

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		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT TOM QUIGLEY													
Street Address: 560 PINE ST													
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	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2015	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	3	2015					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						11	24	2015					
						12	31	2015					
A. Amount Brought Forward From Last Report						\$ 3,545.95							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 10,900.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 14,445.95							
D. Total Expenditures (From Schedule III)						\$ 650.00							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 13,795.95							
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
COMMITTEE TO ELECT TOM QUIGLEY	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)	\$ 5,400.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 5,400.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 5,500.00

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.)	\$ 10,900.00
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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
COMMITTEE TO ELECT TOM QUIGLEY	From: <u>11/24/2015</u> To: <u>12/31/2015</u>
DATE	AMOUNT

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
PA INSURANCE PAC							
Mailing Address				6	12	2015	
1600 MARKET ST STE 1720							
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	19103				

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 150.00
RCPA PAC							
Mailing Address				6	12	2015	
2101 N. FRONT ST							
City	HARRISBURG	State	Zip Code (Plus 4)				
		PA	17110				

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
BIKE PAC							
Mailing Address				6	12	2015	
P.O. BOX 564							
City	MECHANICSBURG	State	Zip Code (Plus 4)				
		PA	17055				

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
NISOURCE INC. PAC							
Mailing Address				6	12	2015	
290 W. NATIONWIDE BLVD							
City	State	Zip Code (Plus 4)					
COLUMBUS	OH	43215					

Full Name of Contributing Committee				MO	DAY	YEAR	\$	250.00
WINDSTREAM PAC								
Mailing Address				6	18	2015		
4001 RODNEY PARHAM RD								
City	LITTLE ROCK	State	AR	Zip Code (Plus 4)	72212			

Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVT.			MO	DAY	YEAR	\$ 250.00
Mailing Address 2 N. 9TH ST			6	23	2015	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101				
Full Name of Contributing Committee PA REALTORS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 500 N. 12TH ST			6	23	2015	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043				
Full Name of Contributing Committee PA MEDICAL PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 8820			6	23	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				
Full Name of Contributing Committee COALITION FOR PA FUTURE			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 12090			6	30	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee CRISCI ASSOCIATES PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 204 STATE ST			6	30	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee VERIZON COMMUNICATIONS GOOD GOVT. CLUB PA			MO	DAY	YEAR	\$ 250.00
Mailing Address 303 WALNUT ST. 12TH FL.			6	30	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee CHAMBER PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 417 WALNUT ST				6	30	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee EXCELLENT SCHOOLS PA				MO	DAY	YEAR	\$ 250.00
Mailing Address 150 S. INDEPENDENCE MALL SUITE 1200				6	30	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19106					
Full Name of Contributing Committee PA OPTOMETRIC PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 218 NORTH ST				6	30	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee CUPAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 4309 N. FRONT ST				7	10	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Committee FIRST ENERGY PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 76 S. MAIN ST				7	10	2015	
City AKRON	State OH	Zip Code (Plus 4) 44308					
Full Name of Contributing Committee PAW PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 800 W. HERSHEY PARK DR.				7	10	2015	
City HERSHEY	State PA	Zip Code (Plus 4) 17033					

Full Name of Contributing Committee FIRST PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 5319			7	10	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1800 CENTER ST			7	16	2015	
City CAMP HILL	State PA	Zip Code (Plus 4) 17089				
Full Name of Contributing Committee AQUA AMERICA PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 762 W. LANCASTER AVE			7	16	2015	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				
Full Name of Contributing Committee HAPAC-STATE			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 8600			7	16	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				
Full Name of Contributing Committee AT&T PAC PA			MO	DAY	YEAR	\$ 250.00
Mailing Address 192 W. STATE ST			7	18	2015	
City TRENTON	State NJ	Zip Code (Plus 4) 08608				

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

PAGE TOTAL
\$ 5,400.00

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	
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 COMMITTEE TO ELECT TOM QUIGLEY	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee ERIE INSURANCE PA				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 1699				5	9	2015	
City ERIE	State PA	Zip Code (Plus 4) 16530					
Full Name of Contributing Committee PECO PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 2301 MARKET ST SUITE 15-1				6	30	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee EXELON PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 805379				7	16	2015	
City CHICAGO	State IL	Zip Code (Plus 4) 60680					
Full Name of Contributing Committee EXELON PAC				MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO BOX 805379				12	31	2015	
City CHICAGO	State IL	Zip Code (Plus 4) 60680					
Full Name of Contributing Committee ENTERPRISE HOLDINGS INC. PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 600 CORPORATE PARK DR.				7	16	2015	
City ST. LOUIS	State MO	Zip Code (Plus 4) 63105					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 5,500.00

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	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				
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	
COMMITTEE TO ELECT TOM QUIGLEY		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 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:

			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:	

				DATE			AMOUNT	
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
COMMITTEE TO ELECT TOM QUIGLEY	From <u>11/24/2015</u> To: <u>12/31/2015</u>

DATE				AMOUNT		
To Whom Paid HRCC			MO	DAY	YEAR	\$ 650.00
Mailing Address PO BOX 11787			8	19	2015	
City HARRISBURGH	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CORSA PROGRAM			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 650.00

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 COMMITTEE TO ELECT TOM QUIGLEY				Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</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