

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:	2006008	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	3.
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Name of Filing Committee, Candidate or Lobbyist:
 Friends of Farnese

Street Address:
 C/O SD Associates, P.C. C/O SD Associates, P.C.

City: Elkins Park	State: PA	Zip Code: 19027
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TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6. X	Termination Report?	YES	NO	X
	Annual Report	7.	YEAR		2016					

Name of Office Sought by Candidate: Senator in the General Assembly	DATE OF ELECTION	District Number:	Office Code:	Party Code:	County Code:
	MO. DAY YEAR	1	STS	DEM	51

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report								
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 9,391.20
C. Total Funds Available (Sum of Lines A and B)								\$ 12,100.00
D. Total Expenditures (From Schedule III)								\$ 21,491.20
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 13,000.00
F. Value of In-Kind Contributions Received (From Schedule II)								\$ 8,491.20
G. Unpaid Debts and Obligations (From Schedule IV)								\$ -
								\$ -

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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20 _____	}	_____
Signature		Signature of Person Submitting Report
_____		_____
My commission expires		Printed Name
MO. DAY YEAR		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		Signature of Candidate
_____		_____
My commission expires		Printed Name
MO. DAY YEAR		Area Code Daytime Telephone Number

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Farnese	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ -

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ -
All Other Contributions (Part B)	\$ 600.00
TOTAL for the Reporting Period (2)	\$ 600.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 7,500.00
All Other Contributions (Part D)	\$ 4,000.00
TOTAL for the Reporting Period (3)	\$ 11,500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ -

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 Page 1, Report Cover Page, Item B.)	\$ 12,100.00
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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 Friends of Farnese			Reporting Period From _____ To _____			
Full Name of Contributor Daniel Muroff			MO. 10	DAY 25	YEAR 2016	\$ 100.00
Mailing Address 328 Wadsworth Avenue						
City Philadelphia	State PA	Zip Code (Plus 4) 19119				
Full Name of Contributor Matthew S. Pappajohn			MO. 10	DAY 28	YEAR 2016	\$ 250.00
Mailing Address 1118 E Montgomery Avenue						
City Philadelphia	State PA	Zip Code (Plus 4) 19125				
Full Name of Contributor David Dunphy			MO. 11	DAY 23	YEAR 2016	\$ 250.00
Mailing Address 1315 E. Montgomery Avenue						
City Philadelphia	State PA	Zip Code (Plus 4) 19125				
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.						Part B Total \$ 600.00

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Farnese			Reporting Period From _____ To _____			
Full Name of Contributing Committee The Pennsylvania Insurance PAC			MO. 11	DAY 14	YEAR 2016	\$ 500.00
Mailing Address 1600 Market Street, Suite 1520						
City Philadelphia	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee Prudential Financial Inc. State and Federal PAC			MO. 11	DAY 14	YEAR 2016	\$ 500.00
Mailing Address 751 Broad Street FL 14						
City Newark	State NJ	Zip Code (Plus 4) 07102-3714				
Full Name of Contributing Committee LAWPAC			MO. 11	DAY 14	YEAR 2016	\$ 1,500.00
Mailing Address 800 North Third Street						
City Harrisburg	State PA	Zip Code (Plus 4) 17102				
Full Name of Contributing Committee Int'l Union of Operating Engineers Local 542 Political			MO. 11	DAY 22	YEAR 2016	\$ 5,000.00
Mailing Address 1375 Virginia Drive Suite 100						
City Fort Washington	State PA	Zip Code (Plus 4) 19034				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						Part C Total \$ 7,500.00

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 Friends of Farnese			Reporting Period From _____ To _____			
Full Name of Contributor Howard Fischer			MO. 11	DAY 14	YEAR 2016	\$ 1,000.00
Mailing Address 1420 Locust Street, Apt. 22K						
City Philadelphia	State PA	Zip Code (Plus 4) 19102				
Employer Name Howard Fischer Associates			Occupation Owner			
Employer Mailing Address/Principal Place of Business 1800 Kennedy Boulevard Suite 700, Philadelphia, PA 19103						
Full Name of Contributor Klehr Harrison Harvey Branzburg, LLP			MO. 11	DAY 14	YEAR 2016	\$ 500.00
Mailing Address 1835 Market Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19103				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business , AK						
Full Name of Contributor Gregory Hill			MO. 11	DAY 23	YEAR 2016	\$ 2,500.00
Mailing Address 2337 Philmont Avenue						
City Huntingdon Valley	State PA	Zip Code (Plus 4) 19006				
Employer Name Jeffrey M. Brown Associates, LLC			Occupation Developer			
Employer Mailing Address/Principal Place of Business 2337 Philmont Avenue, Huntingdon Valley, PA 19006						
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.						Part D Total \$ 4,000.00

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 Friends of Farnese	Reporting Period From _____ To _____
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ -

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ -

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ -

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <small>(Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.</small>	\$ 0
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SCHEDULE III

Statement Of Expenditures

Name of Filing Committee or Candidate Friends of Farnese			Reporting Period From _____ To _____			
To Whom Paid Saint Bernard Group, LLC			MO. 11	DAY 17	YEAR 2016	\$ 3,000.00
Mailing Address P.O. Box 13260						
City Philadelphia		State PA	Zip Code (Plus 4) 19104			
Description of Expenditure Consulting fee						
To Whom Paid Montgomery, McCracken, Walker and Rhoads			MO. 11	DAY 21	YEAR 2016	\$ 10,000.00
Mailing Address 123 South Broad Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19109			
Description of Expenditure Legal fees						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 13,000.00

