Campaign Finance Report

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

						ı						-				100	WICT		
Filer Identificati Number :	on	8085	5				port ed B		CAN	IDII	DATE	√	co	MMITTEE		LOBE	BYIST		
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		Fran	nk F	arry											-
Street Address:																			_
City:									State	:				Zip Code	e:				
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		\
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pre	E-	5. X	30 DA		Р	OST-	6.		TERMINAT REPORT?	TION	Yes	No)	√
report type)	ANNUAL	REPORT	7.	Year 2008					NG MET					PAPER		/	DISK	TTE	
Name of Office S	ought by	Candidat	te:						DATE	0	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	Y	'EAR	142	STH	REP		09	
REPRESENTATI	VE IN TH	IE GENER	AL ASS	EMBLY						11		4	2008		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	2			МО		DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	.008	Т	0		10	2	20	2008						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	1 Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$					537.88						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				(5	37.88)						
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV	')			\$					0.00						
					AFF	IDA	٩VI	T SE	CTIO	N									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign l	here.	If th	is is	a Car	ndidate	e re	port, c	cand	idate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	e attached scl	nedule	s file	d on	paper	or by el	ectr	onic me	ediun	n, are to t	he best of	my know	/ledge	and bel	ef , tr	ue,
Sworn to and subs	cribed bef	ore me this		20									Signature	of Person	Submitt	ing Rep	ort		
	_	Signatur	re					-						Printe	ed Name				_
My Commission Ex	cpires							_		-				Email					_
		мо	D/	AY	YR						Are	ea Co	de	Daytime	Telepho	one Nu	mber		╝
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	tical	comm	ittee ha	s no	ot violat	ted a	ny provisi	ions of the	act of Ju	ne 3,19	937 (P.I	133	3,
Sworn to and subsc		re me this											Si	ignature of	Candida	te			-
	day of —			_ 20				-						Printed	Name				-
	;	Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D/	AY	YR	ł		-			Area	Code	1	Day	rtime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
Frank Farry	From:	1/1/200	<u>8</u> To:	10/20/2008
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	o :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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				Reporting Period				
		Fron	n:		То	:		
			D/	ATE		АМ	OUNT	
			МО	DAY	YEAR			
						\$	0.00	
State	Zip Code (Plus	s 4)						
			Occupat	ion				
e of	City			State		Zip Code	(Plus 4)	
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code	

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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	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 Period		
Frank Farry	From:	<u>1/1/2008</u> To:	10/20/2008
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	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	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupa	ation			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
Frank Farry			From	1/	1/2008	То:	10/20/2008
				DATE			AMOUNT
To Whom Paid Langhorne-Middletown Fire Cor	mpany		мо	DAY	YEAR		
Mailing Address 114 East Ma	aple Avenue		5	20	2008	\$	517.92
City Langhorne	State PA	Zip Code (Plus 4) 19047	1 -	ption of Exp			es
To Whom Paid Genuardi Food Markets			мо	DAY	YEAR		
Mailing Address 168 North F	lowers Mill Road		6	20	2008	\$	19.96
City Langhorne	State PA	Zip Code (Plus 4) 19047		ption of Exp			
Enter Grand Total of Expend	litures on Page 1 Pe	nort Cover Page Item C	,				PAGE TOTAL

537.88