### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :                  | on 2                        | 002088        |                           |      | Repor      |          | CAND               | IDATE     |             | СОМ        | <b>ITTEE</b>           | <b>✓</b>       | LOBB      | YIST     |                |
|---|-----------------------------|---------------|---------------------------|------|------------|----------|--------------------|-----------|-------------|------------|------------------------|----------------|-----------|----------|----------------|
| Name of Filing C                                | Committee, Can              | didate or L   | obbyist:                  | 0    | 'NEILI     | , BER    | NIE FRII           | ENDS (    | )F          |            |                        |                |           |          |                |
| Street Address:                                 | 50 DORSE                    | TT CIR        |                           |      |            |          |                    |           |             |            |                        |                |           |          |                |
| City:   | WARMINS                     | ΓER           |                           |      |            |          | State:             | PA        |             |            | <b>Zip Code:</b> 18974 |                |           |          |                |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY  | 1.            | 2ND FRIDAY PRI<br>PRIMARY | E-   | 2.         | 30 DA    |                    | POST-     | 3. <b>X</b> |            | AMENDM<br>REPORT       |                | Yes       | No       | <b>~</b>       |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION | 4.            | 2ND FRIDAY PR<br>ELECTION | RE-  | 5.         | 30 DA    |                    | POST- 6.  |             |            | TERMINA<br>REPORT      |                | Yes       | No       | <b>~</b>       |
| report type)                                    | ANNUAL REPO                 | <b>PRT</b> 7. | <b>Year</b> 2006          |      |            |          | NG METH<br>CHECK O |           |             |            |                        |                |           | DISKE    | ГТЕ            |
| Name of Office S                                | Sought by Cand              | idate:        | •                         |      | -          |          | DATE (             | OF ELE    | CTIC        | N          | District<br>Number     | Office<br>Code | Part      | ty Code  | County<br>Code |
|   |                             |               |                           |      |            |          | МО                 | DAY       | YI          | AR         | ivamber                | STH            | REP       |          | 09             |
| REPRESENTATI                                    | VE IN THE GE                | NERAL ASS     | SEMBLY                    |      |            |          | 11                 | L         | 7           | 2006       |                        | (SEE IN        | ISTRUCTIO | NS FOR C | ODES)          |
| Summary of Receipts and Expenditures from:      |                             |               |                           |      |            | МО       | DAY                | ΥI        | EAR         | FO         | R OFFI                 | CE USE         | ONLY      |          |                |
|   |                             |               | 1 1                       |      | 1 <b>T</b> | О        | 6                  | 5         | 5           | 2006       |                        |                |           |          |                |
| A. Amount Bro                                   | ught Forward I              | rom Last R    | eport                     |      |            | \$       |                    |           | 13,9        | 961.61     |                        |                |           |          |                |
| B. Total Moneta                                 | ary Contributio             | ns And Rec    | eipts (From Sch           | ed   | ule I)     | \$       |                    |           | 6,4         | 100.00     |                        |                |           |          |                |
| C. Total Funds Available (Sum Of Lines A and B) |                             |               |                           |      |            | \$       |                    |           | 20,3        | 361.61     |                        |                |           |          |                |
| D. Total Expenditures (From Schedule III)       |                             |               |                           |      |            | \$       |                    |           | 5,3         | 347.52     |                        |                |           |          |                |
| E. Ending Cash                                  | Balance (Subt               | ract Line D   | From Line C)              |      |            | \$       |                    |           | 15,0        | 14.09      | ]                      |                |           |          |                |
| F. Value Of In-                                 | Kind Contribut              | ions Receiv   | ed (From Sched            | ule  | ıI)        | \$       |                    |           |             | 0.00       |                        |                |           |          |                |
| G. Unpaid Debt                                  | ts And Obligati             | ons (From S   | Schedule IV)              |      |            | \$       |                    |           | 2,1         | .81.95     |                        |                | •         |          |                |
|   |                             |               | AF                        | FΙ   | DAVI       | T SE     | CTION              |           |             |            |                        |                |           |          |                |
| PART I - If this is                             |                             | •             | =                         |      |            |          |                    |           |             | _          |                        |                |           |          |                |
| I swear (or affirm) correct and comple          |                             | including the | e attached schedule       | es f | filed on   | paper    | or by elec         | tronic m  | edium       | , are to t | the best o             | f my kno       | wledge a  | nd belie | f , true       |
| Sworn to and subs                               | cribed before me            | this          | 20                        |      |            |          |                    |           | 9           | ignature   | of Perso               | n Submit       | ting Rep  | ort      |                |
|   |                             |               |                           |      |            | <u>-</u> |                    |           |             |            | Prin                   | ted Nam        | e         |          |                |
| My Commission Ex                                | _                           | nature        |                           |      |            |          |                    |           |             |            | Ema                    | il             |           |          |                |
|   | мо                          | D             | AY YE                     | ₹    |            | _        |                    | Ar        | ea Coo      | le         | Daytim                 | e Telepi       | none Nur  | nber     |                |
| Part II- If this is                             | a report of a               | andidate's    | authorized Com            | mi   | ttee, C    | andid    | ate shall          | sign h    | ere.        |            |                        |                |           |          |                |
| I swear (or affirm)<br>No 320) as amende        |                             | of my knowl   | edge and belief thi       | is p | olitical   | comm     | ittee has ı        | not viola | ted an      | y provis   | ions of th             | e act of J     | une 3,19  | 37 (P.L. | 1333,          |
| Sworn to and subsc                              | ribed before me             | this:         |                           |      |            |          |                    |           |             | s          | ignature o             | of Candid      | ate       |          |                |
|   | day of                      |               |                           |      |            | _        |                    |           |             |            |                        |                |           |          |                |
|   | Si •                        |               |                           |      |            | _        |                    |           |             |            | Printe                 | d Name         |           |          |                |
| My Commission Exp                               | Signati<br>Pires            | ıre           |                           |      |            |          |                    |           |             |            | Ema                    | il             |           |          |                |
|   | мо                          | D             | AY Y                      | R    |            | -        |                    | Area      | Code        |            | Da                     | aytime 1       | elephon   | e Numbe  | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |     |          |
|--|------------------|-----|----------|
| O'NEILL, BERNIE FRIENDS OF   | From:            | To: | 6/5/2006 |
| 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)  |                  | \$  | 1,400.00 |
| All Other Contributions (Part D)   |                  | \$  | 5,000.00 |
| TOTAL for the Reporting  | Period (3)       | \$  | 6,400.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                  |     |          |
| TOTAL for the Reporting  | g 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 |                  | \$  | 6,400.00 |

