

# 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<br><br>(place X to the right of report type)             | 6TH TUESDAY PRE-PRIMARY  | 1.                | 2ND FRIDAY PRE-PRIMARY  | 2.                          | 30 DAY PRIMARY   | POST-PRIMARY                                  | 3. X                                      | AMENDMENT REPORT?            | Yes                 | No         | <input checked="" type="checkbox"/> |
|   | 6TH TUESDAY PRE-ELECTION | 4.                | 2ND FRIDAY PRE-ELECTION | 5.                          | 30 DAY ELECTION  | POST-ELECTION                                 | 6.  | TERMINATION REPORT?          | Yes                 | No         | <input checked="" type="checkbox"/> |
|   | ANNUAL REPORT            | 7.                | Year 2017               | 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                                      | REP                          |                     |            |                                     |
|   |                          |                   |                         |                             | 11               | 7   | 2017                                      | (SEE INSTRUCTIONS FOR CODES) |                     |            |                                     |
| Summary of Receipts and Expenditures from:                              |                          | MO                | DAY                     | YEAR                        | TO               | MO  | DAY                                       | YEAR                         | FOR OFFICE USE ONLY |            |                                     |
|   |                          | 5                 | 2                       | 2017                        |                  | 6   | 5   | 2017                         |                     |            |                                     |
| A. Amount Brought Forward From Last Report                              |                          |                   |                         |                             | \$ 132,223.89    |   |   |                              |                     |            |                                     |
| B. Total Monetary Contributions And Receipts (From Schedule I)          |                          |                   |                         |                             | \$ 1,000.00      |   |   |                              |                     |            |                                     |
| C. Total Funds Available (Sum Of Lines A and B)                         |                          |                   |                         |                             | \$ 133,223.89    |   |   |                              |                     |            |                                     |
| D. Total Expenditures (From Schedule III)                               |                          |                   |                         |                             | \$ 4,406.26      |   |   |                              |                     |            |                                     |
| E. Ending Cash Balance (Subtract Line D From Line C)                    |                          |                   |                         |                             | \$ 128,817.63    |   |   |                              |                     |            |                                     |
| 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 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 | <div>\$</div> <div>0.00</div> |
| Mailing Address                     |       |                   |    |     |      |                               |
| City                                | State | Zip Code (Plus 4) |    |     |      |                               |

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

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

|  |                              |                            |
|--|------------------------------|----------------------------|
| <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      |        |       |                   | MO   | DAY | YEAR   | \$       |
| MID-ATLANTIC LABORERS' POLITICAL LEAGUE  |        |       |                   |      |     |        |          |
| Mailing Address 11951 FREEDOM DRIVE #310 |        |       |                   | 5    | 8   | 2017   |          |
| City                                     | RESTON | State | Zip Code (Plus 4) |      |     |        |          |
|  |        | VA    | 20190             |      |     |        | 1,000.00 |

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

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

|                   |
|-------------------|
| <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 |
|                                       | From: To:        |

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

|   |       |                   |  | 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. |       |                   |  |      |     |      | <b>PAGE TOTAL</b><br>\$ 0.00 |

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

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

|  |                    |                                  |                         | DATE                               | AMOUNT     |
|--|--------------------|----------------------------------|-------------------------|------------------------------------|------------|
| <b>Full Name of Contributor</b><br>FOUR LANES END, LLC   |                    |                                  |                         | <b>MO</b>                          | <b>DAY</b> |
| <b>Mailing Address</b> 106 MAPLE AVE   |                    |                                  |                         | 6                                  | 1          |
| <b>City</b> LANGHORNE  | <b>State</b><br>PA | <b>Zip Code(Plus 4)</b><br>19047 | 2017                    |                                    |            |
| <b>Employer of Contributor</b> N/A   |                    |                                  |                         | <b>Occupation</b> N/A              |            |
| <b>Employer Mailing Address/Principal Place of Business</b><br>N/A   | <b>City</b>        | <b>State</b>                     | <b>Zip Code(Plus 4)</b> | <b>Description of Contribution</b> |            |
| <b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b> |                    |                                  |                         | <b>PAGE TOTAL</b><br>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 2400 OLD LINCOLN HIGHWAY                             |             |                            | 5  | 2      | 2017 |           |
| City TREVOSE   | State<br>PA | Zip Code (Plus 4)<br>19053 | Description of Expenditure<br>LODGING      |        |      |           |
| To Whom Paid<br>MANN FOR JUDGE COMMITTEE                             |             |                            | MO   | DAY    | YEAR | \$ 100.00 |
| Mailing Address PO BOX 149   |             |                            | 5  | 5      | 2017 |           |
| City LEWISBERRY  | State<br>PA | Zip Code (Plus 4)<br>17339 | Description of Expenditure<br>CONTRIBUTION |        |      |           |
| To Whom Paid<br>FEDERAL EXPRESS                                      |             |                            | MO   | DAY    | YEAR | \$ 4.52   |
| Mailing Address PO BOX 371461  |             |                            | 5  | 18     | 2017 |           |
| City PITTSBURGH  | State<br>PA | Zip Code (Plus 4)<br>15250 | Description of Expenditure<br>MAILING      |        |      |           |
| To Whom Paid<br>WILLIAM TENNENT FOOTBALL                             |             |                            | MO   | DAY    | YEAR | \$ 300.00 |
| Mailing Address PO BOX 192   |             |                            | 5  | 22     | 2017 |           |
| City WARMINSTER  | State<br>PA | Zip Code (Plus 4)<br>18974 | Description of Expenditure<br>AD           |        |      |           |
| To Whom Paid<br>BUCKS COUNTY CHALLENGER FLAG FOOTBALL & CHEERLEADING |             |                            | MO   | DAY    | YEAR | \$ 100.00 |
| Mailing Address 2 GREENRIDGE CIRCLE                                  |             |                            | 5  | 22     | 2017 |           |
| City NEWTOWN   | State<br>PA | Zip Code (Plus 4)<br>18940 | Description of Expenditure<br>SPONSOR      |        |      |           |

