

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: 19047-0221			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2019	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 09			
						11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	7	2019		6	10	2019				
A. Amount Brought Forward From Last Report						\$ 111,885.19						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 111,885.19						
D. Total Expenditures (From Schedule III)						\$ 3,467.07						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 108,418.12						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 350.00						
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

Name of Filing Committee or Candidate	Reporting Period
FARRY, FRANK FRIENDS OF	From: <u>5/7/2019</u> To: <u>6/10/2019</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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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	\$ 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 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:
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DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	<div style="text-align: right;">\$ 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.

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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 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>5/7/2019</u> To: <u>6/10/2019</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 350.00
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.)			\$ 350.00

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	Reporting Period
FARRY, FRANK FRIENDS OF	From: <u>5/7/2019</u> To: <u>6/10/2019</u>

					DATE		AMOUNT	
Full Name of Contributor					MO	DAY	YEAR	\$ 350.00
Four Lanes End, LLC					6	1	2019	
Mailing Address		106 Maple Ave						
City	Langhorne	State	PA	Zip Code(Plus 4)	19047			
Employer of Contributor					Occupation			
n/a					n/a			
Employer Mailing Address/Principal Place of Business				City	State	Zip Code(Plus 4)	Description of Contribution	
106 Maple Ave				Langhorne	PA	19047	rent	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL	
							350.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FARRY, FRANK FRIENDS OF	From <u>5/7/2019</u> To: <u>6/10/2019</u>

DATE				AMOUNT
To Whom Paid				
Sports Recruiters/SR Gear				
Mailing Address	4320 Crestview Road	MO	DAY	YEAR
		5	13	2019
City	Harrisburg	State	PA	Zip Code (Plus 4)
				17112-6128
Description of Expenditure				
advertising				\$ 200.00
To Whom Paid				
Feasterville Business Assn				
Mailing Address	67 Buck Road	MO	DAY	YEAR
		5	13	2019
City	Southampton	State	PA	Zip Code (Plus 4)
				18966
Description of Expenditure				
advertising				\$ 100.00
To Whom Paid				
TMA Bucks Foundation				
Mailing Address	7 Neshaminy Interplex, Suite 103	MO	DAY	YEAR
		5	13	2019
City	Trevose	State	PA	Zip Code (Plus 4)
				19053
Description of Expenditure				
sponsor				\$ 150.00
To Whom Paid				
Neshaminy Retirees				
Mailing Address	2001 Old Lincoln Highway	MO	DAY	YEAR
		5	13	2019
City	Langhorne	State	PA	Zip Code (Plus 4)
				19047
Description of Expenditure				
luncheon				\$ 250.00
To Whom Paid				
Lower Southampton Fourth of July Parade				
Mailing Address	1500 Desire Ave	MO	DAY	YEAR
		5	13	2019
City	Feasterville	State	PA	Zip Code (Plus 4)
				19053
Description of Expenditure				
advertising				\$ 200.00
To Whom Paid				
Southampton Baseball				
Mailing Address	PO Box 938	MO	DAY	YEAR
		5	13	2019
City	Southampton	State	PA	Zip Code (Plus 4)
				18966
Description of Expenditure				
advertising				\$ 300.00

To Whom Paid			MO	DAY	YEAR	\$ 100.00
Maverick Finance			5	13	2019	
Mailing Address 1426 N. 3rd Street			5	13	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure design fee			
To Whom Paid			MO	DAY	YEAR	\$ 16.99
American Express			5	22	2019	
Mailing Address 200 Vesey Street			5	22	2019	
City New York	State NY	Zip Code (Plus 4) 10285	Description of Expenditure fees			
To Whom Paid			MO	DAY	YEAR	\$ 400.00
HRCC			5	30	2019	
Mailing Address PO Box 11787			5	30	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure ticket to event			
To Whom Paid			MO	DAY	YEAR	\$ 23.00
McGrath's Pub			6	2	2019	
Mailing Address 202 Locust Street			6	2	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure dining			
To Whom Paid			MO	DAY	YEAR	\$ 26.00
Irish Rover Station House			6	2	2019	
Mailing Address 1033 S. Bellevue Ave			6	2	2019	
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure dining			
To Whom Paid			MO	DAY	YEAR	\$ 20.00
Fireside Inn			6	2	2019	
Mailing Address 237 Elmwood Ave			6	2	2019	
City Feasterville	State PA	Zip Code (Plus 4) 19053	Description of Expenditure dining			
To Whom Paid			MO	DAY	YEAR	\$ 23.00
Aroogas Draft House			6	2	2019	
Mailing Address 201 N. 2nd Street			6	2	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure dining			
To Whom Paid			MO	DAY	YEAR	\$ 36.00
Midtown Tavern			6	2	2019	
Mailing Address 1101 N. 2nd Street			6	2	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure dining			

To Whom Paid Middletown Township			MO	DAY	YEAR	\$ 100.00
Mailing Address 3 Municipal Way			6	2	2019	
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure advertising			

To Whom Paid William Tennent Football Boosters			MO	DAY	YEAR	\$ 200.00
Mailing Address PO Box 192			6	4	2019	
City Warminster	State PA	Zip Code (Plus 4) 18974	Description of Expenditure advertising			

To Whom Paid Kristin Benhayon			MO	DAY	YEAR	\$ 1,122.44
Mailing Address 6 Firebush Road			6	4	2019	
City Levittown	State PA	Zip Code (Plus 4) 19056	Description of Expenditure reimbursement for expenses			

To Whom Paid Kristin Benhayon			MO	DAY	YEAR	\$ 199.64
Mailing Address 6 Firebush Road			6	4	2019	
City Levittown	State PA	Zip Code (Plus 4) 19056	Description of Expenditure reimbursement for expenses			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,467.07