#### **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 Ca  | Name of Filing Committee or Candidate |   |      | Reporting Period |      |    |        |  |  |  |
|---------------------------------|---------------------------------------|---|------|------------------|------|----|--------|--|--|--|
|                                 |                                       | F | rom: |                  | То   | :  |        |  |  |  |
|                                 |                                       | · |      | DATE             |      |    | AMOUNT |  |  |  |
| Full Name of Contributing Commi | ttee                                  |   | МО   | DAY              | YEAR |    |        |  |  |  |
| Mailing Address                 |                                       |   |      |                  |      | \$ | 0.00   |  |  |  |
| City State Zip Code (Plus 4)    |                                       |   |      |                  |      |    |        |  |  |  |

PAGE TOTAL
0.00

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

### 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)

| (Exclus                  | de contributions no | in pontical comm  | itte             | es rep | or teu | ili Pait | <b>~</b> ) |            |
|--------------------------|---------------------|-------------------|------------------|--------|--------|----------|------------|------------|
| Name of Filing Committee | e or Candidate      |                   | Reporting Period |        |        |          |            |            |
|                          |                     |                   | Fro              | m:     |        | To       | <b>)</b> : |            |
|                          |                     | •                 |                  |        | 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 Schedule I, Detailed Summary Page, Section 2.

#### **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 | ame of Filing Committee or Candidate Repo |          |            | ng Period |      |      |             |        |  |
|---------------------------------------|---|----------|------------|-----------|------|------|-------------|--------|--|
| O'NEILL, BERNIE FRIENDS OF            |   |          | From:      |           |      | То:  | 6/5/2006    |        |  |
|                                       |   |          |            | DA        | TE   |      | AMOUNT      |        |  |
| Full Name of Contributing Committee   |   |          |            | мо        | DAY  | YEAR |             |        |  |
| PA MEDICAL PAC                        |   |          |            |           | 2711 |      | <b>_</b> \$ | 500.00 |  |
| Mailing Address PO BOX 8820           |   |          |            | 5         | 15   | 2006 |             |        |  |
| City HARRISBURG                       | State                                     | Zip Code | e (Plus 4) |           | 15   | 2000 |             |        |  |
|                                       | PA  | 17105    |            |           |      |      |             |        |  |
| Full Name of Contributing Committee   |   |          |            |           | DAY  | YEAR |             |        |  |
| PA REALTORS PAC                       |   |          |            | МО        | 2711 |      | \$          | 500.00 |  |
| Mailing Address 4501 CHAMBERS HIL     | L ROAD                                    |          |            | 5         | 15   | 2006 |             |        |  |
| City HARRISBURG                       | State                                     | Zip Code | (Plus 4)   |           |      | 2000 |             |        |  |
|                                       | PA  | 17111    |            |           |      |      |             |        |  |
| Full Name of Contributing Committee   |   |          |            | мо        | DAY  | YEAR |             |        |  |
| PA BANKERS PUBLIC AFFAIRS COMM        |   |          |            | МО        | DAI  | ILAK | <b>\$</b>   | 400.00 |  |
| Mailing Address PO BOX 345            |   |          |            | 5         | 15   | 2006 | 7           |        |  |
| City HARRISBURG                       | State                                     | Zip Code | (Plus 4)   | ,         |      | 2000 |             |        |  |
|                                       | PA  | 17108    |            |           |      |      |             |        |  |
|                                       |   |          |            |           |      | Γ    |             |        |  |

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

**PAGE TOTAL** 1,400.00

### 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 Candidate    |               |                | Rep         | orting Pe                       | riod  |            |       |                 |
|--|---------------|----------------|-------------|---------------------------------|-------|------------|-------|-----------------|
| O'NEILL, BERNIE FRIENDS OF               |               |                | Fron        | n:                              |       | То:        |       | <u>6/5/2006</u> |
|  |               |                |             | D#                              | ATE   |            |       | AMOUNT          |
| Full Name of Contributor                 |               |                |             | мо                              | DAY   | YEAR       | \$    | 5,000.00        |
| HATSUHIKO KAGEYAMA                       |               |                |             |                                 |       |            |       | 3,000.00        |
| Mailing Address 1211 AVE OF THE AMERICAS |               |                |             | 5                               | 5     | 2006       | 5     |                 |
| City NEW YORK                            | State         | Zip Code (Plus | <b>34</b> ) |                                 | 3     | 200        | ´     |                 |
|  | NY            | 10036          |             |                                 |       |            |       |                 |
| Employer Name SOJITA CORP OF AME         | RICA          |                |             | Occupation VP SALES & MARKETING |       |            |       |                 |
| Employer Mailing Address/Principal Plac  | e of Business | City           |             |                                 | State |            | Zip C | Code (Plus 4)   |
| 1211 AVE OF THE AMERICAS                 |               | NEW YOR        | K           |                                 | NY    |            | 1003  | 36              |
| Enter Grand Total of Part C on Scheo     | Section       | on 3.          |             |                                 |       | PAGE TOTAL |       |                 |
|  |               | , . 430,       | 2000        | <del></del>                     |       |            | \$    | 5,000.00        |

