

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 : 2002088		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: O'NEILL, BERNIE FRIENDS OF											
Street Address: 50 DORSETT CIR											
City: WARMINSTER					State: PA		Zip Code: 18974				
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.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2005	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				
					11	8	2005	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	1		10	24	2005			
A. Amount Brought Forward From Last Report					\$ 4,288.47						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,825.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 8,113.47						
D. Total Expenditures (From Schedule III)					\$ 66.60						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 8,046.87						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 401.46						

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
O'NEILL, BERNIE FRIENDS OF	From: To: <u>10/24/2005</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)	\$ 325.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 325.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 3,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,500.00

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.)	\$ 3,825.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
VERIZON COMMUNICATIONS						
Mailing Address						
City	HARRISBURG	State	9	21	2005	
		PA				
		Zip Code (Plus 4)				
		17101				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 75.00
SANTORO FOR SUPERVISOR						
Mailing Address						
City	DOYLESTOWN	State	7	4	2005	
		PA				
		Zip Code (Plus 4)				
		18901				

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

PAGE TOTAL	
\$	325.00

<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00

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
O'NEILL, BERNIE FRIENDS OF	From: To: <u>10/24/2005</u>

				DATE		AMOUNT	
Full Name of Contributing Committee WARWICK TOWNSHIP REP CLUB				MO	DAY	YEAR	\$ 300.00
Mailing Address				10	8	2005	
City	WARWICK	State	Zip Code (Plus 4)				
		PA					
Full Name of Contributing Committee FIRST PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 5319				9	22	2005	
City	HARRISBURG	State	Zip Code (Plus 4)				
		PA	171105319				
Full Name of Contributing Committee PA OPTOMETRIC				MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 3406				9	20	2005	
City	HARRISBURG	State	Zip Code (Plus 4)				
		PA	17105				
Full Name of Contributing Committee BLUE PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 60710				9	29	2005	
City	HARRISBURG	State	Zip Code (Plus 4)				
		PA	17106710				
Full Name of Contributing Committee PA MEDICAL PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 8820				9	29	2005	
City	HARRISBURG	State	Zip Code (Plus 4)				
		PA	171058820				

Full Name of Contributing Committee PSC H2O			MO	DAY	YEAR	\$ 300.00
Mailing Address 762 W LANCASTER AVE			10	17	2005	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				
Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOV'T			MO	DAY	YEAR	\$ 300.00
Mailing Address 2 N 9TH ST			10	12	2005	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101				
Full Name of Contributing Committee PFT COMM TO SUPPORT PUBLIC E			MO	DAY	YEAR	\$ 300.00
Mailing Address 1816 CHESTNUT ST			9	22	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee PA INSURANCE PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address 1600 MARKET ST SUITE 1520			10	4	2005	
City PHILA	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee PA BEER WHOLESALERS ASSOC			MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 12023			10	5	2005	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee PECOPAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 2301 MARKET ST			6	15	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 3,500.00

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:

				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	
O'NEILL, BERNIE FRIENDS OF		From:	To: <u>10/24/2005</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 RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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.)		\$	0.00

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			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period		
O'NEILL, BERNIE FRIENDS OF			From:		To: <u>10/24/2005</u>
					Outstanding Balance of Debt
					DATE
Name of Creditor			MO	DAY	YEAR
HILTON					
Mailing Address			10	18	2005
					\$ 401.46
City	HARRISBURG	State	PA	Zip Code (Plus 4)	Description of Debt
				BUFFET BREAKFAST	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					PAGE TOTAL
					\$ 401.46