### **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 :			port ed B		CAND	IDATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBE	YIST						
Name of Filing C	Committee, Candi	date or L	obbyist:		FRIE	END	S OF I	BERNIE	O'NEIL	L			_					
Street Address:	50 DORSETT	CIRCLE																
City:	WARMINSTE	R						State: PA				<b>Zip Code:</b> 18974						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	2ND FRIDAY PRE- 2. 3 PRIMARY P					POST-	3.		AMENDM REPORT?		Yes	No	<b>~</b>		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY   ELECTION						POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>		
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2018	FILING METHOD ( ) CHECK ONE							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:	ı	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 Monet	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	53.77						
D. Total Expen	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	e attached sched	ules	filed	d on	paper o	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			
	Signat		_				- -					Prin	ted Name	e				
My Commission Ex	-	uie										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 t	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	<b>:</b>							Signature of Candidate									
	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	g Period		
FRIENDS OF BERNIE O'NEILL	From:	11/27/20	<u>18</u> To:	12/31/2018
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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

**PAGE TOTAL \$**0.00

## 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 of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
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				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	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.)

lame of Filing Committee or Candidate				Rep	orting Pe	riod			
				Fror	n:		To	):	
					D	ATE		Α	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, <b>2000</b>		22300				\$	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 Pe	riod	
FRIENDS OF BERNIE O'NEILL	From:	11/27/2018 <b>To</b> :	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUT	OR	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	Name of Filing Committee or Candidate										
FRIENDS OF BERNIE O'NEILL	RIENDS OF BERNIE O'NEILL			From <u>11/27/2018</u> To:			12/31/2018				
						DATE AMO					
To Whom Paid UPPER SOUTHAMPTON REPUBL	ICAN CLUB		мо	DAY	YEAR						
Mailing Address P.O. BOX 1005				2	2018	\$	90.00				
City SOUTHAMPTON	State PA	Zip Code (Plus 4)	<b>Descrip</b> DONAT	otion of Exp	penditure						
To Whom Paid BERNIE ONEILL			МО	DAY	YEAR						
Mailing Address 50 DORSETT	Γ CIRCLE		12	27	2018	\$	139.69				
City WARMINSTER  State PA  2ip Code (Plus 4) 18974			1 .	otion of Exp			NSES				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

229.69