

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 : 2004127		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: QUIGLEY, TOM COM TO ELECT											
Street Address: 560 PINE STREET											
City: ROYERSFORD					State: PA		Zip Code: 19468				
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.	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. X	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	146	STH	REP	46
					11	8	2011	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		11	29	2011		12	31	2011			
A. Amount Brought Forward From Last Report					\$		7,145.69				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		11,800.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		18,945.69				
D. Total Expenditures (From Schedule III)					\$		673.40				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		18,272.29				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		30,250.00				

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
QUIGLEY, TOM COM TO ELECT	From: <u>11/29/2011</u> To: <u>12/31/2011</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)	\$ 4,000.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 4,000.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 7,800.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 7,800.00

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.)	\$ 11,800.00
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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				Reporting Period			
QUIGLEY, TOM COM TO ELECT				From: <u>11/29/2011</u> To: <u>12/31/2011</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee PA PSYCHOLOGICAL PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 416 FORSTER STREET			10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 171021714				

Full Name of Contributing Committee HIGHMARK HEALTH PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1800 CENTER ST.			10	24	2011	
City CAMP HILL	State PA	Zip Code (Plus 4) 170890089				

Full Name of Contributing Committee BRAVO PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 20 N. MARKET SQUARE STE 800			10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee BIKE PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 564			10	24	2011	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				

Full Name of Contributing Committee STUDENTS FIRST PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 416			10	24	2011	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096				

Full Name of Contributing Committee H-TECH PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address THE BELLEVUE STE. 850 200 S. BROAD ST.			11	10	2011	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102				
Full Name of Contributing Committee AQUA AMERICA INC. H2O PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 762 W. LANCASTER AVE.			11	16	2011	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				
Full Name of Contributing Committee U PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 211 S. GULPH RD. STE 200			12	29	2011	
City KING OF PRUSSIA	State PA	Zip Code (Plus 4) 19406				
Full Name of Contributing Committee PA BANKERS PUBLIC AFFAIRS COMM.			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 345			10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee PA MEDICAL PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 8820			10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 171058820				
Full Name of Contributing Committee CHAMBER PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 417 WALNUT ST			10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011902				

Full Name of Contributing Committee HAPAC -STATE			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 8600			10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 171058600				

Full Name of Contributing Committee PMA PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 225 STATE ST.			10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVT.			MO	DAY	YEAR	\$ 250.00
Mailing Address TWO NORTH NINTH ST.			10	24	2011	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101				

Full Name of Contributing Committee FIRST ENERGY PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 76 S. MAIN ST			10	24	2011	
City AKRON	State OH	Zip Code (Plus 4) 443081890				

Full Name of Contributing Committee PA CABLE PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 127 STATE ST			10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 4,000.00

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
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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
QUIGLEY, TOM COM TO ELECT	From: <u>11/29/2011</u> To: <u>12/31/2011</u>

				DATE		AMOUNT	
Full Name of Contributing Committee CITIZENS FOR THE 21ST CENTURY				MO	DAY	YEAR	\$ 500.00
Mailing Address P.O. BOX 833				10	24	2011	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468					
Full Name of Contributing Committee COALITION FOR PA FUTURE				MO	DAY	YEAR	\$ 500.00
Mailing Address P.O. BOX 12090				10	24	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108					
Full Name of Contributing Committee ALTRIA GROUP INC. PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 101 CONSTITUTION AVE. NW				10	24	2011	
City WASHINGTON	State DC	Zip Code (Plus 4) 20001					
Full Name of Contributing Committee THE PA INSURANCE PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 1600 MARKET ST. STE. 1520				10	24	2011	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee THE GLAXOSMITHKLINE PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address FIVE MOORE DR.				10	24	2011	
City RESEARCH TRIANGLE	State NC	Zip Code (Plus 4) 27709					

Full Name of Contributing Committee PECO PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 2301 MARKET ST. S 15-1			10	24	2011	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee EXELON PAC			MO	DAY	YEAR	\$ 3,000.00
Mailing Address P.O. BOX 805379			11	10	2011	
City CHICAGO	State IL	Zip Code (Plus 4) 606805379				
Full Name of Contributing Committee EXELON PAC			MO	DAY	YEAR	\$ 2,000.00
Mailing Address P.O. BOX 805379			12	14	2011	
City CHICAGO	State IL	Zip Code (Plus 4) 606805379				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						PAGE TOTAL \$ 7,800.00

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	\$ 0.00
Mailing Address						
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	\$ 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	
QUIGLEY, TOM COM TO ELECT		From: <u>11/29/2011</u> To: <u>12/31/2011</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 RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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.)		\$	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:
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				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				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate QUIGLEY, TOM COM TO ELECT	Reporting Period From <u>11/29/2011</u> To: <u>12/31/2011</u>
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DATE				AMOUNT		
To Whom Paid HRCC			MO	DAY	YEAR	\$ 673.40
Mailing Address 500 NORTH THIRD ST P.O. BOX 11787 4TH FL.			11	10	2011	
City HARRISBURG		State PA	Zip Code (Plus 4) 17108		Description of Expenditure FUNDRAISER	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 673.40

SCHEDULE IV
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 QUIGLEY, TOM COM TO ELECT				Reporting Period From: <u>11/29/2011</u> To: <u>12/31/2011</u>			
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DATE						Outstanding Balance of Debt		
Name of Creditor THOMAS J. QUIGLEY					MO	DAY	YEAR	\$ 50.00
Mailing Address 560 PINE ST					3	17	2004	
City ROYERSFORD	State PA		Zip Code (Plus 4) 19468		Description of Debt LOAN			

DATE						Outstanding Balance of Debt		
Name of Creditor THOMAS J. QUIGLEY					MO	DAY	YEAR	\$ 2,000.00
Mailing Address 560 PINE ST					3	19	2004	
City ROYERSFORD	State PA		Zip Code (Plus 4) 19468		Description of Debt LOAN			

DATE						Outstanding Balance of Debt		
Name of Creditor THOMAS J. QUIGLEY					MO	DAY	YEAR	\$ 4,000.00
Mailing Address 560 PINE ST					4	23	2004	
City ROYERSFORD	State PA		Zip Code (Plus 4) 19468		Description of Debt LOAN			

DATE						Outstanding Balance of Debt		
Name of Creditor THOMAS J. QUIGLEY					MO	DAY	YEAR	\$ 4,200.00
Mailing Address 560 PINE ST					5	20	2004	
City ROYERSFORD	State PA		Zip Code (Plus 4) 19468		Description of Debt LOAN			

				DATE			Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				MO	DAY	YEAR	\$ 20,000.00
Mailing Address 560 PINE ST.				10	7	2010	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468	Description of Debt LOAN				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 30,250.00