

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.	30 DAY POST-PRIMARY	3. X	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	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		6	6	2011			
A. Amount Brought Forward From Last Report					\$		11,113.21				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		11,113.21				
D. Total Expenditures (From Schedule III)					\$		1,429.38				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		9,683.83				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		600.00				
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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>6/6/2011</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
---	---------

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 Candidate	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			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

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)					

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	\$ 0.00	
Mailing Address							
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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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		Reporting Period	
FARRY, FRANK FRIENDS OF		From: <u>1/1/2011</u> To: <u>6/6/2011</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)	\$ 600.00
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.)			\$ 600.00

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	\$ 0.00
Mailing Address						
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>6/6/2011</u>			
---	--	--	--	--	--	--	--

				DATE	AMOUNT		
Full Name of Contributor FOUR LANES END, LLC				MO	DAY	YEAR	\$ 600.00
Mailing Address 106 MAPLE AVENUE				6	1	2011	
City LANGHORNE	State PA	Zip Code(Plus 4) 19047					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution RENT-JUNE, 2011 *\$600/MO	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 600.00	

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>6/6/2011</u>

DATE				AMOUNT		
To Whom Paid FITZPATRICK SCHOOL OF IRISH DANCE			MO	DAY	YEAR	\$ 50.00
Mailing Address PO BOX 244			5	3	2011	
City DANBORO	State PA	Zip Code (Plus 4) 18916	Description of Expenditure AD			
To Whom Paid PAGE PRINTING, LLC			MO	DAY	YEAR	\$ 576.64
Mailing Address 945 WASHINGTON AVENUE			5	23	2011	
City CROYDON	State PA	Zip Code (Plus 4) 19021	Description of Expenditure PALM CARDS FOR SHUBIN			
To Whom Paid PENNDL VOLUNTEER FIRE COMPANY			MO	DAY	YEAR	\$ 125.00
Mailing Address 220 CENTRE STREET			5	24	2011	
City PENNDL	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			
To Whom Paid LOWER SOUTHAMPTON TOWNSHIP			MO	DAY	YEAR	\$ 200.00
Mailing Address 1500 DESIRE AVENUE			5	24	2011	
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19053	Description of Expenditure AD IN 4TH OF JULY PARADE BOOKLET			
To Whom Paid THE MIDDLETOWN GRANGE #684			MO	DAY	YEAR	\$ 58.00
Mailing Address 19 RAIN LILY ROAD			5	24	2011	
City LEVITTOWN	State PA	Zip Code (Plus 4) 19056	Description of Expenditure AD			

To Whom Paid TREVOSE HORTICULTURAL SOCIETY			MO	DAY	YEAR	\$ 55.00
Mailing Address 3200 BENSLEM BOULEVAR			5	24	2011	
City BENSLEM	State PA	Zip Code (Plus 4) 19020	Description of Expenditure AD			

To Whom Paid LANGHORNE BOROUGH BUSINESS ASSN 5K RUN			MO	DAY	YEAR	\$ 100.00
Mailing Address 111 W. MAPLE AVENUE			5	24	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			

To Whom Paid THE ROTARY CLUB OF LANGHORNE			MO	DAY	YEAR	\$ 25.00
Mailing Address PO BOX 23			5	24	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure AD			

To Whom Paid AMERICAN EXPRESS			MO	DAY	YEAR	\$ 97.34
Mailing Address PO BOX 1270			5	25	2011	
City NEWARK	State NJ	Zip Code (Plus 4) 07101	Description of Expenditure AD			

To Whom Paid KRISTINE KEEGAN			MO	DAY	YEAR	\$ 42.40
Mailing Address 65 MAPLE POINT DRIVE			5	27	2011	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure REIMBURSEMENT FOR CANDY FOR PARADE			

To Whom Paid ASSUMPTION CYO			MO	DAY	YEAR	\$ 100.00
Mailing Address 1900 MEADOWBROOK DRIVE			6	6	2011	
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure TEE SPONSOR			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,429.38

