19053	<b>Description of Expenditure</b> AD			

<b>To Whom Paid</b> ROTARY CLUB OF SHADYBROOK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 289 SHADYBROOK DRIVE			4	22	2015	
<b>City</b> LANGHORNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	<b>Description of Expenditure</b> AD			

<b>To Whom Paid</b> BEGLEY, CARLIN & MANDIO, LLP			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 38.01
<b>Mailing Address</b> 680 MIDDLETOWN BOULEVARD			4	22	2015	
<b>City</b> LANGHORNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	<b>Description of Expenditure</b> REIMBURSEMENT FOR EXPENSES			

<b>To Whom Paid</b> EIG HOSTING			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 23.00
<b>Mailing Address</b> 70 BLANCHARD ROAD 3RD FLOOR			4	11	2015	
<b>City</b> BURLINGTON	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 01803	<b>Description of Expenditure</b> WEB HOSTING			

<b>To Whom Paid</b> KOMELASKY & SILVER FOR SUPERVISORS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 196 HILLTOP DRIVE			4	28	2015	
<b>City</b> CHURCHVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18966	<b>Description of Expenditure</b> CONTRIBUTION			

<b>To Whom Paid</b> MAJORS FOR HARRISBURG			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 60.00
<b>Mailing Address</b> PO BOX 60976			5	1	2015	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17107	<b>Description of Expenditure</b> CONTRIBUTION			

<b>To Whom Paid</b> BUCKS COUNTY FOP53 FIRE FUND			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1058 MILL CREEK ROAD			5	1	2015	
<b>City</b> WYCOMBE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18980	<b>Description of Expenditure</b> SPONSOR/AD			

  

<b>To Whom Paid</b> NATIONAL PENN BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> FLOWERS MILL ROAD			4	10	2015	
<b>City</b> LANGHORNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	<b>Description of Expenditure</b> CHECK/DEPOSIT/STAMP ORDER			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 2,049.12

