Campaign Finance Report

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

							CAND							BYIST	1
Filer Identificat	ion 808	55			Repor Filed		CAND	IDATE	~	C	OMMITTE		LOBI	51151	
Name of Filing (Committee, Candi	date or L	obbyist:		Frank I	Farry									
Street Address:															
City:							State:				Zip Cod	e:			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D PRIM		POST-	POST- 3.			AMENDMENT REPORT?		No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	ND FRIDAY PRE- ECTION 5.X 30 I ELE				POST- 6.			TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	r 7.	Year 2008	3			NG METH CHECK C				PAPER	\checkmark	DISKE	TTE	
Name of Office S	L Sought by Candida	ate:					DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR	142	STH	REP	,	09
REPRESENTAT	IVE IN THE GENE	RAL ASS	SEMBLY				11	L	4	2008		(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	1 2	008	ГО	10)	20	2008					
A. Amount Bro	ught Forward Fro	m Last R	Report			\$	5			0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	m Sche	dule I)	\$	5			0.00					
C. Total Funds	Available (Sum O	of Lines A	and B)			\$	5			0.00					
D. Total Expen	ditures (From Scl	nedule II	11)			\$	5		5	37.88					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		4	5		(53	7.88)	4				
F. Value Of In-	Kind Contributior	ns Receiv	ed (From S	Schedu	le II)	4	5			0.00					
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I	V)		4	5			0.00					
				AFF	IDAV	IT SE	ECTION								
PART I - If this i	s a Committee rej	port, trea	asurer sign	here.	If this i	s a Ca	ndidate r	eport,	candid	ate si	gn here.				
I swear (or affirm correct and compl) that this report, ind ete.	cluding th	e attached so	chedule	s filed or	n paper	or by elec	tronic m	edium,	are to	the best of	my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me th day of	is	20						Si	gnatur	e of Persor	Submitt	ing Rep	oort	
	Signat					_					Print	ed Name			
My Commission E	-	ure									Emai	<u> </u>			
	мо	D	AY	YR		_		Ar	ea Code	9	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a car	didate's	authorized	d Comn	nittee, (Candio	date shall	sign h	ere.						
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowl	edge and be	lief this	politica	l comn	nittee has	not viola	ted any	, provis	sions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	Sworn to and subscribed before me this Signature of Candidate														
	day of					_					Printe	d Name			
	Signature					_									
My Commission Exp	bires										Emai	• 			
	МО	D	ΑΥ	YR	1	_		Area	Code		Da	ytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>1/1/2008</u> **To:** 10/20/2008 Frank Farry 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 Committee or Candidate				Reporting Period						
				From: To:						
· · · ·					DATE	AMOUNT				
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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				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. \$ 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						
				To:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sect							\$	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:				m:			То:			
				D	ATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Place of Business City					State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE 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:	m: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, 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										
Frank Farry	From:	<u>1/1/2008</u> To:	<u>10/20/2008</u>								
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 R			Reporting	orting Period					
				From:			То:		
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,		PAGE TOTA	AL.			
						\$		0.00	

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	ation						
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption 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 Candida	ite		Reporting Period							
Frank Farry				From <u>1/1/2008</u>			<u>10/20/2008</u>			
				DATE AMOUNT						
To Whom Paid				DAY	YEAR					
Langhorne-Middletown Fire Company	/		мо							
Mailing Address				20	2008	\$	517.92			
City Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	РА	19047	reimbu	rsement of	cell phor	ne charg	es			
To Whom Paid			мо	DAY	YEAR					
Genuardi Food Markets										
Mailing Address			6	20	2008	\$	19.96			
City Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
	PA 19047 water bottles for flea mark					et				
							PAGE TOTAL			
Enter Grand Total of Expenditure	s on Page 1, Report (Cover Page, Item I	D.			\$	537.88			

9/13/2025 4:50:20 AM