

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: FARRY, FRANK FRIENDS OF										
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.X	30 DAY 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		
	9	19	2017		10	23	2017			
A. Amount Brought Forward From Last Report				\$		140,115.64				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		800.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		140,915.64				
D. Total Expenditures (From Schedule III)				\$		4,342.27				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		136,573.37				
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

Signature

Printed Name

My Commission Expires

MO DAY YR

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 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

Name of Filing Committee or Candidate	Reporting Period
FARRY, FRANK FRIENDS OF	From: <u>9/19/2017</u> To: <u>10/23/2017</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)	\$ 800.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 800.00

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.)	\$ 800.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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)

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

DATE			AMOUNT
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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	Reporting Period
FARRY, FRANK FRIENDS OF	From: <u>9/19/2017</u> To: <u>10/23/2017</u>

				DATE		AMOUNT	
Full Name of Contributing Committee UNITED STATES STEEL CORPORATION PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 600 GRANT STREET				10	13	2017	
City	PITTSBURGH	State	Zip Code (Plus 4)				
		PA	15219				
Full Name of Contributing Committee PHARMPAC				MO	DAY	YEAR	\$ 300.00
Mailing Address 508 NORTH THIRD STREET				9	20	2017	
City	HARRISBURG	State	Zip Code (Plus 4)				
		PA	17101				

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

PAGE TOTAL
\$ 800.00

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	\$ 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.

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:
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			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.

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		Reporting Period	
FARRY, FRANK FRIENDS OF		From: <u>9/19/2017</u> To: <u>10/23/2017</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 RECIEVED - 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:
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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.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate FARRY, FRANK FRIENDS OF				Reporting Period From: <u>9/19/2017</u> To: <u>10/23/2017</u>			
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				DATE	AMOUNT
Full Name of Contributor FOUR LANES END, LLC				MO	DAY
Mailing Address 106 MAPLE AVE				10	1
City LANGHORNE	State PA	Zip Code(Plus 4) 19047	2017		
				\$ 600.00	
Employer of Contributor N/A				Occupation	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution RENT
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
FARRY, FRANK FRIENDS OF	From <u>9/19/2017</u> To: <u>10/23/2017</u>

DATE				AMOUNT		
To Whom Paid HOUSE REPUBLICAN CAMPAIGN COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address 500 N. THIRD STREET			9	20	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			
To Whom Paid MORRISVILLE REPUBLICANS			MO	DAY	YEAR	\$ 150.00
Mailing Address 388 MELVIN COURT NORTH			9	20	2017	
City MORRISVILLE	State PA	Zip Code (Plus 4) 19067	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF SHERIFF DUKE DONNELLY			MO	DAY	YEAR	\$ 200.00
Mailing Address 1835 LAFAYETTE DR			9	20	2017	
City SOUTHAMPTON	State PA	Zip Code (Plus 4) 18966	Description of Expenditure CONTRIBUTION			
To Whom Paid MOVING NORTHAMPTON FORWARD			MO	DAY	YEAR	\$ 250.00
Mailing Address 196 HILLTOP DRIVE			9	20	2017	
City CHURCHVILLE	State PA	Zip Code (Plus 4) 18966	Description of Expenditure CONTRIBUTION			
To Whom Paid BUCKSMONT SQUIRE			MO	DAY	YEAR	\$ 40.00
Mailing Address 301 E. MAPLE AVE			9	22	2017	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			

To Whom Paid SANTANDER BANK			MO	DAY	YEAR	\$ 120.10
Mailing Address FLOWERS MILL ROAD			9	22	2017	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure CHECK ORDER			

To Whom Paid KRISTEN BENHAYON			MO	DAY	YEAR	\$ 100.00
Mailing Address 6 FIREBRUSH RD			9	22	2017	
City LEVITTOWN	State PA	Zip Code (Plus 4) 19056	Description of Expenditure REIMBURSEMENT FOR EXPENSES			

To Whom Paid TAXPAYERS FOR NESHAMINY SCHOOLS			MO	DAY	YEAR	\$ 250.00
Mailing Address 39 QUEST ROAD			9	25	2017	
City LEVITTOWN	State PA	Zip Code (Plus 4) 19057	Description of Expenditure CONTRIBUTION			

To Whom Paid LANGHORNE HOTEL			MO	DAY	YEAR	\$ 62.03
Mailing Address 100 W. MAPLE AVE			10	2	2017	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure DINING			

To Whom Paid STURGES SPEAKEASY			MO	DAY	YEAR	\$ 56.00
Mailing Address 400 FORSTER STREET			10	2	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure DINING			

To Whom Paid OLD NESHAMINY INN			MO	DAY	YEAR	\$ 114.14
Mailing Address 1558 E. MAPLE AVE			10	2	2017	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure DINING			

To Whom Paid FRIENDS OF KEVIN GLASSON			MO	DAY	YEAR	
Mailing Address PO BOX 1223			10	13	2017	
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 \$ 4,342.27

