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 :	ion	20020)88			Repo Filed		:	CANDI	DATE		СОМ	1ITTEE	✓	LOB	BYIST			
Name of Filing C	Committee, (Candida	ite or Lo	obbyist:		FRIEN	DS	OF I	BERNIE (D'NEILL	-								
Street Address:	50 DOF	RSETT C	CIRCLE																
City:	WARMI	NSTER							State:	PA			Zip Co	Zip Code: 18974					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA RIMA		POST-	ST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark		
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDA ELECTION	Y PRE	- 5.		0 DA LECT	Y F TION	POST-	POST- 6.		TERMINATION REPORT?		Yes	✓ No			
report type)	ANNUAL RI	EPORT	7. X	Year 2023					IG METHO				PAPER		\checkmark	DISKE	TTE		
Name of Office S	L Sought by Ca	andidat	e:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
									мо	DAY	YE	AR			REP	•			
									11		7	2023		(SEE IN	STRUCTI	ONS FOR (CODES)		
Summary of		and	мо	DAY	YEAR	2			мо	DAY	YE	AR	FC	R OFFI	CE USE	ONLY			
Expenditures	s from:		1	28	2	023	то)	12	3	1	2023							
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$				83.74							
B. Total Monet	ary Contribu	utions A	nd Reco	eipts (Fron	n Sche	dule I))	\$				0.00							
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$				83.74							
D. Total Expen	ditures (Fro	m Sche	dule II	[)				\$				83.74							
E. Ending Cash	Balance (S	ubtract	Line D	From Line	C)			\$				0.00	-						
F. Value Of In-	Kind Contril	butions	Receive	ed (From S	chedu	le II)		\$				0.00	-						
G. Unpaid Deb	ts And Oblig	ations	(From S	chedule IV	')			\$				0.00							
					AFF	IDAV	ΊT	SE	CTION										
PART I - If this is		•		-								_	•						
I swear (or affirm correct and compl		ort, inclu	iding the	attached sc	hedules	s filed o	n pa	per o	or by elect	ronic me	dium,	, are to 1	the best o	f my knov	wledge	and beli	ef, true		
Sworn to and subs	cribed before day of	me this		20							s	ignature	e of Perso	n Submit	ting Rep	oort			
		Signatur	0				_						Prin	ted Name	3				
My Commission E		orgnatur	C										Ema	il					
	мс)	DA	AY	YR					Are	a Cod	e	Daytin	ne Teleph	ione Nu	mber			
Part II- If this is	a report of	a cand	idate's	authorized	Comm	nittee,	Can	ndida	ate shall :	sign he	re.								
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and beli	ef this	politica	l co	ommi	ittee has n	ot violat	ed an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,		
Sworn to and subso	ribed before ı day of	me this		20								S	ignature (of Candid	ate				
													Printe	d Name					
My Commission Exp		nature											Ema	il					
		мо	DA	AΥ	YR					Area C	Code		D	aytime T	elephor	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF BERNIE O'NEILL From: <u>11/28/2023</u> To: <u>12/31/2023</u> 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) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 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.

Name of Filing Committe	e or Candidate		Reporting	Period			
			From:		То	:	
		÷		DATE			AMOUNT
Full Name of Contributing C	Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Par	t A on Schedule I, Detail	ed Summary Page, Sect	ion 2.			\$	0.00

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

\$

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 Candidat	e		Rep Froi	orting P	eriod	Το):		
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
PAGE TOTAL									
Enter Grand Total of Part A on S	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Candic	late		Reporting	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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:	То:

			D	ATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		бе тота L 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			Report	ing Perio	bd				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		•				ł	-		
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	TAL
		iiai y i uge,	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 Perio	od	
FRIENDS OF BERNIE O'NEILL	From:	<u>11/28/2023</u> To:	<u>12/31/2023</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)	\$	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 Candidate			Reporting Period					
			From:			То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate					Rej	porting P	eriod			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	otion of	Contribution	

	1			
Enter Grand Total of Part G on Schedule II,	In-Kind Contrib	outions Detail	ed	PAGE TOTAL
Summary Page, Section 3.				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
FRIENDS OF BERNIE O'NEILL	RIENDS OF BERNIE O'NEILL			<u>11/28</u>	То:	<u>12/31/2023</u>			
				DATE AI					
To Whom Paid CITIZENS FOR A BETTER WARMINSTER				DAY	YEAR				
Mailing Address 517 REVERE TERRA	CE		12	23	2023	\$	83.74		
City WARMINSTER	State PA	Zip Code (Plus 4) 18974	Descri p DONAT	otion of Exp TON	penditure	1			
							PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).			\$	83.74		