#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2	20031	.96			Rep File			CAND	IDATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBI	BYIST		
Name of Filing C	Committee, Ca	ndida	te or Lo	bbyist:		Killic	on V	/ictory	/ Commi	ttee								
Street Address:	50 S. Pro	viden	ce Road	d														
City:	Media								State:	PA			Zip Cod	le: 19	9063			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	- [	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	~	
report type)	ANNUAL REP	ORT	7. <b>X</b>	<b>Year</b> 2014					NG METH CHECK C				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Can	didate	e:						DATE (	)F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	
									МО	DAY	YI	AR		10000			-	
									11		4	2014		(SEE IN	STRUCTI	ONS FOR (	CODES)	
Summary of Expenditures		d	МО	DAY	YEAR			_	МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
			1	.1 25	2	014	T	0	12	2	31	2014						
A. Amount Bro	ught Forward	From	Last Re	eport				\$			20,3	307.05						
B. Total Monet	ary Contribution	ons A	nd Rece	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sur	m Of I	Lines A	and B)				\$			20,3	307.05						
D. Total Expen	ditures (From	Sche	dule III	<b>:</b> )				\$			10,5	21.03						
E. Ending Cash	Balance (Sub	tract	Line D I	From Line (	<b>:</b> )			\$			9,7	86.02						
F. Value Of In-	Kind Contribut	tions	Receive	ed (From So	hedu	le II	)	\$			9	46.50						
G. Unpaid Debt	s And Obligat	ions (	From S	chedule IV	)			\$				0.00			1			
					AFF	IDA	\VI	T SE	CTION									
PART I - If this is	s a Committee	repo	rt, treas	surer sign l	nere. I	[f thi	is is	a Car	ndidate r	eport,	candi	date sig	ın here.					
I swear (or affirm) correct and comple		t, inclu	ding the	attached sch	edules	filed	d on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true	
Sworn to and subs	cribed before mo	e this		20							S	Signature	of Perso	n Submit	ting Rep	oort		
			_	·				- -					Prin	ted Name	e			
My Commission Ex	-	nature	=										Ema	il				
	мо		DA	Υ	YR			_		Ar	ea Coo	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a	candi	date's a	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							Ī
I swear (or affirm) No 320) as amende		t of my	y knowle	dge and belie	ef this	polit	ical	comm	ittee has i	not viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	1
Sworn to and subsc	ribed before me	this										S	ignature o	of Candid	ate			
	day of							_					Drint-	d Name				
	Signat	ture						_					Printe	d Name				
My Commission Exp	_	.ui C											Ema	il				
	мо	)	DA	ıΥ	YR			-		Area	Code		Da	aytime T	elephor	ie Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
Killion Victory Committee	From:	11/25/2014	<u>4</u> То:	12/31/2014
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)			\$	0.00
TOTAL for the Reporting	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

**PAGE TOTAL**\$ 0.00

### 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	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>)</b> :	
					DATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	m:		То	:	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name		•		Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, .5.,				4	<b>•</b>	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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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 Per	iod	
Killion Victory Committee	From:	<u>11/25/2014</u> <b>To</b> :	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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)	\$	250.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	696.50
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,	•	\$	946.50

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Ca	ndidate		Reporting	Period			
Killion Victory Committee			From:	11/	<u>/25/2014</u>	То:	12/31/2014
		l		DATE			AMOUNT
Full Name of Contributor Drexelbrook Associates			МО	DAY	YEAR		
Mailing Address 4812 Drexe	elbrook Drive		11	25	2014	\$	250.00
City Drexel Hill	State	Zip Code (Plus 4)	7				
	PA	19026					
Description of Contribution:	Event Expenses						
Enter Grand Total of Part F or Section 2.	n Schedule II, In-Kir	nd Contributions Deta	iled Sumi	mary Pag	je,	ı	PAGE TOTAL
occion 21					4	•	250.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

 Name of Filing Committee or Candidate
 Reporting Period

 Killion Victory Committee
 From: 11/25/2014 To: 12/31/2014

						DATE			AMOUNT
Full Name of Contributor Louis Schiazza					мо	DAY	YEAR		
Mailing Address 50 South Prov	vidence Road							\$	696.50
City Media	State		Zip Code(Plu	us 4)	12	31	2014		
	PA		19063						
Employer of Contributor Merv	es Amon & E	Barsz LLO	С		Occupa	tion (	CPA		
Employer Mailing Address/Princip Business	oal Place of	City	S	State	Zip 4)	Code(Plus	Descri	ption of	Contribution
50 S. Providence Road		Media	F	PA	190	063	Accour	iting Se	rvices
Enter Grand Total of Part G o	on Schedule II. I	n-Kind	Contribution	ne Deta	iled				PAGE TOTAL
Summary Page, Section 3.	in Schedule II, I	ii Kiliu	Contain Dution	iis Deta	iicu				696.50
							1		

