

Commonwealth of Pennsylvania

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 POST-PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>	
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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	
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 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
Full Name of Contributor				\$ 0.00
Mailing Address	MO	DAY	YEAR	
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:
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	DATE			AMOUNT			
Full Name of Contributing Committee	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">City</td> <td style="width: 20%; padding: 5px;">State</td> <td style="width: 50%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
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	
Mailing Address				\$ 0.00
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:

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 FARRY, FRANK FRIENDS OF	Reporting Period 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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>5/7/2019</u> To: <u>6/10/2019</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Four Lanes End, LLC					
Mailing Address 106 Maple Ave	6	1	2019	\$	350.00
City Langhorne State PA Zip Code(Plus 4) 19047					
Employer of Contributor n/a	Occupation n/a				
Employer Mailing Address/Principal Place of Business 106 Maple Ave	City Langhorne	State PA	Zip Code(Plus 4) 19047	Description of Contribution 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	MO	DAY	YEAR	
Sports Recruiters/SR Gear	5	13	2019	\$ 200.00
Mailing Address 4320 Crestview Road				
City Harrisburg	State PA	Zip Code (Plus 4) 17112-6128	Description of Expenditure advertising	
To Whom Paid Feasterville Business Assn	5	13	2019	\$ 100.00
Mailing Address 67 Buck Road				
City Southampton	State PA	Zip Code (Plus 4) 18966	Description of Expenditure advertising	
To Whom Paid TMA Bucks Foundation	5	13	2019	\$ 150.00
Mailing Address 7 Neshaminy Interplex, Suite 103				
City Trevose	State PA	Zip Code (Plus 4) 19053	Description of Expenditure sponsor	
To Whom Paid Neshaminy Retirees	5	13	2019	\$ 250.00
Mailing Address 2001 Old Lincoln Highway				
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure luncheon	
To Whom Paid Lower Southampton Fourth of July Parade	5	13	2019	\$ 200.00
Mailing Address 1500 Desire Ave				
City Feasterville	State PA	Zip Code (Plus 4) 19053	Description of Expenditure advertising	

To Whom Paid Southampton Baseball			MO	DAY	YEAR	
Mailing Address PO Box 938			5	13	2019	
City Southampton	State PA	Zip Code (Plus 4) 18966	Description of Expenditure advertising			
To Whom Paid Maverick Finance			MO	DAY	YEAR	
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 American Express			MO	DAY	YEAR	
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 HRCC			MO	DAY	YEAR	
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 McGrath's Pub			MO	DAY	YEAR	
Mailing Address 202 Locust Street			6	2	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure dining			
To Whom Paid Irish Rover Station House			MO	DAY	YEAR	
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 Fireside Inn			MO	DAY	YEAR	
Mailing Address 237 Elmwood Ave			6	2	2019	
City Feasterville	State PA	Zip Code (Plus 4) 19053	Description of Expenditure dining			
To Whom Paid Aroogas Draft House			MO	DAY	YEAR	
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 Midtown Tavern			MO	DAY	YEAR	
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	
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	
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	
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	
Mailing Address 6 Firebush Road			6	4	2019	\$ 199.64
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

