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 2002	2088			Rep File			CAND	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	-	FRIE	ND:	S OF	BERNIE	ONEILL	-							
Street Address:	50 DORSETT	CIRCLE															
City:	WARMINSTEF	₹						State:	PA			Zip Code: 18974					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY I ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT	RMINATION PORT?		No		\
report type)	ANNUAL REPORT	7. X	Year 2022					NG METH CHECK O				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО	DAY	YI	AR	rumber	couc	REP	,	couc	
								11		8	2022		ODES)			
Summary of Expenditures	Receipts and	МО	DAY YE	AR			_	МО	DAY	ΥI	AR	FO	R OFFI	CE USE	ONLY		
			11 29	20)22	Т	<u> </u>	12	2	31	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			Į	548.58						
B. Total Monet	ary Contributions	And Rec	eipts (From Sc	hec	dule	I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			Į	548.58						
D. Total Expen	ditures (From Sch	edule II	I)				\$			2	64.84						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				83.74						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00						
			А	FF:	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f this	s is	a Can	ndidate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	ules	filed	on	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me thi day of	s	20							5	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ire					- -					Prin	ted Name	9			-
My Commission Ex	cpires						_					Ema	il				_
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belief t	his	politi	ical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of ————————————————————————————————————						-					Printe	d Name				_
	Signature						-										_
My Commission Exp	_											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 BERNIE ONEILL	From:	11/29/202	<u>2</u> To:	12/31/2022
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

Name of Filing Committe	e or Candidate		Re	porting	Period			
			Fr	om:		То	:	
			1		DATE			AMOUNT
Full Name of Contributing	Committee			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.

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 Filling Committee of Candidate				Reporting Period From: To:				
			l		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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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.)

Name of Filing Committee or Can	didate			Rep	orting Pe	riod			
				Froi	m:		То	:	
					D	ATE		AN	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/Princi Business	pal Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	n Schedule I, Deta	iled Sumr	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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. y 1 dgc,	Section				\$	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 Peri	od	
FRIENDS OF BERNIE ONEILL	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	₹	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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)	\$	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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
FRIENDS OF BERNIE ONEILL			From	11/29	9/2022	То:	12/31/2022
				DATE			AMOUNT
To Whom Paid BERNIE ONEILL			мо	DAY	YEAR		
Mailing Address 50 DORSET	TT CIRCLE		1	19	2022	<u> </u>	100.00
City WARMINSTER	State PA	Zip Code (Plus 4) 18974		L otion of Exp JRSEMENT			
To Whom Paid BERNIE ONEILL	I		МО	DAY	YEAR		
Mailing Address 50 DORSET	TT CIRCLE		1	19	2022	\$ \$	100.00
City WARMINSTER	State PA	Zip Code (Plus 4) 18974		otion of Exp CASH-NOT			PORT
To Whom Paid BERNIE ONEILL	·		мо	DAY	YEAR		
Mailing Address 50 DORSET	TT CIRCLE		5	4	2022	\$	64.48
City WARMINSTER	State PA	Zip Code (Plus 4) 18974		otion of Exp FOX DONA			
To Whom Paid CITIZENS FOR A BETTER WAR	MINSTER		мо	DAY	YEAR		
Mailing Address 517 REVER	E TERRACE		8	28	2022	\$	100.00
City WARMINSTER	State PA	Zip Code (Plus 4) 18974	- I	otion of Exp			
To Whom Paid WARMINSTER REPUBLICAN CL	UB	·	мо	DAY	YEAR		
Mailing Address P.O. BOX 2	313		11	6	2022	\$	100.00
City WARMINSTER State PA Zip Code (Plus 4) 18974			Descrip DONAT	I otion of Exp TON	l penditure	1	
Enter Grand Total of Expen	ditures on Page 1 Pa	anort Cover Page Item 5	<u>'</u>				PAGE TOTAL
Linter Granu Total OF EXPEN	uitures on Page 1, Re	port cover Page, Item I	<i>)</i> .			\$	464.48