

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

|  |                          |           |                         |                                       |                 |  |            |  |                              |                    |                                     |                    |
|--|--------------------------|-----------|-------------------------|---------------------------------------|-----------------|--|------------|--|------------------------------|--------------------|-------------------------------------|--------------------|
| <b>Filer Identification Number :</b>   |                          | 2008205   |                         | <b>Report Filed By :</b>              |                 | <b>CANDIDATE</b>                                 |            | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |                              | <b>LOBBYIST</b>    |                                     |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF FRANK FARRY |                          |           |                         |                                       |                 |  |            |  |                              |                    |                                     |                    |
| <b>Street Address:</b>   |                          |           |                         |                                       |                 |  |            |  |                              |                    |                                     |                    |
| <b>City:</b> LANGHORNE   |                          |           |                         |                                       |                 | <b>State:</b> PA                                 |            | <b>Zip Code:</b> 19047                               |                              |                    |                                     |                    |
| <b>TYPE OF REPORT</b><br><br>(place X to the right of report type)             | 6TH TUESDAY PRE-PRIMARY  | 1.        | 2ND FRIDAY PRE-PRIMARY  | 2.                                    | 30 DAY PRIMARY  | POST-  | 3. X       | AMENDMENT REPORT?                                    | Yes                          | No                 | <input checked="" type="checkbox"/> |                    |
|  | 6TH TUESDAY PRE-ELECTION | 4.        | 2ND FRIDAY PRE-ELECTION | 5.                                    | 30 DAY ELECTION | POST-  | 6.         | TERMINATION REPORT?                                  | Yes                          | No                 | <input checked="" type="checkbox"/> |                    |
|  | ANNUAL REPORT            | 7.        | Year 2017               | <b>FILING METHOD</b><br>( ) CHECK ONE |                 | <b>PAPER</b> <input checked="" type="checkbox"/> |            | <b>DISKETTE</b>                                      |                              |                    |                                     |                    |
| <b>Name of Office Sought by Candidate:</b>                                     |                          |           |                         |                                       |                 | <b>DATE OF ELECTION</b>                          |            |  | <b>District Number</b>       | <b>Office Code</b> | <b>Party Code</b>                   | <b>County Code</b> |
|  |                          |           |                         |                                       |                 | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b>  | REP                          |                    |                                     |                    |
|  |                          |           |                         |                                       |                 | 11   | 7          | 2017   | (SEE INSTRUCTIONS FOR CODES) |                    |                                     |                    |
| <b>Summary of Receipts and Expenditures from:</b>                              |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>                           | <b>TO</b>       | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b>  | <b>FOR OFFICE USE ONLY</b>   |                    |                                     |                    |
|  |                          | 5         | 2                       | 2017                                  |                 | 6  | 5          | 2017   |                              |                    |                                     |                    |
| <b>A. Amount Brought Forward From Last Report</b>                              |                          |           |                         |                                       |                 | \$ 132,223.89                                    |            |  |                              |                    |                                     |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>          |                          |           |                         |                                       |                 | \$ 1,000.00                                      |            |  |                              |                    |                                     |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                         |                          |           |                         |                                       |                 | \$ 133,223.89                                    |            |  |                              |                    |                                     |                    |
| <b>D. Total Expenditures (From Schedule III)</b>                               |                          |           |                         |                                       |                 | \$ 4,406.26                                      |            |  |                              |                    |                                     |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                    |                          |           |                         |                                       |                 | \$ 128,817.63                                    |            |  |                              |                    |                                     |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>           |                          |           |                         |                                       |                 | \$ 600.00  |            |  |                              |                    |                                     |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                      |                          |           |                         |                                       |                 | \$ 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>5/2/2017</u> To: <u>6/5/2017</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>        | \$ 1,000.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 0.00     |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 1,000.00 |

|  |         |
|--|---------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |         |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 0.00 |

|   |             |
|---|-------------|
| <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> | \$ 1,000.00 |
|---|-------------|

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 or Candidate | Reporting Period |
|                                       | From: To:        |

| DATE |  |  |  | AMOUNT |
|------|--|--|--|--------|
|------|--|--|--|--------|

|                                     |       |                   |    |     |      |        |
|-------------------------------------|-------|-------------------|----|-----|------|--------|
| Full Name of Contributing Committee |       |                   | 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 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)**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b><br><br><b>From:</b> <span style="float: right;"><b>To:</b></span> |
|--|---|

| DATE  |           |            |             | AMOUNT  |
|---|-----------|------------|-------------|---|
| <b>Full Name of Contributor</b>   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | <div style="text-align: right;">\$ 0.00</div> |
| <b>Mailing Address</b>  |           |            |             |   |
| <b>City</b> <span style="margin-left: 20px;"><b>State</b></span> <span style="margin-left: 20px;"><b>Zip Code (Plus 4)</b></span> |           |            |             |   |

