

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 <input checked="" type="checkbox"/>	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.	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 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
				MO	DAY	YEAR				
				11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	20	2015	TO	11	23	2015		
A. Amount Brought Forward From Last Report				\$		95,641.16				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		575.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		96,216.16				
D. Total Expenditures (From Schedule III)				\$		2,472.07				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		93,744.09				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		600.00				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF FRANK FARRY	From: <u>10/20/2015</u> To: <u>11/23/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 25.00

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)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 300.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 300.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 575.00
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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 FRANK FARRY	Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
MERCK EMPLOYEES PAC				
Mailing Address 601 PENNSYLVANIA AVENUE NW SUITE 1200				\$ 250.00
City WASHINGTON	10	20	2015	
State DC				
Zip Code (Plus 4) 20004				

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
	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 FRANK FARRY	Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
STEAMFITTERS LOCAL UNION 449				
Mailing Address 1517 WOODRUFF STREET				\$ 300.00
City PITTSBURGH	11	2	2015	
State PA				
Zip Code (Plus 4) 15220				

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

PAGE TOTAL
\$ 300.00

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	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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.

PAGE TOTAL
\$ 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.

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

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

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

PAGE TOTAL
\$ 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 FRIENDS OF FRANK FARRY	Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</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)	\$ 600.00
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.)	\$ 600.00

**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	
Mailing Address				\$ 0.00
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 FRIENDS OF FRANK FARRY	Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
FOUR LANES END, LLC					
Mailing Address 106 MAPLE AVENUE				\$	600.00
City LANGHORNE	11	1	2015		
State PA					
Zip Code(Plus 4) 19047					
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 600.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF FRANK FARRY	From <u>10/20/2015</u> To: <u>11/23/2015</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
COVEY FOR JUSTICE	10	27	2015	\$ 250.00
Mailing Address 115 N. BROAD STREET				
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901		Description of Expenditure CONTRIBUTION
To Whom Paid MARTIN/LOUGHERY 2015	10	27	2015	\$ 250.00
Mailing Address PO BOX 639				
City LANGHORNE	State PA	Zip Code (Plus 4) 19047		Description of Expenditure CONTRIBUTION
To Whom Paid FRIENDS OF DON PETRILLE	10	27	2015	\$ 100.00
Mailing Address PO BOX 612				
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19053		Description of Expenditure CONTRIBUTION
To Whom Paid COMMITTEE TO ELECT MARY K. SMITHSON	10	27	2015	\$ 100.00
Mailing Address 6 CAVALLO WAY				
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901		Description of Expenditure CONTRIBUTION
To Whom Paid COMMITTEE TO ELECT CAMPBELL	10	27	2015	\$ 100.00
Mailing Address PO BOX 873				
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951		Description of Expenditure CONTRIBUTION

To Whom Paid FRIENDS OF TOM PANZER			MO	DAY	YEAR	
Mailing Address PO BOX 123			10	27	2015	
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901	Description of Expenditure CONTRIBUTION			
To Whom Paid OVERTIME SPORTS BAR			MO	DAY	YEAR	
Mailing Address 1558 E. MAPLE AVENUE			11	2	2015	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure DINING			
To Whom Paid PUBLISHING CONCEPTS			MO	DAY	YEAR	
Mailing Address 4835 LYDON B. JOHNSON HIGHWAY			11	2	2015	
City DALLAS	State TX	Zip Code (Plus 4) 75244	Description of Expenditure ALUMNI DIRECTORY			
To Whom Paid B2BA, INC.			MO	DAY	YEAR	
Mailing Address PO BOX 1594			11	12	2015	
City LEVITTOWN	State PA	Zip Code (Plus 4) 19058	Description of Expenditure MEMBERSHIP			
To Whom Paid LOWER SOUTHAMPTON TOWNSHIP			MO	DAY	YEAR	
Mailing Address 1500 DESIRE AVENUE			11	12	2015	
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19053	Description of Expenditure CONTRIBUTION			
To Whom Paid ARCHBISHOP WOOD GIRLS BASKETBALL			MO	DAY	YEAR	
Mailing Address 655 YORK ROAD			11	12	2015	
City WARMINSTER	State PA	Zip Code (Plus 4) 18974	Description of Expenditure SPONSOR			

To Whom Paid UPPER SOUTHAMPTON REPUBLICAN CLUB			MO	DAY	YEAR	
Mailing Address 800 WILLOPENN DRIVE			11	12	2015	\$ 80.00
City SOUTHAMPTON	State PA	Zip Code (Plus 4) 18966	Description of Expenditure CONTRIBUTION			
To Whom Paid ABINGTON-LEVITTOWN CHAPTER			MO	DAY	YEAR	
Mailing Address 301 E. MAPLE AVE			11	12	2015	\$ 40.00
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			
To Whom Paid FEDERAL EXPRESS			MO	DAY	YEAR	
Mailing Address RITTENHOUSE CIRCLE			11	13	2015	\$ 5.20
City BRISTOL	State PA	Zip Code (Plus 4) 19007	Description of Expenditure MAILING			
To Whom Paid PETRI FOR CONGRESS			MO	DAY	YEAR	
Mailing Address PO BOX 544			11	17	2015	\$ 1,000.00
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure CONTRIBUTION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,472.07

