

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 :		20140005		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: McGarrigle for Senate												
Street Address: 50 South Providence Road												
City: Media						State: PA			Zip Code: 19063			
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 2015	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				
						11	3	2015				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	24	2015		12	31	2015				
A. Amount Brought Forward From Last Report						\$ 54,033.78						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 200.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 54,233.78						
D. Total Expenditures (From Schedule III)						\$ 4,931.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 49,302.78						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 50,000.00						

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
McGarrigle for Senate	From: <u>11/24/2015</u> To: <u>12/31/2015</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)	\$ 200.00

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.)	\$ 200.00
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Full Name of Contributing Committee			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	\$ 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 McGarrigle for Senate	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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				DATE	AMOUNT	
Full Name	MO	DAY	YEAR			
Friends of Jamie Santora						
Mailing Address 321 West Front Street						
City Media	State PA	Zip Code (Plus 4) 19063		12	31	2015
Receipt Description Voided Check # 1562						
						\$ 200.00

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 200.00

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	
McGarrigle for Senate		From: <u>11/24/2015</u> To: <u>12/31/2015</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)	\$ 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:

				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 style="display: flex; justify-content: space-between;"> DATE AMOUNT </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	Reporting Period
McGarrigle for Senate	From <u>11/24/2015</u> To: <u>12/31/2015</u>

DATE				AMOUNT		
To Whom Paid Our Lady of Guadalupe Dinner			MO	DAY	YEAR	\$ 100.00
Mailing Address 720 N. Eagle Road			12	18	2015	
City Havertown	State PA	Zip Code (Plus 4) 19083	Description of Expenditure Contribution			
To Whom Paid 21st Century Media - Philly Cluster			MO	DAY	YEAR	\$ 355.00
Mailing Address PO Box 1877			12	18	2015	
City Albany	State NY	Zip Code (Plus 4) 122011877	Description of Expenditure Advertising Expense			
To Whom Paid Nick Cocco			MO	DAY	YEAR	\$ 500.00
Mailing Address 10 Laurel Lane			12	18	2015	
City Newtown Square	State PA	Zip Code (Plus 4) 19073	Description of Expenditure Consultant Services			
To Whom Paid United States Postal Service			MO	DAY	YEAR	\$ 166.00
Mailing Address 101 E. Baltimore Pike			12	18	2015	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Postage			
To Whom Paid Media - Upper Providence Free Library			MO	DAY	YEAR	\$ 100.00
Mailing Address 1 East Front Street			12	18	2015	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution			

To Whom Paid LLC Racetrax			MO	DAY	YEAR	
Mailing Address 902 Governor Road			12	29	2015	
City Horsham	State PA	Zip Code (Plus 4) 19044	Description of Expenditure Campaign Software			
To Whom Paid The Prosper Group Corporation			MO	DAY	YEAR	
Mailing Address 435 East Main Street Ste 250			11	25	2015	
City Greenwood	State IN	Zip Code (Plus 4) 46143	Description of Expenditure Campaign Software			
To Whom Paid BSA Cradle of Liberty Council			MO	DAY	YEAR	
Mailing Address 14185 Valley Forge Road			11	30	2015	
City Wayne	State PA	Zip Code (Plus 4) 19087	Description of Expenditure Contribution			
To Whom Paid Merves Amon & Barsz LLC			MO	DAY	YEAR	
Mailing Address 50 South Providence Road			12	1	2015	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Accounting Services			
To Whom Paid Friends of Jamie Santora			MO	DAY	YEAR	
Mailing Address 321 West Front Street			12	2	2015	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 4,931.00

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 McGarrigle for Senate				Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor Springfield Republican Party				MO	DAY	YEAR	
Mailing Address 42 Congress Avenue				10	23	2014	\$ 50,000.00
City Springfield	State PA		Zip Code (Plus 4) 19064		Description of Debt LOAN		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 50,000.00