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

|                   |
|-------------------|
| <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> | <b>Reporting Period</b>                                 |
| FRIENDS OF FRANK FARRY                       | <b>From:</b> <u>5/2/2017</u> <b>To:</b> <u>6/5/2017</u> |

| DATE                                    |       |                   |          | AMOUNT      |
|---|-------|-------------------|----------|-------------|
| Full Name of Contributing Committee     |       |                   |          |             |
| MID-ATLANTIC LABORERS' POLITICAL LEAGUE |       |                   |          | \$ 1,000.00 |
| Mailing Address                         |       |                   |          |             |
| City                                    | State | Zip Code (Plus 4) |          |             |
| RESTON                                  | VA    | 20190             | 5 8 2017 |             |

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

| PAGE TOTAL  |
|-------------|
| \$ 1,000.00 |

**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 | Reporting Period                             |
|                                       | From: <span style="float: right;">To:</span> |

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

|                   |
|-------------------|
| <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.**

|                                       |  |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

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

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|  |  |   |           |
|--|--|---|-----------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                   |           |
| FRIENDS OF FRANK FARRY   |  | From: <u>5/2/2017</u> To: <u>6/5/2017</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)                                       | \$ 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<br><br>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) |      |     |      |                                  |
| Description of Contribution:  |       |                   |      |     |      |                                  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

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

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                   |
| FRIENDS OF FRANK FARRY                       | From: <u>5/2/2017</u> To: <u>6/5/2017</u> |

|   |  |       |                  | DATE              |                  | AMOUNT                      |                   |
|---|--|-------|------------------|-------------------|------------------|-----------------------------|-------------------|
| Full Name of Contributor  |  |       |                  | MO                | DAY              | YEAR                        | \$ 600.00         |
| FOUR LANES END, LLC   |  |       |                  | 6                 | 1                | 2017                        |                   |
| Mailing Address   |  |       |                  |                   |                  |                             |                   |
| City    LANGHORNE   |  | State | Zip Code(Plus 4) |                   |                  |                             |                   |
|   |  | PA    | 19047            |                   |                  |                             |                   |
| Employer of Contributor    N/A  |  |       |                  | Occupation    N/A |                  |                             |                   |
| 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

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                  |
| FRIENDS OF FRANK FARRY                       | From <u>5/2/2017</u> To: <u>6/5/2017</u> |

|  |             |       |    | DATE              | AMOUNT |       |  |
|--|-------------|-------|----|-------------------|--------|-------|--|
| To Whom Paid<br>RADISSON   |             |       |    | MO                | DAY    | YEAR  | \$ 153.00                                  |
| Mailing Address  |             |       |    | 5                 | 2      | 2017  |  |
| City   | TREVOSE     | State | PA | Zip Code (Plus 4) |        | 19053 | Description of Expenditure<br>LODGING      |
| To Whom Paid<br>MANN FOR JUDGE COMMITTEE                             |             |       |    | MO                | DAY    | YEAR  | \$ 100.00                                  |
| Mailing Address  |             |       |    | 5                 | 5      | 2017  |  |
| City   | LEWISBERRY  | State | PA | Zip Code (Plus 4) |        | 17339 | Description of Expenditure<br>CONTRIBUTION |
| To Whom Paid<br>FEDERAL EXPRESS                                      |             |       |    | MO                | DAY    | YEAR  | \$ 4.52                                    |
| Mailing Address  |             |       |    | 5                 | 18     | 2017  |  |
| City   | PITTSBURGH  | State | PA | Zip Code (Plus 4) |        | 15250 | Description of Expenditure<br>MAILING      |
| To Whom Paid<br>WILLIAM TENNENT FOOTBALL                             |             |       |    | MO                | DAY    | YEAR  | \$ 300.00                                  |
| Mailing Address  |             |       |    | 5                 | 22     | 2017  |  |
| City   | WARMINSTER  | State | PA | Zip Code (Plus 4) |        | 18974 | Description of Expenditure<br>AD           |
| To Whom Paid<br>BUCKS COUNTY CHALLENGER FLAG FOOTBALL & CHEERLEADING |             |       |    | MO                | DAY    | YEAR  | \$ 100.00                                  |
| Mailing Address  |             |       |    | 5                 | 22     | 2017  |  |
| City   | NEWTOWN     | State | PA | Zip Code (Plus 4) |        | 18940 | Description of Expenditure<br>SPONSOR      |
| To Whom Paid<br>SOUTHAMPTON SOCCER ASSN                              |             |       |    | MO                | DAY    | YEAR  | \$ 165.00                                  |
| Mailing Address  |             |       |    | 5                 | 22     | 2017  |  |
| City   | SOUTHAMPTON | State | PA | Zip Code (Plus 4) |        | 18966 | Description of Expenditure<br>SPONSOR      |