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
Killion Victory Committee			From	11/25	5/2014	То:	12/31/2014
				DATE			AMOUNT
<b>To Whom Paid</b> Impact Strategies LLC			МО	DAY	YEAR		
Mailing Address 431 Doe Run Lane			11	26	2014	\$	2,000.00
<b>City</b> Springfield	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19064		otion of Exp			
<b>To Whom Paid</b> Kari J. Mackley			МО	DAY	YEAR		
Mailing Address 645 Old School House	se Drive		11	28	2014	\$	401.10
<b>City</b> Springfield	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19064	<b>Descrip</b> Payroll	otion of Exp	enditure		
<b>To Whom Paid</b> TD Card Services			МО	DAY	YEAR		
Mailing Address P.O. Box 2580			12	11	2014	\$	713.19
City Cherry Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 080340372		otion of Expension			
<b>To Whom Paid</b> TD Card Services			МО	DAY	YEAR		
Mailing Address P.O. Box 2580			12	11	2014	\$	2,293.63
City Cherry Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 080340372		otion of Exp		1	
<b>To Whom Paid</b> TD Card Services			МО	DAY	YEAR		

12

Parking

Zip Code (Plus 4)

080340372

11

**Description of Expenditure** 

2014

**Mailing Address** 

Cherry Hill

City

P.O. Box 2580

State

PΑ

16.00

To Whom Paid TD Card Services  MO DAY YEAR		
1.2 Sa. 4 Sa. 11665		
Mailing Address         P.O. Box 2580         12         11         2014	- *	475.00
City Cherry Hill PA  State PA  Description of Expenditu Conference Expenses	re	
To Whom Paid TD Card Services  MO DAY YEAR		
Mailing Address         P.O. Box 2580         12         11         2014	<b>\$</b>	348.13
City Cherry Hill PA  State PA  Description of Expenditu Lodging	re	
To Whom Paid Verizon Wireless  MO DAY YEAR		
Mailing Address         P.O. Box 25505         12         11         2014	<b>\$</b>	50.08
<u></u>		
City Lehigh Valley PA    City Lehigh Valley   State   Zip Code (Plus 4)   Description of Expenditure   Telephone   Telephone   Telephone   City Lehigh Valley   Description of Expenditure   Telephone   Telephone   City Lehigh Valley   Description of Expenditure   Telephone   Telephone   City Lehigh Valley   Description of Expenditure   Description of Expenditure   Telephone   City Lehigh Valley   Description of Expenditure   Des	re	
Lenign Valley	re	
To Whom Paid  PA  180025505  Telephone  MO DAY YEAR		42.96
To Whom Paid Verizon  PA  180025505  Telephone  MO  DAY  YEAR	\$	42.96
To Whom Paid Verizon  Mo DAY YEAR  Mailing Address P.O. Box 28000  City Lehigh Valley  State Zip Code (Plus 4)  Description of Expenditure Telephone  Telephone  Telephone  YEAR  Description of Expenditure Telephone	\$	42.96
To Whom Paid Verizon  Mo DAY YEAR  Mailing Address P.O. Box 28000  City Lehigh Valley  PA Zip Code (Plus 4) 180028000  To Whom Paid	* * *	42.96
To Whom Paid Verizon  PA  180025505  Telephone  To Whom Paid Verizon  Mo  DAY  YEAR  Telephone  12  11  2014  City Lehigh Valley  State PA  PA  To Whom Paid Verizon  To Whom Paid Verizon  Mo  DAY  YEAR  Telephone  To Whom Paid Verizon  To Whom Paid Verizon	\$ *** *** *** *** *** *** *** *** *** *	
To Whom Paid Verizon  Mo DAY YEAR  Mailing Address P.O. Box 28000  City Lehigh Valley  To Whom Paid Verizon  State PA Zip Code (Plus 4) Description of Expenditure Telephone  To Whom Paid Verizon  Mo DAY YEAR  To Whom Paid Verizon  Mo DAY YEAR  To Whom Paid Verizon  To Whom Paid Verizon  Mo DAY YEAR  Mailing Address P.O. Box 28000  To Whom Paid Verizon  Mo DAY YEAR  To Whom Paid Verizon  State Zip Code (Plus 4) Description of Expenditure Telephone  To Whom Paid Verizon  To Whom Paid Verizon  To Whom Paid Verizon  Mo DAY YEAR  Mailing Address P.O. Box 28000  To Whom Paid Verizon  To Whom Paid Verizon  To Whom Paid Verizon  Mo DAY YEAR  Telephone	\$ *** *** *** *** *** *** *** *** *** *	
To Whom Paid Verizon  PA    180025505   Telephone	\$ * * * * * * * * * * * * * * * * * * *	