|   |             |                            |                                       |     |      |           |
|---|-------------|----------------------------|---------------------------------------|-----|------|-----------|
| To Whom Paid<br>SOUTHAMPTON SOCCER ASSN |             |                            | MO                                    | DAY | YEAR | \$ 165.00 |
| Mailing Address 1415 2ND STREET PIKE    |             |                            | 5                                     | 22  | 2017 |           |
| City SOUTHAMPTON                        | State<br>PA | Zip Code (Plus 4)<br>18966 | Description of Expenditure<br>SPONSOR |     |      |           |

|  |             |                            |  |     |      |           |
|--|-------------|----------------------------|--|-----|------|-----------|
| To Whom Paid<br>NESHAMINY RETIREES ASSOCIATION |             |                            | MO   | DAY | YEAR | \$ 250.00 |
| Mailing Address 2001 OLD LINCOLN HIGHWAY       |             |                            | 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 10 MAPLEWOOD DRIVE        |             |                            | 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 BRISTOL ROAD                               |             |                            | 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 2001 OLD LINCOLN HIGHWAY |             |                            | 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 1500 DESIRE AVE            |             |                            | 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 5400 HULMEVILLE ROAD          |          |                         | 5                             | 22  | 2017 |          |
| City BENSLEM                                  | State PA | Zip Code (Plus 4) 19020 | Description of Expenditure AD |     |      |          |

|  |          |                         |   |     |      |           |
|--|----------|-------------------------|---|-----|------|-----------|
| To Whom Paid<br>FEASTERVILLE BUSINESS ASSN |          |                         | MO                                      | DAY | YEAR | \$ 130.00 |
| Mailing Address 67 BUCK ROAD               |          |                         | 5                                       | 22  | 2017 |           |
| City SOUTHAMPTON                           | State PA | Zip Code (Plus 4) 18966 | Description of Expenditure CONTRIBUTION |     |      |           |

|  |          |                         |                               |     |      |           |
|--|----------|-------------------------|-------------------------------|-----|------|-----------|
| To Whom Paid<br>BUCKS COUNTY SPORTS HALL OF FAME |          |                         | MO                            | DAY | YEAR | \$ 100.00 |
| Mailing Address 3113 E. BRIGHTON STREET          |          |                         | 5                             | 22  | 2017 |           |
| City FURLONG                                     | State PA | Zip Code (Plus 4) 18925 | Description of Expenditure AD |     |      |           |

|   |          |                         |                               |     |      |           |
|---|----------|-------------------------|-------------------------------|-----|------|-----------|
| To Whom Paid<br>CEC SPORTS HALL OF FAME |          |                         | MO                            | DAY | YEAR | \$ 200.00 |
| Mailing Address 611 WISTAR ROAD         |          |                         | 5                             | 25  | 2017 |           |
| City FAIRLESS HILLS                     | State PA | Zip Code (Plus 4) 19030 | Description of Expenditure AD |     |      |           |

|                                   |          |                         |                                   |     |      |           |
|-----------------------------------|----------|-------------------------|-----------------------------------|-----|------|-----------|
| To Whom Paid<br>MCGRATHS PUB      |          |                         | MO                                | DAY | YEAR | \$ 123.00 |
| Mailing Address 202 LOCUST STREET |          |                         | 6                                 | 2   | 2017 |           |
| City HARRISBURG                   | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure DINING |     |      |           |

|                                     |          |                         |   |     |      |           |
|-------------------------------------|----------|-------------------------|---|-----|------|-----------|
| To Whom Paid<br>HRCC                |          |                         | MO                                      | DAY | YEAR | \$ 300.00 |
| Mailing Address 500 N. THIRD STREET |          |                         | 6                                       | 1   | 2017 |           |
| City HARRISBURG                     | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure 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> 1033 S. BELLEVUE AVE     |                    |                                   | 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> 100 W. MAPLE AVE |                    |                                   | 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> 200 VESSEY STREET |                    |                                   | 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> 11951 FREEDOM DRIVE #310                |                    |                                   | 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       |