|  |             |                            |  |     |      |           |
|--|-------------|----------------------------|--|-----|------|-----------|
| To Whom Paid<br>NESHAMINY RETIREES ASSOCIATION |             |                            | MO   | DAY | YEAR | \$ 250.00 |
| Mailing Address                                |             |                            | 5  | 22  | 2017 |           |
| City    LANGHORNE                              | State<br>PA | Zip Code (Plus 4)<br>19047 | Description of Expenditure<br>CONTRIBUTION |     |      |           |

|   |             |                            |                                       |     |      |           |
|---|-------------|----------------------------|---------------------------------------|-----|------|-----------|
| To Whom Paid<br>KNIGHTS OF COLUMBUS #4215 |             |                            | MO                                    | DAY | YEAR | \$ 125.00 |
| Mailing Address                           |             |                            | 5                                     | 22  | 2017 |           |
| City    LEVITTOWN                         | State<br>PA | Zip Code (Plus 4)<br>19056 | Description of Expenditure<br>SPONSOR |     |      |           |

|  |             |                            |                                       |     |      |           |
|--|-------------|----------------------------|---------------------------------------|-----|------|-----------|
| To Whom Paid<br>LOWER SOUTHAMPTON AMERICAN LEGION BASEBALL |             |                            | MO                                    | DAY | YEAR | \$ 580.00 |
| Mailing Address  |             |                            | 5                                     | 22  | 2017 |           |
| City    LANGHORNE  | State<br>PA | Zip Code (Plus 4)<br>19047 | Description of Expenditure<br>SPONSOR |     |      |           |

|                                    |             |                            |                                  |     |      |           |
|------------------------------------|-------------|----------------------------|----------------------------------|-----|------|-----------|
| To Whom Paid<br>NESHAMINY FOOTBALL |             |                            | MO                               | DAY | YEAR | \$ 325.00 |
| Mailing Address                    |             |                            | 5                                | 22  | 2017 |           |
| City    LANGHORNE                  | State<br>PA | Zip Code (Plus 4)<br>19047 | Description of Expenditure<br>AD |     |      |           |

|  |             |                            |                                  |     |      |           |
|--|-------------|----------------------------|----------------------------------|-----|------|-----------|
| To Whom Paid<br>LOWER SOUTHAMPTON TOWNSHIP |             |                            | MO                               | DAY | YEAR | \$ 200.00 |
| Mailing Address                            |             |                            | 5                                | 22  | 2017 |           |
| City    FEASTERVILLE                       | State<br>PA | Zip Code (Plus 4)<br>19053 | Description of Expenditure<br>AD |     |      |           |

|   |             |                            |                                  |     |      |          |
|---|-------------|----------------------------|----------------------------------|-----|------|----------|
| To Whom Paid<br>TREVOSE HORTICULTURAL SOCIETY |             |                            | MO                               | DAY | YEAR | \$ 55.00 |
| Mailing Address                               |             |                            | 5                                | 22  | 2017 |          |
| City    BENSALEM                              | State<br>PA | Zip Code (Plus 4)<br>19020 | Description of Expenditure<br>AD |     |      |          |

|  |             |                            |  |     |      |           |
|--|-------------|----------------------------|--|-----|------|-----------|
| To Whom Paid<br>FEASTERVILLE BUSINESS ASSN |             |                            | MO   | DAY | YEAR | \$ 130.00 |
| Mailing Address                            |             |                            | 5  | 22  | 2017 |           |
| City    SOUTHAMPTON                        | State<br>PA | Zip Code (Plus 4)<br>18966 | Description of Expenditure<br>CONTRIBUTION |     |      |           |

