

Commonwealth of Pennsylvania

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.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2011	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	REP 09			
				11	8	2011	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2011	TO	5	2	2011		
A. Amount Brought Forward From Last Report				\$		14,963.83				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		250.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		15,213.83				
D. Total Expenditures (From Schedule III)				\$		4,100.62				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		11,113.21				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		3,000.00				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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>1/1/2011</u> To: <u>5/2/2011</u>

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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 250.00
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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 FARRY, FRANK FRIENDS OF	Reporting Period From: <u>1/1/2011</u> To: <u>5/2/2011</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
INDEPENDENCE BLUE CROSS PAC (IBC PAC)				
Mailing Address 1901 MARKET STREET				\$ 250.00
City PHILADELPHIA	1	18	2011	
State PA				
Zip Code (Plus 4) 19103				

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

PAGE TOTAL
\$ 250.00

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		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
	From: To:

	DATE			AMOUNT			
Full Name of Contributing Committee	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">City</td> <td style="width: 20%; padding: 5px;">State</td> <td style="width: 50%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
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 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	YEAR	
Mailing Address				\$ 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		
Mailing Address				\$	0.00
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 FARRY, FRANK FRIENDS OF	Reporting Period From: <u>1/1/2011</u> To: <u>5/2/2011</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 3,000.00
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.)	\$ 3,000.00

**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	
Mailing Address				\$ 0.00
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 FARRY, FRANK FRIENDS OF	Reporting Period From: <u>1/1/2011</u> To: <u>5/2/2011</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
FOUR LANES END, LLC					
Mailing Address 106 MAPLE AVENUE					\$ 3,000.00
City LANGHORNE	1	1	2011		
State PA					
Zip Code(Plus 4) 19047					
Employer of Contributor N/A	Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
				RENT- JANUARY-MAY, 2011@\$600/MO	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 3,000.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FARRY, FRANK FRIENDS OF	From <u>1/1/2011</u> To: <u>5/2/2011</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
UNITED STATES POSTAL SERVICE	2	9	2011	\$ 60.00
Mailing Address				
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure PO BOX FEE	
To Whom Paid	MO	DAY	YEAR	
BEGLEY, CARLIN & MANDIO				
Mailing Address 680 MIDDLETOWN BOULEVARD	2	9	2011	\$ 287.54
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure REIMBURSEMENT FOR EXPENSES	
To Whom Paid	MO	DAY	YEAR	
MIDDLETOWN ATHLETIC ASSN				
Mailing Address 19 QUEST ROAD	3	7	2011	\$ 275.00
City LEVITTOWN	State PA	Zip Code (Plus 4) 19057	Description of Expenditure SPONSOR	
To Whom Paid	MO	DAY	YEAR	
LANGHORNE LIONS				
Mailing Address 2151 E. LINCOLN HIGHWAY APR M-5	3	7	2011	\$ 100.00
City LEVITTOWN	State PA	Zip Code (Plus 4) 19056	Description of Expenditure AD	
To Whom Paid	MO	DAY	YEAR	
PA YOUTH CORRAL				
Mailing Address 7910 RAMBLER ROAD	3	7	2011	\$ 50.00
City ELKINS PARL	State PA	Zip Code (Plus 4) 19027	Description of Expenditure AD	

To Whom Paid NESHAMINY VALLEY MUSIC THEATER			MO	DAY	YEAR	
Mailing Address PO BOX 131			3	7	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			
To Whom Paid FEASTERVILLE BUSINESS ASSN			MO	DAY	YEAR	
Mailing Address 67 BUCK ROAD			3	7	2011	
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			
To Whom Paid BUCKS COUNTY CHAPTER SPORTS HALL OF FAME			MO	DAY	YEAR	
Mailing Address PO BOX 41			3	7	2011	
City NEWTOWN	State PA	Zip Code (Plus 4) 18940	Description of Expenditure AD			
To Whom Paid MIDDLETOWN COMMUNITY FOUNDATION			MO	DAY	YEAR	
Mailing Address ROUTE 413			3	7	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure CHRISTMAS TREE			
To Whom Paid NESHAMINY WILDCATS ATHLETIC ASSN			MO	DAY	YEAR	
Mailing Address PO BOX 227			3	7	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure SPONSOR			
To Whom Paid AMERICAN RED CROSS LOWER BUCKS CHAPTER			MO	DAY	YEAR	
Mailing Address			3	7	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure BREAKFAST			

To Whom Paid FEASTERVILLE BUSINESS ASSN			MO	DAY	YEAR	
Mailing Address 67 BUCK ROAD			3	14	2011	
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure DINNER			
To Whom Paid GALS LSAA SOFTBALL			MO	DAY	YEAR	
Mailing Address 2024 OAKFORD AVENUE			3	14	2011	
City OAKFORD	State PA	Zip Code (Plus 4) 19053	Description of Expenditure SPONSOR			
To Whom Paid LAA			MO	DAY	YEAR	
Mailing Address 275 HAMPTON DRIVE			3	14	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure SPONSOR			
To Whom Paid LSAA			MO	DAY	YEAR	
Mailing Address 511 HAZEL AVE			3	14	2011	
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19053	Description of Expenditure SPONSOR			
To Whom Paid NHS IMB			MO	DAY	YEAR	
Mailing Address 2001 OLD LINCOLN HWY			3	22	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			
To Whom Paid FITZPATRICK FOR CONGRESS			MO	DAY	YEAR	
Mailing Address PO BOX 185			3	31	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF GARY GAMBARDELLA			MO	DAY	YEAR	
Mailing Address PO BOX 324			3	31	2011	\$ 50.00
City PLUMSTEADVILLE	State PA	Zip Code (Plus 4) 18949	Description of Expenditure CONTRIBUTION			
To Whom Paid CURLYS CREATIONS, LLC			MO	DAY	YEAR	
Mailing Address PO BOX 7047			4	19	2011	\$ 437.00
City PENNDEL	State PA	Zip Code (Plus 4) 19047	Description of Expenditure CATERING			
To Whom Paid VOFM			MO	DAY	YEAR	
Mailing Address 239 SUGARBERRY LANE			4	19	2011	\$ 120.00
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			
To Whom Paid BEGLEY, CARLIN & MANDIO			MO	DAY	YEAR	
Mailing Address 680 MIDDLETOWN BLVD.			4	19	2011	\$ 36.08
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure REIMBURSEMENT FOR EXPENSES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,100.62

