Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion 2008	205			Report	t	CANDI	DATE	СОМ	MITTEE	\checkmark	LOB	BYIST	
Number :					Filed E									
Name of Filing	Committee, Candid	ate or L	obbyist:		FARRY,	FRAM	NK FRIENI	DS OF						
Street Address:										-				
City:	LANGHORNE						State:	PA		Zip Co	de: 19	047-0	221	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST- 3	3.	AMENDI REPORT		Yes	No	~ 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	<u>-</u> 5.	30 DA ELEC		POST- 6	5.	TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPORT	7. X	Year 2020				NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
DEDDECENTAT			EMDL V				мо	DAY	YEAR	142	STH	REP)	09
REPRESENTAT	IVE IN THE GENER	KAL ASS	EMBLY				11	3	3 2020		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditure	s from:	:	11 24	. 2	020 T	0	12	3:	1 2020					
A. Amount Bro	ought Forward From	n Last R	eport			\$			78,313.42					
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedu						\$ 11,455.00							
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)					\$	5	;	89,768.42					
D. Total Expen	ditures (From Sch	edule II	I)			\$	5		3,238.58]				
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5	8	36,529.84					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)	\$	5		300.00	4				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$	5		0.00					
				AFF	IDAVI	T SE	CTION							
	s a Committee rep		_					•		-				
I swear (or affirm correct and comp) that this report, incl ete.	luding the	e attached sc	hedule	s filed on	paper	or by elect	ronic mea	lium, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	5	20						Signatur	e of Perso	on Submitt	ing Rep	oort	
						_				Prir	nted Name			
My Commission E	Signatu xnires	re												
,	мо	D	AY	YR		_		Area	Code	Ema Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cano	didate's	authorized	Comm	nittee, C	andid	late shall	sign her	e.					
I swear (or affirm No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ief this	political	comm	nittee has n	ot violate	d any provis	sions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subs	cribed before me this								5	Signature	of Candida	ite		
	day of 					_				Print	ed Name			
	Signature					_				- mu				
My Commission Ex	-									Ema	ail			
	мо	D	AY	YR	1	-		Area C	ode	D	aytime Te	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FARRY, FRANK FRIENDS OF From: <u>11/24/2020</u> **To:** 12/31/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 250.00 **Contributions Received From Political Committees (Part A)** 500.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 750.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 10,000.00 500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 10,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 205.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 11,455.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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.

Nan	ne of Filing Committee or Candidat	e		Reporting Period							
FAR	RY, FRANK FRIENDS OF			Fr	om:	<u>11/24/20</u>) <u>20</u> To	:	<u>12/31/2020</u>		
						DATE			AMOUNT		
	ame of Contributing Committee	1 EFF STATE GVT			мо	DAY	YEAR				
Mailir	ng Address				12	30	2020	\$	250.00		
City	PITTSBURGH	State PA	Zip Code (Plus 15219-1410	4)	12	50	2020				
								Г	PAGE TOTAL		
Enter	Grand Total of Part A on Sche	dule I, Detailed Su	mmary Page, S	ectio	on 2.			\$	250.00		

	Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s w ortir	ith an 1g peri	aggreg			from
Nar	ne of Filing Committee or Candida	ate		Rep	oorting Po	eriod			
FAF	FARRY, FRANK FRIENDS OF From: 11/24/2020						<u>2020</u> То):	<u>12/31/2020</u>
									AMOUNT
-	a me of Contributor dore Weaver, Jr.				мо	DAY	YEAR		
Mailir	ng Address							\$	100.00
City	Langhorne	State PA	Zip Code (Plus 4 19047)	12	30	2020		
-	ame of Contributor L. Johnson				мо	DAY	YEAR		
Mailir City	n g Address Phoenixville	State PA	Zip Code (Plus 4 19460)	12	30	2020	\$	200.00
	ame of Contributor nica Lykon				мо	DAY	YEAR		
Mailin	ng Address							\$	200.00
City	Hulmeville	State PA	Zip Code (Plus 4 19047)	12	30	2020		
									PAGE TOTAL

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

500.00

\$

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	g Period				
FARRY, FRANK FRIENDS OF			From:	<u>11/2</u>	24/2020	То:	<u>1</u>	2/31/2020
				DA	TE			AMOUNT
Full Name of Contributing Committee PENNSYLVANIA BEER ALLIANCE(PA BE	ER WHOLESALER-PBV	VA)		мо	DAY	YEAR	\$	1,000.00
Mailing Address				12	30	2020		1,000100
City HARRISBURG	State PA	Zip Cod 17101-	e (Plus 4)		50	2020		
		1/101	1205				_	
Full Name of Contributing Committee IBEW PAC VOLUNTARY FUND				мо	DAY	YEAR	\$	7,000.00
Mailing Address				12	30	2020	Ţ	,,000.00
City WASHINGTON	State DC	Zip Cod 20001	e (Plus 4)		50	2020		
Full Name of Contributing Committee	1			мо	DAY	YEAR	İ	
CROWN PAC (PA) CROWN CORK & SEA	۱L			MO			\$	1,000.00
Mailing Address				12	30	2020		_,
City YARDLEY	State	Zip Cod	e (Plus 4)		50	2020		
	ΡΑ	19067						
Full Name of Contributing Committee PECO PAC				мо	DAY	YEAR		1 000 00
Mailing Address							\$	1,000.00
City PHILADELPHIA	State PA	Zip Cod 19103-	e (Plus 4) 0000	12	30	2020		
L	1	I		•		<u>.</u> ا	•	
								PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Sur	nmary Pa	age, Sectio	n 3.			\$	10,000.00

