#### **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 20                        | 02088       |                      |             | Re <sub>l</sub><br>File | ported B   |              | CAN      | DII   | DATE      |         | COMN           | 1ITTEE               | <b>✓</b>       | LOBI     | BYIST   |          |          |
|--|------------------------------|-------------|----------------------|-------------|-------------------------|------------|--------------|----------|-------|-----------|---------|----------------|----------------------|----------------|----------|---------|----------|----------|
| Name of Filing C                         | ommittee, Cand               | idate or L  | .obbyist:            |             | O'NI                    | EILL       | , BER        | NIE FF   | RIE   | NDS C     | F       |                |                      |                |          |         |          |          |
| Street Address:                          | 50 DORSET                    | T CIR       |                      |             |                         |            |              |          |       |           |         |                |                      |                |          |         |          |          |
| City:                                    | WARMINST                     | ER          |                      |             |                         |            |              | State:   |       | PA        |         |                | Zip Cod              | le: 18         | 974      |         |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY   | 1.          | 2ND FRID<br>PRIMARY  | AY PRE      | -                       | 2.         | 30 DA        |          | P     | OST-      |         |                | AMENDMENT<br>REPORT? |                | Yes      | N       | )        | <b>\</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION  | 4.          | 2ND FRID<br>ELECTION |             | E                       | 5.         | 30 DAY I     |          |       | OST-      | OST- 6. |                | TERMINA<br>REPORT?   |                | Yes      | N       | )        | <b>\</b> |
| report type)                             | ANNUAL REPOR                 | 7.          | Year 201             | )           |                         |            |              | NG MET   |       |           |         |                | PAPER                |                | <b>√</b> | DISK    | TTE      |          |
| Name of Office S                         | ought by Candi               | date:       |                      |             |                         |            |              | DATE     | OI    | F ELE     | CTIC    | N              | District<br>Number   | Office<br>Code | Par      | ty Code | Cour     |          |
| REPRESENTATI                             | VE IN THE GEN                | ERAL ASS    | SEMBLY               |             |                         |            |              | МО       |       | DAY       |         | EAR            |                      | STH            | REP      | •       | 09       |          |
|  |                              |             |                      |             |                         |            |              |          | 11    |           | 2       | 2010           |                      | (SEE INS       |          |         | CODES    | )        |
| Summary of Expenditures                  |                              | МО          | 1 DAY                | <b>YEAF</b> | 2010                    | _          | 0            | МО       |       | DAY       | 7       | EAR            | FO                   | R OFFIC        | E USE    | ONLY    |          |          |
| A Amount Broa                            | ught Forward Fr              | om Last F   |                      | 1 2         | .010                    | •          | <del>*</del> |          | 6     |           |         | 2010<br>996.89 |                      |                |          |         |          |          |
|  | ary Contribution             |             | -                    | m Sche      | edule                   | · I)       | \$           |          |       |           |         | 100.00         |                      |                |          |         |          |          |
| C. Total Funds                           | Available (Sum               | Of Lines A  | A and B)             |             |                         |            | \$           |          |       |           | 28,     | 096.89         |                      |                |          |         |          |          |
| D. Total Expend                          | ditures (From S              | chedule I   | II)                  |             |                         |            | \$           |          |       |           | (       | 590.00         |                      |                |          |         |          |          |
| E. Ending Cash                           | Balance (Subtra              | act Line D  | From Line            | C)          |                         |            | \$           |          |       |           | 27,4    | 106.89         |                      |                |          |         |          |          |
| F. Value Of In-                          | Kind Contribution            | ns Receiv   | ed (From             | Schedu      | ıle II                  | <b>:</b> ) | \$           |          |       |           |         | 0.00           |                      |                |          |         |          |          |
