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 :	on 200	2088				port ed B		CAND	IDATE		СОМ	4ITTEE	✓	LOBE	YIST			
Name of Filing C	Committee, Candi	date or L	obbyist:		FRIE	END	S OF	BERNIE	O'NEIL	L	•		_					
Street Address:	50 DORSETT	CIRCLE																
City:	WARMINSTE	R						State:	PA Zip Code: 18974									
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	RE-	. 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~		
report type)	ANNUAL REPORT	7. X	Year 2018					NG METH CHECK C				PAPER		\checkmark	DISKE	ГТЕ		
Name of Office S	Sought by Candida	ate:	•					DATE (OF ELE	CTIC	N	District Number	Office Code	Pari	ty Code	County Code		
								МО	DAY	YI	AR		10000	REP				
								1:	L	6	2018		(SEE IN	STRUCTIO	ONS FOR C	ODES)		
	Receipts and	МО	DAY YE	AR				мо	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		11 27	20)18	Т	0	12	2	31	2018							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			8,5	553.77							
B. Total Moneta	ary Contributions	And Rec	eipts (From So	he	dule	ı)	\$				0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			8,5	553.77							
D. Total Expend	ditures (From Scl	nedule II	I)				\$			2	229.69							
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			8,3	24.08							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II	()	\$				0.00							
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)				\$				0.00			'				
			А	FF	IDA	١٧٢	T SE	CTION										
PART I - If this is	s a Committee re	ort, trea	surer sign her	e. I	f thi	is is	a Can	ndidate r	eport,	candi	date sig	ın here.						
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	attached sched	ules	filed	d on	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true		
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ting Rep	ort			
			_				- -					Prin	ted Name	e				
My Commission Ex	Signat cpires	ure										Ema	il					
	МО	D	AY	YR			_		Ar	ea Cod	le	Daytim	e Telepi	none Nui	mber			
Part II- If this is	a report of a car	didate's	authorized Co	mm	itte	e, 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 1	this	polit	tical	commi	ittee has	not viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,		
Sworn to and subsc	ribed before me this	:									s	ignature o	of Candid	ate				
	day of —— ————						-					Drint-	d Name					
	Signature						-											
My Commission Exp	_											Ema	il					
	МО	D	AY	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 Period							
FRIENDS OF BERNIE O'NEILL	From: <u>11</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 or Candidat	e		Reporting	Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	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.

(Exclude contributions from political committees reported in Part A)

(=====							,	
Name of Filing Committe	e or Candidate		Rep	orting P	eriod			
			Froi	m:		То):	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL

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

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	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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.)

			Repo	orting Pe	riod			
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip

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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	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 Per	od	
FRIENDS OF BERNIE O'NEILL	From:	11/27/2018 To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 Cand	ame of Filing Committee or Candidate Re					Reporting Period					
	From:			То:							
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address				7 \$	0.00						
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•	•						
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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				Rep	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

229.69

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	Name of Filing Committee or Candidate						
FRIENDS OF BERNIE O'NEILL	RIENDS OF BERNIE O'NEILL					То:	12/31/2018
				DATE			AMOUNT
To Whom Paid UPPER SOUTHAMPTON REPUBLIC	мо	DAY	YEAR				
Mailing Address P.O. BOX 100	12	2	2018	\$	90.00		
City SOUTHAMPTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA		DONAT	ION			
To Whom Paid BERNIE ONEILL			мо	DAY	YEAR		
Mailing Address 50 DORSETT (CIRCLE		12	27	2018	\$	139.69
City WARMINSTER	Zip Code (Plus 4)	Description of Expenditure					
	PA 18974						ISES
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL