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 2008	3205				port ed B		CANDI	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRII	END:	S OF I	FRANK F	ARRY			_	_				
Street Address:																	
City:	LANGHORNE							State:	PA			Zip Cod	ie: 19	047			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	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.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7. X	Year 2018					IG METHO				PAPER		DISKETTE			
Name of Office S	- Sought by Candida	te:						DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YI	AR			REP			
								11		6	2018	(SEE INSTRUCTIONS FOR CODES)					,
	Receipts and	МО	DAY	YEAR	2			МО	DAY	ΥI	EAR	FO	R OFFIC	CE USE	ONLY		
Expenditures	s trom:	:	11 27	2	018	Т	<u> </u>	12		31	2018						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			127,2	217.55						
B. Total Monetary Contributions And Receipts (From Schedule I)					e I)	\$			-	760.00							
C. Total Funds Available (Sum Of Lines A and B)				\$			127,9	977.55									
D. Total Expenditures (From Schedule III)					\$			4,2	254.96								
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$		1	123,7	22.59						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	I)	\$			3	50.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00						
				AFF	ID/	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. I	If th	nis is	a Can	ididate re	eport, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sch	edules	s file	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge :	and belie	ef , tru	ıe
Sworn to and subs	cribed before me this day of	5	20							S	ignature	of Perso	n Submitt	ting Rep	ort		_
	Signatu	re					-					Prin	ted Name	.			
My Commission Ex	cpires ————						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		╝
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belie	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	of Candida	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
•																	_
	мо	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-								
Name of Filing Committee or Candidate	Reporting	g Period						
FRIENDS OF FRANK FARRY	From:	11/27/201	<u>8</u> To:	12/31/2018				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting) Period	(1)	\$	10.00				
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	\$	0.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	500.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting	Period	(3)	\$	500.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting) Period	(4)	\$	250.00				
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			\$	760.00				

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 Ca	Name of Filing Committee or Candidate		eporting				
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Commi	ttee		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.

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 Comm	ittee or Candidate	F	Reporting P	eriod			
		F	From:		To) :	
		•		DATE			AMOUNT
Full Name of Contributo	r		мо	DAY	YEAR		
Mailing Address					1	\$	0.00
Mailing Address City	State	Zip Code (Plus 4)				\$	0.00

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		Reporting Period						
FRIENDS OF FRANK FARRY	From:	11/27/2018	То:	12/31/2018				

DATE AMOUNT

Full N	Full Name of Contributing Committee			мо	DAY	YEAR	
COVA	COVANTA ENERGY CORPORATION PAC ACCOUNT			1-10		IEAR	\$ 500.00
Mailin	Mailing Address			11	27	2018	,
City	MORRISTOWN	State	Zip Code (Plus 4)	**	27	2010	
		NJ	07960				

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

PAGE TOTAL \$ 500.00

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.)

Name of Filing Committee or Candi	date			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		AI	MOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	e (Plus 4)					
Employer Name	•				Occupa	tion			
Employer Mailing Address/Principa	l Place of Business		City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on S	Schedule I, Detail	ed Sumn	mary Page,	Section	on 3.			P \$	AGE 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 Candidate			Report	ing Perio	d		
FRIENDS OF FRANK FARRY			From:		11/27/201	<u>8</u> To:	12/31/2018
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	150.00
LOWER BUCKS CHAMBER OF COMMERCE				MO	DAY	TEAR	\$ 150.00
Mailing Address			12	31	2018		
City FAIRLESS HILLS	State	Zip Code (Plus 4)				=320	
	PA	19030					
Receipt Description RETURNED CK #	1836						
Full Name					DAY	VEAD	100.00
ASSUMPTION BVM				МО	DAY	YEAR	\$ 100.00
Mailing Address				12	31	2018	
City FEASTERVILLE	State	Zip Code (Plus 4)	12]	2010	
	PA	19053					
Receipt Description RETURNED CK#1	1862	-					