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 Candidat	e		Rep	orting Pe	riod			
FARRY, FRANK FRIENDS OF			Fror	n:	<u>11/24/2</u>	<u>020</u> T	o:	<u>12/31/2020</u>
				D/	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	500.00
BSI Consulting LLC								500.00
Mailing Address				12	30	2020		
City Bensalem	State	Zip Code (Plu	s 4)	12	50		۲I	
	PA	19020						
Employer Name BSI Consulting LLC				Occupat	ion	Limited	l Liabil	ity Company
Employer Mailing Address/Principal P	ace of Business	City			State		Zip C	Code (Plus 4)
		Bensalem	1		PA		1902	20
Enter Grand Total of Part C on Sch	edule I. Detailed S	ummary Page	. Sectio	on 3.		Γ		PAGE TOTAL
		,					\$	500.00

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			Report	ing Perio	d			
FARRY, FRANK FRIENDS OF			From:		<u>11/24/202</u>	<u>0</u> To:		<u>12/31/2020</u>
				D	ATE			AMOUNT
Full Name				мо	DAY	VEAD		
Langhorne Lions Club				MO	DAY	YEAR		\$ 50.00
Mailing Address				12	30	202	0	
City Langhorne	State	Zip Code (Plus 4)					
	РА	19047						
Receipt Description returned check		1						
Full Name				мо	DAY	YEAR		
VFW District 8				MO	DAT	TEAR		\$ 55.00
Mailing Address				12	30	202		
City Morrisville	State	Zip Code (Plus 4)					
	PA	19067						
Receipt Description Returned check	1					•		
Full Name				мо	DAY	YEAR		t 100.00
BCSHF				MO	DAT	TEAR		\$ 100.00
Mailing Address	•			12	30	202		
City Furlong	State	Zip Code (Plus 4)			_		
	PA	18925						
Receipt Description returned check	•							
		_		_				PAGE TOTAL
Enter Grand Total of Part E on Schedu	ile 1, Detailed Summ	nary Page,	Section	4.			\$	205.00

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 Perio	od	
FARRY, FRANK FRIENDS OF	From:	<u>11/24/2020</u> То:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	300.00
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, 1		\$	300.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candida	te		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		-		•			
Enter Grand Total of Part F on Scl Section 2.	nedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

PAGE 10

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
FARRY, FRANK FRIENDS OF				Fro	m:	<u>11/24/202</u>	2 <u>0</u> To:		<u>12/31/2020</u>
				-		DATE			AMOUNT
Full Name of Contributor Four Lanes End, LLC					мо	DAY	YEAR		
Mailing Address					12	1	2020	\$	300.00
City Langhorne	State PA		Zip Code(Plus 4) 19047						
Employer of Contributor Four Lanes			19017		Occupa	ation Li	mited Lia	bility	Company
Employer Mailing Address/Principal Plac	e of Business	Cit La	ty nghorne	State PA		Code(Plus 4) 047	Descrip rent	otion o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Ki	ind (Contributions De	etaile	ed .				PAGE TOTAL 300.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candidate			Reporti	ng Period				
FARR	Y, FRANK FRIENDS OF			From	<u>11/24</u>	<u>4/2020</u>	То:	<u>12/31/2020</u>	
					DATE			AMOUNT	
To Wh	om Paid			мо	DAY	YEAR			
Ameri	can Express								
Mailin	g Address			11	24	2020	\$	155.30	
City	New York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	-		
		NY	10285	annual	fees				
	iom Paid s Wear			мо	DAY	YEAR			
Mailin	g Address			12	2	2020	\$	812.00	
City	Langhorne	State	Zip Code (Plus 4)	Descrip	L tion of Exp	enditure	1		
	-	PA	19047	Face ma	Face masks				
	o m Paid 3 States Postal Service			мо	DAY	YEAR			
	Mailing Address			12	2	2020	\$	385.00	
City	Langhorne	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure			
		PA	19047	postage					
To Wh	om Paid	•	•		DAY	YEAR			
Irish F	Rover			мо		TEAR			
Mailin	g Address			12	2	2020	\$	299.55	
City	Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
		PA	19047	dining					
	oom Paid			мо	DAY	YEAR			
	ers Pizza								
Mailin	g Address			12	2	2020	\$	56.34	
City	Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19047	dining			-		
To Wh	om Paid			мо	DAY	YEAR			
	s Home Centers, LLC								
Mailin	ling Address			12	2	2020	\$	175.73	
City	Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19047	posts fo	or signs				

To Wh	om Paid			мо	DAY	YEAR		
Iron C	ven Restaurant			no				
Mailin	g Address			12	2	2020	\$	255.36
City	Southampton	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	18966	dining				
To Wh	om Paid			мо	DAY	YEAR		
Old Ne	eshaminy inn							
Mailin	g Address			12	2	2020	\$	530.00
City	Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	19047	catering	J			
To Wh	om Paid			мо	DAY	YEAR		
Sunoc	0			МО				
Mailin	g Address			12	2	2020	\$	65.16
City	Trevose	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	19053	auto ex	pense			
To Wh	om Paid			мо	DAY	YEAR		
Sandy	's Beef & Ale			NO				
Mailin	g Address			12	2	2020	\$	295.93
City	Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	19047	catering	9			
To Wh	om Paid			мо	DAY	YEAR		
Langh	orne Coffee House			MO		TEAR		
Mailin	g Address			12	2	2020	\$	208.21
City	Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
		PA	19047	dining				
								PAGE TOTAL
Enter	Grand Total of Expenditures	on Page 1, Report C	Cover Page, Item D	•			\$	3,238.58
								•