

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.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	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	5	2024				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		4	9	2024		5	13	2024				
A. Amount Brought Forward From Last Report						\$ 236,341.27						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 4,025.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 240,366.27						
D. Total Expenditures (From Schedule III)						\$ 13,157.07						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 227,209.20						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
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

Name of Filing Committee or Candidate	Reporting Period
FARRY, FRANK FRIENDS OF	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 25.00

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)	\$ 4,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 4,000.00

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.)	\$ 4,025.00
---	-------------

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 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 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
FARRY, FRANK FRIENDS OF	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	3,000.00
PA-THA-PAC								
Mailing Address PO Box 300								
City Bensalem		State PA	Zip Code (Plus 4) 19020					
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
COMCAST CORP & NBCUNIVERSAL PAC - USA								
Mailing Address 1701 JFK BLVD								
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19103-0000					

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

PAGE TOTAL
\$ 4,000.00

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 Candidate	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 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.

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	
FARRY, FRANK FRIENDS OF		From: <u>4/9/2024</u> To: <u>5/13/2024</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:
---------------------------------------	--

			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:	
				DATE		AMOUNT	
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	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FARRY, FRANK FRIENDS OF	From <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Anedote				
Mailing Address Perkins Rowe	4	17	2024	\$ 1.30
City Baton Rouge	State LA	Zip Code (Plus 4) 70810	Description of Expenditure fees	
To Whom Paid	MO	DAY	YEAR	
IBEW LOCAL UNION 269				
Mailing Address 670 Whitehead Road	4	25	2024	\$ 550.00
City Trenton	State NJ	Zip Code (Plus 4) 08648	Description of Expenditure advertising	
To Whom Paid	MO	DAY	YEAR	
Bucks County Community College Foundation				
Mailing Address 275 Swamp Road	4	25	2024	\$ 275.00
City Newtown	State PA	Zip Code (Plus 4) 18940	Description of Expenditure sponsorship	
To Whom Paid	MO	DAY	YEAR	
Rotary Club of Middletown Twp				
Mailing Address PO Box 688	4	25	2024	\$ 250.00
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure sponsorship	
To Whom Paid	MO	DAY	YEAR	
Lower Southampton Parade Committee				
Mailing Address 1500 Desire Ave	4	25	2024	\$ 375.00
City Feasterville	State PA	Zip Code (Plus 4) 19053	Description of Expenditure advertising	
To Whom Paid	MO	DAY	YEAR	
American Cancer Society				
Mailing Address 313 Walnut Street	4	25	2024	\$ 100.00
City Bristol	State PA	Zip Code (Plus 4) 19007	Description of Expenditure advertising	

To Whom Paid			MO	DAY	YEAR	\$ 100.00
Langhorne Borough Business Assn			4	25	2024	
Mailing Address PO Box 241						
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure membership			
To Whom Paid			MO	DAY	YEAR	\$ 250.00
Elle's Angels Foundation			4	25	2024	
Mailing Address PO Box 152						
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure sponsorship			
To Whom Paid			MO	DAY	YEAR	\$ 200.00
Police Chief's Assn of Bucks County			5	9	2024	
Mailing Address 100 N. Main Street						
City Doylestown	State PA	Zip Code (Plus 4) 18901	Description of Expenditure sponsorship			
To Whom Paid			MO	DAY	YEAR	\$ 100.00
Bucks County Tour of Honor			5	9	2024	
Mailing Address 746 East Lincoln Highway						
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure sponsorship			
To Whom Paid			MO	DAY	YEAR	\$ 21.99
EIG Hosting			5	2	2024	
Mailing Address 70 Blanchard Rd, 3rd Floor						
City Burlington	State MA	Zip Code (Plus 4) 01803	Description of Expenditure webhosting			
To Whom Paid			MO	DAY	YEAR	\$ 85.00
15th and Samson			5	2	2024	
Mailing Address 15th and Samson Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure parking			
To Whom Paid			MO	DAY	YEAR	\$ 131.17
Giant Food Store			5	2	2024	
Mailing Address 158 N. Flowers Mill Rd						
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure basket donations			
To Whom Paid			MO	DAY	YEAR	\$ 34.45
Dollar Tree			5	2	2024	
Mailing Address 1307 Lincoln Highway						
City Levittown	State PA	Zip Code (Plus 4) 19056	Description of Expenditure basket donations			

To Whom Paid Irish Rover			MO	DAY	YEAR	\$ 183.16
Mailing Address 1033 S. Bellevue Ave			5	2	2024	
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure dining			

To Whom Paid Feasterville Business Assn			MO	DAY	YEAR	\$ 150.00
Mailing Address PO Box 377			5	9	2024	
City Feasterville	State PA	Zip Code (Plus 4) 19053	Description of Expenditure sponsorship			

To Whom Paid Bensalem Alumni Association			MO	DAY	YEAR	\$ 150.00
Mailing Address PO box 26			5	2	2024	
City Bensalem	State PA	Zip Code (Plus 4) 19020	Description of Expenditure sponsorship			

To Whom Paid Strong like Chuck			MO	DAY	YEAR	\$ 200.00
Mailing Address 267 Pencrest Drive			5	13	2024	
City Langhorne	State PA	Zip Code (Plus 4) 19047	Description of Expenditure sponsorship			

To Whom Paid Friends of Dan McPhillips			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 375 Jacksonville Rd			5	13	2024	
City Warminster	State PA	Zip Code (Plus 4) 18974	Description of Expenditure contribution			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 13,157.07