| G. Unpaid Debt                           | s And Obligation             | ns (From    | Schedule I           | V)          |                         |            | \$           |          |       |           | 2,0     | 00.00          |                      |                |          |         |          |          |
|  |                              |             |                      | AFF         | -ID/                    | ١٧٢        | T SE         | CTIO     | N     |           |         |                |                      |                |          |         |          |          |
| PART I - If this is                      | a Committee r                | eport, trea | asurer sigr          | here.       | If th                   | is is      | a Car        | ndidate  | re    | port, c   | andi    | date sig       | ın here.             |                |          |         |          |          |
| I swear (or affirm) correct and comple   |                              | ncluding th | e attached s         | chedule     | s file                  | d on       | paper        | or by el | ectr  | onic me   | edium   | , are to t     | he best o            | f my knov      | /ledge   | and bel | ief , tr | ue       |
| Sworn to and subs                        | cribed before me t<br>day of | his         | 20                   |             |                         |            |              |          | •     |           |         | Signature      | of Perso             | n Submitt      | ing Rep  | ort     |          | _        |
|  | Signa                        | iture       |                      |             |                         |            | -<br>-       |          | •     |           |         |                | Prin                 | ted Name       |          |         |          | -        |
| My Commission Ex                         | pires                        |             |                      |             |                         |            | _            |          | -     |           |         |                | Emai                 | il             |          |         |          |          |
|  | МО                           | D           | AY                   | YR          |                         |            |              |          |       | Are       | a Co    | de             | Daytim               | e Teleph       | one Nu   | mber    |          |          |
| Part II- If this is                      | a report of a ca             | ındidate's  | authorize            | d Comr      | nitte                   | e, C       | andid        | ate sha  | all s | sign he   | ere.    |                |                      |                |          |         |          |          |
| I swear (or affirm)<br>No 320) as amende |                              | f my know   | ledge and be         | lief this   | s polit                 | tical      | comm         | ittee ha | s no  | ot violat | ed ar   | ny provisi     | ions of the          | e act of Ju    | ine 3,1  | 937 (P. | L. 133   | 3,       |
| Sworn to and subsc                       | ribed before me th<br>day of | is          | 20                   |             |                         |            |              |          |       |           |         | Si             | ignature o           | of Candida     | te       |         |          | -        |
|  | <u> </u>                     |             |                      |             |                         |            | -            |          |       |           |         |                | Printe               | d Name         |          |         |          | -        |
| My Commission Exp                        | Signatur                     | e           |                      |             |                         |            | -            |          | -     |           |         |                | Ema                  | iI             |          |         |          | -        |
| ,  |                              |             |                      |             |                         |            | _            |          |       |           |         |                |                      |                |          |         |          | _        |
|  | МО                           | C           | PAY                  | YF          | 2                       |            |              |          |       | Area      | Code    |                | Da                   | ytime Te       | lephor   | e Numi  | er       | 1        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |              |          |  |  |  |  |
|--|-----------|----------|--------------|----------|--|--|--|--|
| O'NEILL, BERNIE FRIENDS OF   | From:     | 1/1/201  | <u>0</u> To: | 6/7/2010 |  |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |          |  |  |  |  |
| TOTAL for the Reporting  | g 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)   | \$        | 100.00   |              |          |  |  |  |  |
| TOTAL for the Reporting  | \$        | 100.00   |              |          |  |  |  |  |
| 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  | y Period  | (3)      | \$           | 0.00     |  |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |              |          |  |  |  |  |
| TOTAL for the Reporting  | J 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 |           |          | \$           | 100.00   |  |  |  |  |

