

# 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.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2023	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	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	28	2023		5	1	2023		
A. Amount Brought Forward From Last Report				\$ 89,289.36						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 89,289.36						
D. Total Expenditures (From Schedule III)				\$ 2,851.72						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 86,437.64						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 3,500.40						
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FARRY, FRANK FRIENDS OF	From: <u>3/28/2023</u> To: <u>5/1/2023</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 0.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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	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 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.

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

			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.

<b>PAGE TOTAL</b>
\$ 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
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

				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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FARRY, FRANK FRIENDS OF		From: <u>3/28/2023</u> To: <u>5/1/2023</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	3,500.40
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.)		\$	3,500.40



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: <span style="float: right;">To:</span>

				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.							<b>PAGE TOTAL</b> \$ 0.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FARRY, FRANK FRIENDS OF	From: <u>3/28/2023</u> To: <u>5/1/2023</u>

					DATE	AMOUNT			
Full Name of Contributor Building Together PAC					MO	DAY	YEAR	\$ 3,500.40	
					4	13	2023		
Mailing Address PO Box 1112									
City Langhorne			State PA		Zip Code(Plus 4) 19047				
Employer of Contributor Building Together PAC					Occupation PAC				
Employer Mailing Address/Principal Place of Business PO Box 1112				City Langhorne		State PA		Zip Code(Plus 4) 19047	Description of Contribution advertising
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL 3,500.40	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FARRY, FRANK FRIENDS OF	From <u>3/28/2023</u> To: <u>5/1/2023</u>

DATE				AMOUNT		
To Whom Paid IBEW LOCAL UNION 269			MO	DAY	YEAR	\$ 550.00
Mailing Address 670 Whitehead Road			3	28	2023	
City Trenton	State NJ	Zip Code (Plus 4) 08648	Description of Expenditure advertising			
To Whom Paid American Cancer Society			MO	DAY	YEAR	\$ 100.00
Mailing Address 313 Walnut Street			3	30	2023	
City Bristol	State PA	Zip Code (Plus 4) 19007	Description of Expenditure contribution			
To Whom Paid Irish Rover			MO	DAY	YEAR	\$ 164.00
Mailing Address 1033 S. Bellevue Ave			4	2	2023	
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure dining			
To Whom Paid Iron Oven Restaurant			MO	DAY	YEAR	\$ 65.72
Mailing Address 1134 Street Road			4	2	2023	
City Southampton	State PA	Zip Code (Plus 4) 18966	Description of Expenditure dining			
To Whom Paid The S Club			MO	DAY	YEAR	\$ 133.75
Mailing Address 2940 N 7th Street			4	2	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure dining			

<b>To Whom Paid</b> Sandy's Beef & Ale			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 38.25
<b>Mailing Address</b> 2028 E. Old Lincoln Highway			4	2	2023	
<b>City</b> Langhorne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	<b>Description of Expenditure</b> dining			

<b>To Whom Paid</b> Ivyland Heritage Association			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 991 Pennsylvania Ave			4	6	2023	
<b>City</b> Ivyland	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18974	<b>Description of Expenditure</b> contribution			

<b>To Whom Paid</b> Lower South American Legion Baseball			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 550.00
<b>Mailing Address</b> 1231 Jasmine Way			4	12	2023	
<b>City</b> Feasterville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19053	<b>Description of Expenditure</b> advertising			

<b>To Whom Paid</b> Elle's Angels Foundation			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> PO Box 152			4	13	2023	
<b>City</b> Langhorne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	<b>Description of Expenditure</b> sponsorship			

<b>To Whom Paid</b> Southampton Knights Cheerleading			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 1406 Steamboat Station			4	18	2023	
<b>City</b> Southampton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18966	<b>Description of Expenditure</b> sponsorship			

<b>To Whom Paid</b> Friends of Matt Weintraub			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 3244 Dovecote Drive			4	18	2023	
<b>City</b> Quakertown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18951	<b>Description of Expenditure</b> contribution			

<b>To Whom Paid</b> All for Newtown			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 1115			4	18	2023	
<b>City</b> Newtown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18940	<b>Description of Expenditure</b> contribution			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 2,851.72