|  |             |                            |                                  |     |      |           |
|--|-------------|----------------------------|----------------------------------|-----|------|-----------|
| To Whom Paid<br>BUCKS COUNTY SPORTS HALL OF FAME |             |                            | MO                               | DAY | YEAR | \$ 100.00 |
| Mailing Address                                  |             |                            | 5                                | 22  | 2017 |           |
| City    FURLONG                                  | State<br>PA | Zip Code (Plus 4)<br>18925 | Description of Expenditure<br>AD |     |      |           |

|  |                    |                                   |   |            |             |           |
|--|--------------------|-----------------------------------|---|------------|-------------|-----------|
| <b>To Whom Paid</b><br>CEC SPORTS HALL OF FAME |                    |                                   | <b>MO</b>                               | <b>DAY</b> | <b>YEAR</b> | \$ 200.00 |
| <b>Mailing Address</b>                         |                    |                                   | 5                                       | 25         | 2017        |           |
| <b>City</b> FAIRLESS HILLS                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19030 | <b>Description of Expenditure</b><br>AD |            |             |           |

|                                     |                    |                                   |   |            |             |           |
|-------------------------------------|--------------------|-----------------------------------|---|------------|-------------|-----------|
| <b>To Whom Paid</b><br>MCGRATHS PUB |                    |                                   | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b> | \$ 123.00 |
| <b>Mailing Address</b>              |                    |                                   | 6   | 2          | 2017        |           |
| <b>City</b> HARRISBURG              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17101 | <b>Description of Expenditure</b><br>DINING |            |             |           |

|                             |                    |                                   |   |            |             |           |
|-----------------------------|--------------------|-----------------------------------|---|------------|-------------|-----------|
| <b>To Whom Paid</b><br>HRCC |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | \$ 300.00 |
| <b>Mailing Address</b>      |                    |                                   | 6   | 1          | 2017        |           |
| <b>City</b> HARRISBURG      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17101 | <b>Description of Expenditure</b><br>CONTRIBUTION |            |             |           |

|   |                    |                                   |   |            |             |          |
|---|--------------------|-----------------------------------|---|------------|-------------|----------|
| <b>To Whom Paid</b><br>IRISH ROVER STATIONHOUSE |                    |                                   | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b> | \$ 52.77 |
| <b>Mailing Address</b>                          |                    |                                   | 6   | 2          | 2017        |          |
| <b>City</b> LANGHORNE                           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19047 | <b>Description of Expenditure</b><br>DINING |            |             |          |

|  |                    |                                   |   |            |             |           |
|--|--------------------|-----------------------------------|---|------------|-------------|-----------|
| <b>To Whom Paid</b><br>LANGHORNE HOTEL |                    |                                   | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b> | \$ 119.97 |
| <b>Mailing Address</b>                 |                    |                                   | 6   | 2          | 2017        |           |
| <b>City</b> LANGHORNE                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19047 | <b>Description of Expenditure</b><br>DINING |            |             |           |

|   |                    |                                   |   |            |             |          |
|---|--------------------|-----------------------------------|---|------------|-------------|----------|
| <b>To Whom Paid</b><br>AMERICAN EXPRESS |                    |                                   | <b>MO</b>                                       | <b>DAY</b> | <b>YEAR</b> | \$ 23.00 |
| <b>Mailing Address</b>                  |                    |                                   | 6   | 1          | 2017        |          |
| <b>City</b> NEW YORK                    | <b>State</b><br>NY | <b>Zip Code (Plus 4)</b><br>10285 | <b>Description of Expenditure</b><br>ANNUAL FEE |            |             |          |

|  |                    |                                   |  |            |             |             |
|--|--------------------|-----------------------------------|--|------------|-------------|-------------|
| <b>To Whom Paid</b><br>MID-ATLANTIC LABORERS' POLITICAL LEAGUE |                    |                                   | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b> | \$ 1,000.00 |
| <b>Mailing Address</b>   |                    |                                   | 5  | 8          | 2017        |             |
| <b>City</b> RESTON   | <b>State</b><br>VA | <b>Zip Code (Plus 4)</b><br>20190 | <b>Description of Expenditure</b><br>BANK DID NOT ACCEPT THE CHECK FOR DEPOSIT |            |             |             |

|  |  |  |  |  |  |                   |
|--|--|--|--|--|--|-------------------|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b> |
|  |  |  |  |  |  | \$ 4,406.26       |