#### **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 Candidat | e     | '                 | Reporting | Period |      |    |        |
|--------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
|                                      |       |                   | From:     |        | То   | :  |        |
|                                      |       |                   |           | DATE   |      |    | AMOUNT |
| Full Name of Contributing Committee  |       |                   | 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)

Name of Filing Committee or Candidate

**Reporting Period** 

O'NEILL, BERNIE FRIENDS OF

From: 1/1/2010 To:

DATE

6/7/2010

**AMOUNT** 

|        | ame of Contributor<br>N ROSSELJONG     |       | МО                | DAY | YEAR |      |                  |
|--------|--|-------|-------------------|-----|------|------|------------------|
| Mailin | Mailing Address 657 HIGH POINTE CIRCLE |       |                   |     |      |      | <b>\$</b> 100.00 |
| City   | LANGHORNE                              | State | Zip Code (Plus 4) | 6   | 3    | 2010 |                  |
|        |  | PA    | 19047-516         |     |      |      |                  |

PAGE TOTAL

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

**\$** 100.00

#### **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 |     |      |               |            |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|---------------|------------|
|                                       |                      |          | From:       |        |     | То:  |               |            |
|                                       |                      |          |             | DA     | TE  |      | ,             | AMOUNT     |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |               | 0.00       |
| Mailing Address                       |                      |          |             |        |     |      | <b>-</b>   \$ | 0.00       |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |               |            |
|                                       |                      |          |             |        |     |      |               | PAGE TOTAL |
| Enter Grand Total of Part C on Schee  | dule I, Detailed Sun | nmary 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  |                    |               | Rep      | orting Pe | riod  |      |        |                    |
|--|--------------------|---------------|----------|-----------|-------|------|--------|--------------------|
|  |                    |               | Fror     | n:        |       | To   | ):     |                    |
|  |                    |               |          | D         | ATE   |      |        | AMOUNT             |
| Full Name of Contributor               |                    |               |          | мо        | DAY   | YEAR | \$     | 0.00               |
| Mailing Address                        |                    |               |          |           |       |      | 7      |                    |
| City                                   | State              | Zip Code (Plu | s 4)     |           |       |      |        |                    |
| Employer Name                          |                    | •             |          | Occupa    | tion  |      |        |                    |
| Employer Mailing Address/Principal Pla | ce of Business     | City          |          | •         | State |      | Zip Co | ode (Plus 4)       |
| Enter Grand Total of Part C on Scho    | dule I, Detailed S | Summary Page, | , Sectio | on 3.     |       | :    | \$     | PAGE TOTAL<br>0.00 |
|  |                    |               |          |           |       |      |        |                    |

## 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:  |        |            |
|                           |                           |               |          | D        | ATE |      |        | AMOUNT     |
| Full Name                 |                           |               |          | мо       | DAY | YEAR | \$     | 0.00       |
| Mailing Address           | _                         |               |          |          |     |      | $\neg$ |            |
| City                      | State                     | Zip Code (    | Plus 4)  |          |     |      |        |            |
| Receipt Description       | •                         | •             |          | •        | •   | •    | •      |            |
|                           |                           |               | <b>.</b> | _        |     |      |        | PAGE TOTAL |
| 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 | d                          |                 |
|--|------------------|----------------------------|-----------------|
| O'NEILL, BERNIE FRIENDS OF   | From:            | <u>1/1/2010</u> <b>To:</b> | <u>6/7/2010</u> |
| 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 Candidate          |                    |                     | Reporting Period |          |      |          |            |      |
|--|--------------------|---------------------|------------------|----------|------|----------|------------|------|
|  |                    |                     | From:            |          |      | To:      |            |      |
|  |                    |                     |                  | DATE     |      |          | AMOUNT     |      |
| Full Name of Contributor                       |                    |                     | мо               | DAY      | YEAR |          |            |      |
| Mailing Address                                |                    | _                   |                  |          |      | <b> </b> |            | 0.00 |
| City   | State              | Zip Code (Plus 4)   |                  |          |      |          |            |      |
| Description of Contribution:                   |                    | •                   | •                |          |      | •        |            |      |
|  |                    |                     |                  |          |      |          |            |      |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind ( | Contributions Detai | iled Sum         | mary Pag | je,  |          | PAGE TOTAL |      |
|  |                    |                     |                  |          |      | \$       | (          | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Rep    | orting | Period         |       |  |                    |     |
|---|------------------|------|------------------|--------|--------|----------------|-------|--|--------------------|-----|
|   |                  |      |                  | Fro    | m:     |                | To:   |  |                    |     |
|   |                  |      |                  |        |        | DATE           |       |  | AMOUNT             |     |
| Full Name of Contributor                |                  |      |                  |        | мо     | DAY            | YEAR  |  |                    |     |
| Mailing Address                         |                  |      |                  |        |        |                |       | ֓֟֟֝֟֓֓֓֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓֟֓֟֓֓֟֟֓֓֟֓֓֟֓֓֟֓ | \$ 0               | .00 |
| City                                    | State            |      | Zip Code(Plus 4) |        |        |                |       |  |                    |     |
| Employer of Contributor                 |                  |      |                  |        | Occup  | oation         |       |  |                    |     |
| Employer Mailing Address/Principal Plac | e of Business    | Cit  | ty               | State  | e Zi   | p Code(Plus 4) | Descr | ipti                                     | on of Contribution | 1   |
| Enter Grand Total of Part G on Sch      | edule II. In-Kir | nd ( | Contributions D  | etaile | ed     |                |       |  | PAGE TOTA          | ,L  |
| Summary Page, Section 3.                |                  |      |                  |        |        |                |       |  | 0                  | .00 |

# STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | nmittee or Candidate Reporting Period |          |     |          |  |
|---------------------------------------|---------------------------------------|----------|-----|----------|--|
| O'NEILL, BERNIE FRIENDS OF            | From                                  | 1/1/2010 | То: | 6/7/2010 |  |

|                                   |                     |                    |          | DATE        |          |    | AMOUNT     |
|-----------------------------------|---------------------|--------------------|----------|-------------|----------|----|------------|
| To Whom Paid                      |                     |                    | МО       | DAY         | YEAR     |    |            |
| FRIENDS OF JIM CAWLEY             |                     |                    | 140      |             | ILAK     |    |            |
| Mailing Address 10 RED CEDAR DR   |                     |                    | 5        | 10          | 2010     | \$ | 500.00     |
| City LEVITTOWN                    | State               | Zip Code (Plus 4)  | Descrip  | tion of Exp | enditure | •  |            |
|                                   | PA                  | 19056              | CONTRI   | BUTION      |          |    |            |
| To Whom Paid                      |                     |                    | МО       | DAY         | YEAR     |    |            |
| VFW POST 6493                     |                     |                    |          |             |          |    |            |
| Mailing Address LOUIS DRIVE       |                     |                    |          | 18          | 2010     | \$ | 90.00      |
| City WARMINSTER                   | State               | Zip Code (Plus 4)  | Descrip  | tion of Exp | enditure |    |            |
|                                   | PA                  | 18974              | ELECTION | ON DAY EX   | PENSES   |    |            |
| To Whom Paid                      |                     |                    | МО       | DAY         | YEAR     |    |            |
| H.R.C.C.                          |                     |                    | 140      |             | ILAK     |    |            |
| Mailing Address 500 NORTH THIRD   | ST 4TH FL           |                    | 6        | 7           | 2010     | \$ | 100.00     |
| City HARRISBURG                   | State               | Zip Code (Plus 4)  | Descrip  | tion of Exp | enditure |    |            |
|                                   | PA                  | 17108              | CONTRI   | BUTION      |          |    |            |
|                                   |                     |                    |          |             |          |    | PAGE TOTAL |
| Enter Grand Total of Expenditures | on Page 1, Report ( | Cover Page, Item D | ).       |             |          | \$ | 690.00     |

## 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 of Filing Committee or Candidate                                   |               |             | Reporting Period |         |                            |      |           |                              |
|---|---------------|-------------|------------------|---------|----------------------------|------|-----------|------------------------------|
| O'NEILL, BERNIE FRIENDS OF  |               |             | From:            |         | <u>1/1/2010</u> <b>To:</b> |      |           | 6/7/2010                     |
|   |               |             |                  | DATE    |                            |      |           | utstanding<br>alance of Debt |
| Name of Creditor BERNIE O'NEILL   |               |             |                  | мо      | DAY                        | YEAR |           |                              |
| Mailing Address 50 DORSETT CIRCLE                                       |               |             |                  | 10      | 31                         | 2006 | <b>\$</b> | 2,000.00                     |
| City WARMINSTER   | State         | Zip Code (P | lus 4)           | Descrip | tion of Deb                | t    | Ī         |                              |
|   | PA 18974 LOAN |             |                  |         | O CAMPAIO                  | ΞN   |           |                              |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |               |             |                  |         |                            |      |           | PAGE TOTAL                   |
|   |               |             |                  |         |                            |      | \$        | 2,000.00                     |