### **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 :	Filer Identification 2002088 Number :					Report CANDID			IDATE		СОМ	<b>ITTEE</b>	✓	LOBE	YIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		FRI	END:	S OF I	BERNIE	O'NEIL	L			-			
Street Address:	50 DORSETT	CIRCLE														
City:	WARMINSTE	R						State:	PA			Zip Cod	le: 18	3974		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2016					IG METH CHECK O				PAPER		$\checkmark$	DISKE	ГТЕ
Name of Office S	Sought by Candid	ate:	•		_			DATE C	)F ELE	CTIO	N	District Number	Office Code	Pari	y Code	County Code
								МО	DAY	YE	AR	Rumber	couc	REP		Couc
								11		8	2016		(SEE IN	ISTRUCTIO	NS FOR C	ODES)
Summary of Receipts and Expenditures from:  MO DAY YEAR  MO DAY YEAR  TO 5 16 20								AR	FO	R OFFI	CE USE	ONLY				
			4 12	20	016	<b>T</b>	O	5	5	16	2016					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			35,1	141.48					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																
C. Total Funds Available (Sum Of Lines A and B)						\$			35,1	141.48						
D. Total Expenditures (From Schedule III)							\$			7	40.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			34,4	01.48					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			1		
			А	١FF	ΙD	AVI	T SE	CTION								
PART I - If this is	s a Committee re	oort, trea	surer sign her	re. 1	[f th	his is	a Can	didate r	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached sched	lules	file	ed on	paper o	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	nd belie	ef , true
Sworn to and subs	cribed before me th	is	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signat	uro	_				- -					Prin	ted Name	e		
My Commission Ex	•	uic										Emai	il			
	МО	D	AY	YR			-		Are	ea Cod	le	Daytim	e Telepi	none Nui	nber	
Part II- If this is	a report of a car	didate's	authorized Co	mm	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	poli	itical	commi	ittee has r	not viola	ted an	y provis	ions of the	e act of J	une 3,19	)37 (P.L.	1333,
Sworn to and subsc	ribed before me this	•									s	ignature o	of Candid	ate		
	day of						_					D=!4	d Naver			
	Signature						-					Printe	d Name			
My Commission Exp	_											Ema	il			
MO DAY YR							-		Area	Code		Da	ytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BERNIE O'NEILL	From:	<u>4/12/201</u>	<u>.6</u> To:	<u>5/16/2016</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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **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	ame of Filing Committee or Candidate			Reporting Period						
				From:		То	:			
			<b>'</b>		DATE			AMOUNT		
Full Name of Contributing (	Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	S	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

## 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.

Name of Filing Comn	nittee or Candidate		Reportin	g Period			
			From:			То:	
		•		DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAI	R	
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
							DAGE TOTAL
							PAGE TOTAL

#### **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	me of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	nter Grand Total of Part C on Schedule I, Detailed Summary Page						\$	(	0.00

## 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	ne of Filing Committee or Candidate			Reporting Period						
				Fron	From:			То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	s 4)						
Employer Name	•	•			Occupa	tion				
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				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	iod						
FRIENDS OF BERNIE O'NEILL	From:	4/12/2016 <b>To</b> :	<u>5/16/2016</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		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	ame of Filing Committee or Candidate			Re	porting	Period	Reporting Period				
				Fro	m:		To:				
						DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address									\$	0.00	
City	State		Zip Code(Plus 4)								
Employer of Contributor					Occup	ation					
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on	
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL	
Summary Page, Section 3.	<b></b>									0.00	

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporti	ng Period						
FRIENDS OF BERNIE O'NEILL			From	4/12	2/2016	То:	5/16/2016			
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
VFW POST 6493										
Mailing Address LOUIS DRIVE			4	26	2016	\$	90.00			
City WARMINSTER	State	Zip Code (Plus 4)	Description of Expenditure							
	PA 18974				ELECTION DAY EXPENSES					
o Whom Paid OMMITTEE TO ELECT DOYLE HEFFLEY				DAY	YEAR					
Mailing Address 140 IRONWOOD R			4	28	2016	\$	200.00			
City DALMEDTON	Chata	Zin Codo (Blue 4)	Bassin	 		<u> </u>				
<b>City</b> PALMERTON	State	Zip Code (Plus 4)	DONAT	tion of Exp	enaiture					
	PA	18071	I	ION	ı	ı				
To Whom Paid  COMMITTEE TO ELECT TOM PANZER			мо	DAY	YEAR					
Mailing Address 534 PARMENTIER I	RD		5	7	2016	\$	100.00			
City WARMINSTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	·				
	PA	18974	DONAT	ION						
To Whom Paid			мо	DAY	YEAR					
ILLIAM TENNENT ALUMNI ASSOC				DAT	IEAR					
Mailing Address C/O BRETT KEEBLE	ling Address C/O BRETT KEEBLE 424 AUBURN CT.				2016	\$	350.00			

	PA	18964	DONATION		
				- 1	PAGE TOTAL
Enter Grand Total of Expenditures o	on Page 1, Report C	over Page, Item D.		\$	740.00

State

City

SOUDERTON

Zip Code (Plus 4) Description of Expenditure