To Whom Paid Linda Filipone	мо	DAY	YEAR				
Mailing Address 223 Mildred Road	12	17	2014	\$		1,000.00	
CitySpringfieldStateZip Code (Plus 4)PA19064	Descrip	Description of Expenditure Payroll - Net					
To Whom Paid Teresa Schmidt	мо	DAY	YEAR				
Mailing Address 4641 West Chester Pike	12	17	2014	\$		500.00	
City Newtown Square State PA 2ip Code (Plus 4) 19073	Descrip	Description of Expenditure Payroll - Net					
To Whom Paid Alison Hagler	мо	DAY	YEAR				
Mailing Address P.O. Box 202168	12	12 17 2014				500.00	
City Harrisburg State Zip Code (Plus 4)	Descrip	Description of Expenditure Payroll - Net					
PA 17120	Payroll	- Net					
To Whom Paid Kari J. Mackley	MO	DAY	YEAR				
To Whom Paid			<b>YEAR</b> 2014	\$		500.00	
To Whom Paid Kari J. Mackley	MO 12 Descrip	DAY	2014 Denditure	\$		500.00	
To Whom Paid Kari J. Mackley  Mailing Address 645 Old School House Drive  City Springfield State Zip Code (Plus 4)	MO 12 Descrip	DAY 17 ption of Exp	2014 Denditure	\$		500.00	
To Whom Paid Kari J. Mackley  Mailing Address 645 Old School House Drive  City Springfield State PA 19064  To Whom Paid	MO  12  Descrip Campa	DAY 17 Dation of Exp ign Worker	2014 penditure	\$		500.00	
To Whom Paid Kari J. Mackley  Mailing Address 645 Old School House Drive  City Springfield State Zip Code (Plus 4) PA 19064  To Whom Paid Kari J. Mackley	MO  12  Descrip Campa  MO	DAY  17  ption of Exp ign Worker  DAY  17  ption of Exp	2014  Denditure  YEAR  2014				
To Whom Paid Kari J. Mackley  Mailing Address 645 Old School House Drive  City Springfield State PA 19064  To Whom Paid Kari J. Mackley  Mailing Address 645 Old School House Drive  City Springfield State Zip Code (Plus 4) 19064	MO  12  Descrip Campa  MO  12  Descrip	DAY  17  ption of Exp ign Worker  DAY  17  ption of Exp	2014  Denditure  YEAR  2014				
To Whom Paid Kari J. Mackley  Mailing Address 645 Old School House Drive  City Springfield PA 19064  To Whom Paid Kari J. Mackley  Mailing Address 645 Old School House Drive  City Springfield State PA 2ip Code (Plus 4) 19064  To Whom Paid To Whom Paid To Whom Paid	MO  12  Description Campa  MO  12  Description Payroll	DAY  17  DAY  DAY  17  DAY  17  Dition of Exp - Net	2014  Penditure  YEAR  2014  Denditure				

<b>To Whom Paid</b> Denise Harris				DAY	YEAR		
Mailing Address 205 Stanbridge Road			12	18	2014	\$	200.00
City Holmes	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19043	Description of Expenditure  Campaign Worker				
To Whom Paid Margaret M. Sanders				DAY	YEAR		
Mailing Address 144 N. M	ain Street		12	18	2014	\$	200.00
<b>City</b> Elmer	State NJ	<b>Zip Code (Plus 4)</b> 08318	<b>Description of Expenditure</b> Campaign Worker				
<b>To Whom Paid</b> Natalie Schuelie				DAY	YEAR		
Mailing Address 50 S. Providence Road			12	18	2014	\$	100.00
<b>City</b> Media	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063	Description of Expenditure  Campaign Worker				
To Whom Paid Irish Immigration Center				DAY	YEAR		
Mailing Address 7 South Cedar Lane			12	22	2014	\$	150.00
<b>City</b> Upper Darby	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19082	Description of Expenditure  Contribution				
Enter Grand Total of Even	nditures on Page 1. Pa	nort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expe	multures on Page 1, Re	port Cover Page, Item D	·•			\$	10,521.03