## 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      | ing Peri | od  |      |          |            |
|---------------------------|---------------------------|-----------------|-------------|----------|-----|------|----------|------------|
|                           |                           |                 | From:       |          |     | To:  |          |            |
|                           |                           | <b>'</b>        |             |          | ATE |      |          | AMOUNT     |
| Full Name                 |                           |                 |             | мо       | DAY | YEAR | \$       | 0.00       |
| Mailing Address           |                           |                 |             |          |     |      | 7        |            |
| City                      | State                     | Zip Code (P     | Plus 4)     |          |     |      |          |            |
| Receipt Description       | <b>'</b>                  | 1               |             |          |     |      | <u> </u> |            |
|                           | - C                       |                 | <b>.</b> .: | _        |     |      |          | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section     | 4.       |     |      | \$       | 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:            | То: | <u>6/5/2006</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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, |                  | \$  | 0.00            |  |  |  |  |  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candi | idate  |                   | Reportin |      |      |             |        |  |
|-----------------------------------|--|-------------------|----------|------|------|-------------|--------|--|
|                                   |  |                   | From:    |      |      | To:         |        |  |
|                                   |  |                   |          | DATE |      |             | AMOUNT |  |
| Full Name of Contributor          |  |                   |          | DAY  | YEAR |             |        |  |
| Mailing Address                   |  |                   |          |      |      | <b>7</b> \$ | 0.00   |  |
| City                              | State  | Zip Code (Plus 4) |          |      |      |             |        |  |
| Description of Contribution:      | •  |                   | •        | •    | •    |             |        |  |
|                                   |  |                   |          |      |      |             |        |  |
|                                   | inter Grand Total of Part F on Schedule II, In-Kind Contributions De |                   |          |      | ge,  | PAGE TOTAL  |        |  |
| Section 2.                        |  |                   |          |      | \$   | 0.00        |        |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Re         | porting | Period       |       |      |                     |      |
|---|------------------|------|------------------|------------|---------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro        | m:      |              | To:   | То:  |                     |      |
|   |                  |      |                  |            |         | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |            | мо      | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |            |         |              |       | \$   | 0.00                |      |
| City                                    | State            |      | Zip Code(Plus 4) |            |         |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  | Occupation |         |              |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | ′                | Stat       | e Zip   | Code(Plus 4) | Desci | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | ontributions De  | etaile     | ed      |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | <b></b>          |      |                  |            |         |              |       |      |                     | 0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate   |       |                   | Reporti | ng Period   |          |     |          |
|---|-------|-------------------|---------|-------------|----------|-----|----------|
| O'NEILL, BERNIE FRIENDS OF              |       |                   | From    |             |          | То: | 6/5/2006 |
|   |       |                   |         | DATE        |          |     | AMOUNT   |
| To Whom Paid                            |       |                   | МО      | DAY         | YEAR     |     |          |
| BUCKS COUNTY REPUBLICAN COMM            |       |                   |         |             |          |     |          |
| Mailing Address BROAD ST.               |       |                   | 5       | 12          | 2006     | \$  | 3,500.00 |
| City DOYLESTOWN State Zip Code (Plus 4) |       |                   | Descrip | tion of Exp | enditure |     |          |
| PA 18901                                |       |                   |         | ON          |          |     |          |
| To Whom Paid                            |       |                   | мо      | DAY         | YEAR     |     |          |
| HALLOWELL & BRANSTITTER                 |       |                   | 140     |             | ILAK     |     |          |
| Mailing Address 88 PLYMOUTH CIRCL       | LE    |                   | 5       | 17          | 2006     | \$  | 1,347.52 |
| City HERSHEY                            | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure |     |          |
|   | PA    | 17033             | CALLIN  | G SERVICE   |          |     |          |
| To Whom Paid                            |       |                   | МО      | DAY         | YEAR     |     |          |
| PECO PAC                                |       |                   | 1410    |             | ILAK     |     |          |
| Mailing Address 2301 MARKET ST          |       |                   | 6       | 5           | 2006     | \$  | 500.00   |

19103

Zip Code (Plus 4)

**Description of Expenditure** 

RETURN DUP PAYMENT

State

PA

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

City

PHILADELPHIA

**PAGE TOTAL** 

5,347.52

## 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 o  | ne of Filing Committee or Candidate                                  |                    |                             | Reportir                  | ng Period  |      |      |         |                               |        |
|---|--|--------------------|-----------------------------|---------------------------|--|------|------|---------|-------------------------------|--------|
| O'NEIL  | L, BERNIE FRIENDS OF   |                    |                             | From:                     |  |      | То:  |         | <u>6/5/2006</u>               |        |
|   |  |                    |                             |                           |  | DATE |      |         | Outstanding<br>Balance of Deb | )t     |
|   | of Creditor<br>NIT ENTERPRISES, INC.                                 |                    |                             |                           | мо   | DAY  | YEAR |         |                               |        |
| Mailing   | Address 307 MAPLE AVE  |                    |                             |                           | 5  | 27   | 2006 | 5 \$    | \$ 1,8                        | 817.92 |
|   |  |                    |                             | Description of Debt SIGNS |  |      |      |         |                               |        |
| Name of Creditor BERNIE O'NEILL                         |  |                    |                             | мо                        | DAY  | YEAR |      |         |                               |        |
| Mailing   | Address 50 DORSETT CIRCLE  |                    |                             |                           | 5  | 15   | 2006 | 5 \$    |                               | 102.53 |
| City  | WARMINISTER  | <b>State</b><br>PA | <b>Zip Code (P</b><br>18974 | lus 4)                    | Description of Debt WARMINISTER SYMPHONY \$75.00 STAPLES \$27.53 |      |      |         | 5                             |        |
|   | of Creditor<br>FORMS INC   |                    |                             |                           | мо   | DAY  | YEAR |         |                               |        |
| Mailing   | Address 1601 REPUBLIC RD   | UNIT #3            |                             |                           | 6  | 1    | 2006 | \$ \$   | •                             | 261.50 |
| City HUNTINGDON VALLEY State Zip Code (Plus 4) PA 19006 |  |                    |                             | Descript                  | tion of Deb  | t    |      |         |                               |        |
|   |  |                    |                             |                           |  |      |      | PAGE TO | TAL                           |        |
| Ent   | Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item |                    |                             | G.                        |  |      | \$   | 2,1     | .81.95                        |        |