PAGE TOTAL
\$ 250.00

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	iod							
FRIENDS OF FRANK FARRY	From:	<u>11/27/2018</u> To:	12/31/2018						
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 Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	350.00						
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,	•	\$	350.00						

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		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	Reporting Period					
FRIENDS OF FRANK FARRY	From:	<u>11/27/2018</u> To:	12/31/2018			

						DATE		AMOUI	NT	
Full Name of Contributor					мо	DAY	YEAR			
FOUR LANES END, LLC								\$	350.00	
Mailing Address					12	1	2018	.	330.00	
City LANGHORNE	State		Zip Code(Plus 4)							
	PA		19047							
Employer of Contributor N/A Occupation N/A							/A			
Employer Mailing Address/Principal Place of Business			у	State	e Zip Code(Plus 4) Description			otion of Contrib	ution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed								PAGE TOTAL		
Summary Page, Section 3.								350.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS OF FRANK FARRY	From	11/27/2018	То:	12/31/2018			

					DATE			AMOUNT			
To Whom Paid					DAY	YEAR					
DAVI) SANDER			МО		1 = 7 (
Mailing Address					30	2018	\$	250.00			
City	PENNDEL State Zip Code (Plus 4)			Description of Expenditure							
PA 19047					SERVICES						
To Wh	om Paid			МО	DAY	YEAR					
FIRES	IDE INN			M		ILAK					
Mailin	g Address			12	2	2018	\$	156.85			
City	FEASTERVILLE	State	Zip Code (Plus 4)	Description of Expenditure							
		PA	19053	DINING	i						
To Wh	om Paid			МО	DAY	YEAR					
MIDD	LETOWN COUNTRY CLUB			MO		ILAK					
Mailin	g Address			12	2	2018	\$	27.50			
City	LANGHORNE	State	Zip Code (Plus 4)	Description of Expenditure							
PA 19047				DINING							
To Wh	om Paid			МО	DAY	YEAR					
MIDTO	OWN TAVERN			M		ILAK					
Mailin	g Address			12	2	2018	\$	39.00			
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure							
	PA 17102			DINING							
To Wh	om Paid			МО	DAY	YEAR					
MCGR	ATH'S PUB			PIO		ILAK					
Mailin	g Address			12	2	2018	\$	39.00			
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		PA	17101	DINING	i						
To Whom Paid				МО	DAY	YEAR					
LAS MARGARITAS				1410		ILAN					
Mailing Address				12	2	2018	\$	61.98			
				+	Description of Expenditure						
City	SOUTHAMPTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					

								PAGE 12			
To Whom Paid					DAY	YEAR					
FAST SIGNS						ILAK					
Mailing Address					2	2018	\$	3,012.16			
City	LAWRENCEVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	 ıre				
NJ 08648					SIGNS						
To Wi	hom Paid			мо	DAY	YEAR					
FACE	воок			1-10							
Mailing Address					2	2018	\$	28.75			
City	MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
CA 94025											
To WI	hom Paid			МО	DAY	YEAR					
IRISH	ROVER STATIONHOUSE										
Mailing Address					2	2018	\$	66.22			
City	LANGHORNE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		PA	19047	DINING	i						
To Whom Paid					DAY	YEAR					
OLD NESHAMINY INN											
Mailir	ng Address			12	2	2018	\$	413.24			
City	LANGHORNE State Zip Code (Plus 4)			Description of Expenditure							
		PA 19047				CATERING					
To W	hom Paid			мо	DAY	YEAR					
BUCK	HOTEL			1-10		12/110					
Mailing Address			12	2	2018	\$	60.26				
City	FEASTERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		PA	19053	DINING	i						
To Whom Paid				мо	DAY	YEAR					
UPPER SOUTHAMPTON REPUBLICAN COMMITTEE						1 = 1					
Mailing Address					4	2018	\$	100.00			
City	SOUTHAMPTON	OUTHAMPTON State Zip Code (Plus 4)			Description of Expenditure						
	PA 18966			CONTRI	ONTRIBUTION						
								PAGE TOTAL			
Ente	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	4,254.96			
							ı				